



Viral Haemorrhagic Fevers Guidance Note for Funeral Directors/Coroners



Version 1.0

This Guidance Note must be read in conjunction with the HPSC document [Management of Deceased Individuals Harboured Infectious Disease \(MoDI\) guidelines](#). The MoDI document lays out the necessary precautions required to minimise the potential infectious risks presented by human remains, and highlights the necessity of **funeral staff applying Standard Precautions during all contact with human remains**.

Viral haemorrhagic fevers (VHFs) are a group of viral diseases that can cause a severe bleeding syndrome in humans. VHFs belong to a group of serious diseases caused by pathogens - categorised as [Hazard Group 4 agents](#) - that cause severe human disease and which, if present in human remains, present a serious threat to funeral staff. There is also a significant risk of spread of these diseases to the community. There is usually no effective prophylaxis or treatment options available for these diseases.

Hazard Group 4 agents include such viruses as VHF viruses (Ebola, Marburg, Lassa fever and other Arenaviruses, and Crimean-Congo haemorrhagic fever), as well as Hendra virus, Nipah virus and smallpox virus. While the likelihood of VHF appearing in Ireland is low, the impact of the introduction of such a disease would be extremely high, given the serious implications of infection on individuals and on Public Health. It is therefore crucial that all sections of the healthcare system and the funeral industry, that might have possible contact with such diseases, are aware of this possibility and prepare accordingly.

There is the possibility, albeit extremely small, that a patient with VHF may first present after death and it is important that Funeral Directors, their staff and Coroners are aware of this very unlikely eventuality.

Transmission of these viruses occurs through direct person to person contact with blood and other body fluids. Body fluids from infected patients remain infectious for a considerable period after death.

VHF can be transmitted in post-mortem care settings, particularly through piercing injuries from contaminated instruments or bone and tooth fragments, through handling of human remains without [appropriate personal protective equipment \(PPE\)](#) and through splashes of blood and other body fluids into the eyes, nose and mouth. **If VHF is confirmed, or suspected in a patient, post mortems and embalming are contraindicated.**

Moreover, in the case of patients who die harbouring (or are suspected of harbouring) a Hazard Group 4 pathogen, as well as post-mortems (autopsies) and embalming, the following post-mortem activities markedly increase the risk of inadvertent infection of the practitioner and must not be performed, until a diagnosis of VHF has been definitively ruled out:

- Hygienic preparation
- Plugging of orifices
- Removal of inserted medical equipment including all drains, catheters and intravenous lines and
- Removal of implanted medical devices including pacemakers and defibrillators – if these are retained in the deceased person, then cremation of such remains is contraindicated due to the risk of explosion.

One important element of the MoDI guidelines is the recommendation to adopt the use of the [Notification of Death \(NoD\) Form](#) by certifying medical practitioners. It is recommended that the NoD Form is used whenever human remains are being transferred from medical care, to the care of a Funeral Director. It is intended that this form would be completed for all deaths.

When confronted with an unexplained death or human remains about which there is no available medical history, the following precautionary steps should be taken:

1. From relatives, it is imperative to outrule a history of the deceased having undertaken foreign travel with the previous 21 days. This **especially** applies to [areas currently affected by VHF outbreaks](#)
2. If foreign travel to the areas affected by the VHF outbreak in the previous 21 days cannot be outruled, then you **should not undertake any preparation of the body and no post-mortem should be directed or undertaken** until you can satisfy yourself that the remains do not pose a risk of VHF.

Further information is available from the [HPSC website](#) at or from your local [Department of Public Health](#).