



Care of the dead in disasters

Fact sheet

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Background

Every year, more than 100 000 people are killed during natural disasters and millions are injured and disabled. Governments are frequently overwhelmed by such large numbers of dead and may order mass burials in the interests of protecting public health. Initial media focus is often on the dead and graphic images of dead bodies among the debris creates pressure on governments to “do something”.

There is a widespread and erroneous belief, even among some health professionals, that dead bodies are a source of disease and therefore a threat to public health. This is untrue. There has never been a documented case of an epidemic occurring after a natural disaster that could be traced to exposure to dead bodies. In fact, epidemics of any kind are very unusual after natural disasters. In the past five years, there have been many major disasters with tens to hundreds of thousands of dead lying uncollected for days or even weeks. In none of these disasters did epidemics of any kind occur.

Those killed by natural disasters are generally healthy at the time of their death, and therefore very unlikely be a source of infection to others. The micro-organisms responsible for the decomposition of bodies are not capable of causing disease in living people. Most infectious agents of public health concern that may be present at the time of death will themselves die within hours of the person dying. Generally, for an epidemic to occur, certain necessary conditions related to infectious agents, susceptible hosts and a favourable environment have to be met. If any of these conditions are not present an epidemic cannot occur. Experience has shown that a disaster event of itself does not automatically create these conditions.

However, epidemics certainly can occur in the period after a disaster. The peak danger period is between 10 days and one month after the event. Unsafe food and a lack of access to safe water, lack of facilities for personal hygiene and safe sanitation arrangements all create a real risk for outbreaks of infectious disease at any time, but after a disaster these conditions, added to large numbers of people in overcrowded temporary shelters, makes an epidemic certainly possible. It is how the survivors are managed, rather than how the dead are managed, that determines if and when an epidemic may occur. Despite this potential, there have been no recorded serious epidemics in recent times after a disaster, which is evidence of the great progress made in disaster planning, response and recovery.

Certain diseases, such as HIV and hepatitis, pose a potential risk for individuals who come into close contact with dead bodies, but not for the general public. Those assigned any roles associated with handling dead bodies and body parts should be properly trained and always use protective equipment.

Overall, care of the dead is not a primary health sector responsibility. There is no public health threat from dead bodies and this misapprehension causes unnecessary diversion of staff and resources at a critical time. Pressure from misinformed journalists and media organizations can cause governments to behave inappropriately, for example spraying the area around dead bodies with disinfectant or covering dead bodies with lime. These operations are costly, time consuming, require complicated logistics and coordination, take staff away from caring for survivors and are totally unnecessary.

Recommendations for the care of the dead

Care of the dead and missing is an important area of work after a disaster and is clearly a major social responsibility of government. It is very important for the psychological recovery of survivors to have their dead relatives returned to them for culturally appropriate rites and disposal.

A well organized system for the retrieval, storage, identification and disposal of the dead is an essential part of a national disaster management structure, but like other parts of that structure, it must be properly planned and resourced.

WHO recommends the following:

1. Governments must define in law and national policy the arrangements required for dealing with the dead after a disaster and mandate a specific agency to take responsibility for this task.
2. The mandated agency must have the resources needed to fulfil its responsibility and its staff must have the required knowledge and skills to fulfil their role.
3. Local government must have plans in place for dealing with largenumbers of dead bodies, based on the protocols, procedures and guidelines issued by the mandated agency.

References

<http://www.who.int/hac/techguidance/ems/myths/en/index.html>