
Ministry of Health | Manatū Hauora

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SOP 302 – Reporting of COVID-19 Related Deaths

31 March 2022

Versions 1.2

Version Control

Version	Date	Author / reviewer	Summary of changes
1.0	10/3/2022	Dave Greenberg	Updated protocols reflecting the Episurv is no longer the only data tool for collating information of Covid Related Deaths.
1.1	16/03/2022	Simon Hardie / Debbie SP	Finalised SOP following feedback from PHUS distribution
1.2	31/03/2022	Debbie SP	Updated Description of Covid related Death and reporting process

1.1 Scope and purpose of this SOP

This document outlines the steps that required to be undertaken by District Health Boards (DHBs), Public Health Units (PHUs), other members of the Health Sector, Ministry of Health COVID-19 Incident Management Team (IMT), COVID-19 Public Health Intelligence (Intel), and Ministry of Health Media (Media) once informed of the death of a person who has tested positive for COVID-19.

It is essential this process is followed to allow key stakeholders to be informed in timely fashion (the COVID Directorate operates under 'no surprises' policy, in that details are not released informing the public prior to notification to the DG/ELT/Ministerial notifications) and to ensure that appropriate steps have been taken to inform and protect the privacy of an affected family ahead of any media comment.

1.2 Ministry of Health Definition of a COVID-19 Related Death

As of 10 March 2022, the Ministry of Health defines a COVID-19 related death as:

1. A person who has died within 28 days of being reported as a COVID-19 case.
Note: This is independent of the cause of death
2. A person whose official cause of death has been coded as one of the following
 - a) COVID-19 was the underlying cause of death (irrespective of when the death occurred)
 - b) COVID-19 contributed to their death (irrespective of when the death occurred)
 - c) Still under-investigation (only if the person died within 28 days of being reporting as a case)
 - d) Has been ruled as not due to COVID-19 (only if the person died within 28 days of being reporting as a case)
Note: the purpose of reporting 2d) is to provide transparency about non-COVID-19 deaths included in 1.

Note: it is important that you report any deaths that you suspect meet the above criteria in EpiSurv

1.3 The WHO definition of deaths due to COVID-19 is as follows:

1. A death 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 death.
2. 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.

1.4 MoH overarching approach for reporting COVID-19 Deaths

When publicly reporting COVID-19 related deaths the Ministry endeavours to:

1. Ensure a compassionate, empathetic approach and tone.
2. Reassure the public about health services and capacity available.
3. Remind that, sadly, deaths are expected,
4. Be as transparent and open about the situation as possible, while respecting the privacy of both the deceased and whanau.
5. Engage Manaakitanga and equity lens e.g., push back on dehumanising, ableism, ageism, racism etc.
6. Avoid rumour and speculation.
7. High-level reporting only, no identifying information is to be released

1.5 Reporting of Deaths

1. It is the responsibility of the DHB Chief Medical Officer (CMO) or a Medical Officer of Health (MOoH) to ensure all deaths are **logged into EpiSurv**, in relation to any COVID-19 related deaths that they are aware of.
2. Public Health Intelligence report on the information reported in EpiSurv and the mortality database to IMT, via text at the start of the business day.
 - a. The mortality database will capture any COVID-19 related deaths that are listed on death certificates
 - b. Deaths in Aged Residential Care (ARC) facilities are reported via the PHU/DHB's / (MOoH) who will have been notified by the Doctors at the ARC facility.
 - c. The notification of deaths in the Community – is again reported to PHU/DHB or MOoH by the deceased's GP (General Practitioner) or (in some cases) the Funeral Director.
 - i. The information is then loaded into EpiSurv for reporting

Note: This responsibility can be delegated as appropriate.

3. The DHBs/PHUs should notify as soon as possible to the IMT Response Manager of any person in their region who has died and to which there could be media interest
 - a. Initial phone notification can be made to the IMT Response Manager:
 - Primary phone # - 021-514-725
 - Alternative phone #s - 021-556-968 / 0800-Get-MOH (0800-438 664 Option 1).
4. Fields required for Update in EpiSurv:
 - a. **Notifier Identification:**
 - i. Who is reporting the death?
 - ii. Date reported
 - iii. Lab Sample Date
 - b. **Case Identification:**
 - i. Name
 - ii. NHI
 - iii. Address
 - c. **Case Demography**
 - i. DHB
 - ii. DOB
 - iii. Age
 - iv. Sex
 - v. Ethnic group case belongs to (if known)
 - vi. How was case discovered (if known)
 - d. **Basis of diagnosis**
 - i. Any information you can add in this section
 - ii. Classification
 - e. **Clinical Course & Outcome**
 - i. Date of onset (if known)
 - ii. Hospitalised
 - iii. Date of hospitalised
 - iv. Hospital
 - v. Died
 - vi. Date died
 - f. **Protective Factors:**
 - i. Vaccine details (if known)
 - g. **Comments**
 - i. Any additional details you wish to add

1.6 Death notification template

Report date to PHU:	NHI:		
EpiSurv #: <i>(please comment if no EpiSurv/NCTA documentation)</i>			
Date of death:			
What DHB area did the case reside in?			
Where was the person when they died? <input type="checkbox"/> Hospital <input type="checkbox"/> ARC <input type="checkbox"/> Home <input type="checkbox"/> Other:			
If the person was in hospital when they died.			
Hospital name/ward: Hutt Hospital –			
Date of admission to hospital:			
Was the person admitted for COVID related illness: (Developed Covid in hospital whilst awaiting rest home placement, Covid infection was linked to dialysis unit in Wellington)			
Date of positive test: <i>Please comment on type of test and whether supervised/unsupervised:</i>			
DHB/PHU contact point (in case the Ministry has any follow-up queries):			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth:		Age:
Ethnicity:	City, town or district of residence:		
Any co-morbidities that may have contributed to the death:			
Vaccination status (# of shots/unknown):			

1.7 Notifications to IMT via COVID-19 Public Health Intelligence team

1. Each morning, the Public Health Intelligence Team (Intel) will create a report of all COVID-19 related deaths that have appeared on the Mortality database and in EpiSurv but have not been publicly reported.
2. Intel will inform number of deaths reported in the 24-hour period to 2359hrs yesterday and total number to date for inclusion in morning notifications.
3. We will still be identifying deaths that PHUs etc are not aware of from the mortality data – will the process be that we inform IMT and IMT tells the PHUs, and the deaths are reported once they are in EpiSurv?

1.8 Public / Sitrep / Website Reporting of COVID-19 Related Deaths

1. Each day, any new death/s reported for the previous day (to 2359h) will be reported in the:
 - a. Daily Signal Text – to Ministers, ELT etc
 - b. Daily Sitrep
 - c. Media statement
 - d. MoH Website update
 - e. Each of these mediums will also contain a total of all COVID-19 related deaths since March 2020.
 - f. The MoH Website will report more rigorously defined (but lagged) information related to deaths including,
 - i. The number of deaths that occurred within 28 days of a case being reported/testing positive and have not previously been reported.
 - ii. Deaths delineated by those whose primary cause of death was:
 1. COVID-19
 2. Where COVID-19 has been deemed to contribute to their death and:
Those whose cause of death was / is still under investigation.

1.9 IMT Internal Procedures

1. IMT Response Manager is updated via PHI (Public Health Intel) on Deaths reported in EpiSurv in the 24-hour period to 2359hrs yesterday hours.
2. The IMT Response Manager will advise the Daily Text Group & Media Daily Text group Signal message, a summary of any newly reported death/s, along with all other daily information reported.
 - a. IMT Response Manager **only** advises the DG/DCE signal group with basic detail, in the event of a person of public interest.
 - b. IMT Response Manager advises the Ministers office signal group (**no sooner than 15 minutes** after the advice to the DG (Director General) of any significant deaths).
3. All deaths shall be publicly notified as part of:
 - a. the 0900 Daily Text
 - b. the Daily SITREP (Situation Report)

- c. the daily media update
 - d. and website
4. Arrangements for the sharing of COVID-19 death related information with the coroner are outlined in a Memorandum of Understanding between the Ministry of Health and the Office of the Chief Coroner, 30 March 2020. Refer to the MoU for details.

2.0 Other Information - Legal mechanism for reporting when someone has died of an infectious disease in the Community

1. Section 85 of health act requires funeral directors to notify MOoH – if they know person died of COVID-19.

Section 85 Notice of death from infectious disease

2. When any person has died of an infectious disease, the funeral director or other person having charge of the funeral of the deceased shall forthwith, after having been informed of the cause of death and before the removal of the body from the building or other place in which it may then be, give to the medical officer of health notice in the prescribed form and manner of the fact of the death and the cause thereof.