

Information for health professionals

All you need to know about recording and reporting COVID-19 deaths

This guidance is intended to assist medical practitioners, including medical officers working in a public or private health care facility, general practitioners, and forensic medical officers, to complete a Medical Certificate of Cause of Death for COVID-19 cases and to identify whom to notify.

Definition of a COVID-19 death

A COVID-19 death is defined¹ for surveillance purposes as a death in a confirmed COVID-19 case, unless there is a clear alternative cause of death that cannot be related to COVID-19 (e.g. trauma). There should be no period of complete recovery from COVID-19 between illness and death.

Where a Coroner's report is available, these findings are observed.

Post COVID-19 condition² (also known as long COVID, long-term effects of COVID, chronic COVID) occurs in individuals with a history of probable or confirmed SARS CoV-2 2019 infection, usually three months from the onset of COVID-19 with symptoms and that last for at least two months and cannot be explained by an alternative diagnosis. Where post COVID-19 condition is believed to have led to death this should be recorded on the Medical Certificate of Cause of Death.

Recording a COVID-19 death on a death certificate

Information contained on the Medical Certificate of Cause of Death is coded by the Australian Bureau of Statistics using the International Classification of Disease 10th Revision. It is important the completion of the Certificates is accurate, assisting with surveillance of COVID-19 deaths.

The Australian Bureau of Statistics is updating the [Guidance for Certifying Deaths due to COVID-19](#), however key principles remain. The information below are key pointers from this advice and includes additional advice on what to record for patients dying with COVID-19, or from post COVID-19 condition (long-COVID).

¹ Australian Government Department of Health *Series of National Guidelines* December 2021 [Department of Health | Coronavirus Disease 2019 \(COVID-19\)](#)

² World Health Organization *A clinical case definition of post COVID-19 condition*, October 2021 [A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021 \(who.int\)](#)

Terminology to be used on a Medical Certificate of Cause of Death

COVID-19 or **Coronavirus Disease 2019** should be certified on the Medical Certificate of Cause of Death. It should be clear it is the 2019 strain of disease.

✓ COVID-19	✗ coronavirus
✓ Coronavirus Disease 2019	✗ SARS-CoV-2
✓ SARS-CoV-2 2019	

Recording a death “from” COVID-19

If the underlying cause of the death is COVID-19, then “COVID-19” should be recorded in Part 1 of the Medical Certificate of Cause of Death and be included on the lowest line as the underlying cause with all antecedent conditions and symptoms (including duration) that led to the disease or condition resulting in death. Other significant considerations contributing to the death but not related to the diseases or conditions causing the death are recorded in Part 2.

Example – death “from” COVID-19

A person who died from COVID-19. The person also had Coronary artery disease, Type 2 diabetes and chronic obstructive pulmonary disease (COPD), which was likely to have been a risk factor in contributing to the death.

Medical Data: Part 1 and 2			
Disease or condition leading directly to death.	1	Cause of Death	Interval between onset and Death
Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line.	A	<i>Acute respiratory distress syndrome</i>	<i>2 days</i>
	B	<i>Pneumonia</i>	<i>10 days</i>
	C	<i>COVID-19</i>	<i>10 days</i>
	D		
Other significant conditions contributing to death but not related to the diseases or causing it.	2	<i>Coronary artery disease, Type 2 diabetes, COPD</i>	<i>10 years</i>

See the [Guidance for Certifying Deaths due to COVID-19](#), for more examples.

Recording a death “with” COVID-19

If a person had COVID-19 but the virus was not part of the chain of events leading to death, COVID-19 should be included in Part 2 ‘other significant conditions contributing to death’, with the main condition disease or condition in Part 1 followed by the underlying causes below.

Example – death “with” COVID-19

A person who died from aspiration pneumonia following a period of immobility due to a chronic medical condition (e.g. dementia). The person also acquired COVID-19 3 days prior to the death.

Medical Data: Part 1 and 2			
Disease or condition leading directly to death.	1	Cause of Death	Interval between onset and Death
Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line.	A	<i>Acute respiratory distress syndrome</i>	<i>2 days</i>
	B	<i>Aspiration pneumonia</i>	<i>10 days</i>
	C	<i>Dysphagia</i>	<i>3 Months</i>
	D	<i>Vascular dementia</i>	<i>5 Years</i>
Other significant conditions contributing to death but not related to the diseases or causing it.	2	<i>COVID-19</i>	<i>3 days</i>

Recording a death in presence of a post COVID-19 condition

Research is being undertaken into the long-term impacts of COVID-19. Accurate collection of deaths from a post COVID-19 condition is essential.

Example – death “from” post COVID-19 condition

A person who died from acute respiratory failure following a pneumonia that arose from the pulmonary fibrosis that developed post COVID-19 infection (acquired COVID-19 10 months ago). The person also had Coronary atherosclerosis, Hypertension, Osteoporosis.

Medical Data: Part 1 and 2			
Disease or condition leading directly to death.	1	Cause of Death	Interval between onset and Death
	A	<i>Acute respiratory failure</i>	<i>2 days</i>

Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line.	B	<i>Pneumonia</i>	<i>10 days</i>
	C	<i>Severe pulmonary fibrosis post COVID-19 infection</i>	<i>10 months</i>
	D		
Other significant conditions contributing to death but not related to the diseases or causing it.	2	<i>Coronary atherosclerosis, Hypertension, Osteoporosis</i>	<i>Years</i>

Example – death “with” post COVID-19 condition

A person who died from a cerebral haemorrhage of cerebral metastases, that arose from metastatic liver, brain and lung disease following breast cancer. They also had a history of chronic pneumonia post COVID-19 infection, but this was not related to the diseases or conditions causing the death.

Medical Data: Part 1 and 2			
Disease or condition leading directly to death.	1	Cause of Death	Interval between onset and Death
Antecedent Causes that gave rise to the above cause, stating the underlying cause on the lowest line.	A	<i>Haemorrhagic cerebral metastases</i>	<i>1 day</i>
	B	<i>Metastases to liver, brain and lung</i>	<i>10 months</i>
	C	<i>Breast Cancer</i>	<i>2 years</i>
	D		
Other significant conditions contributing to death but not related to the diseases or causing it.	2	<i>Chronic pneumonia post COVID-19 infection</i>	<i>8 months</i>

If the physician believes the death is related to COVID-19, it should be included in Part 1, with a timeline/sequence of events

If the physician believes COVID-19 is incidental to death, it should be included in Part 2

COVID-19 deaths reportable to the Coroner

Not all COVID-19 deaths are reportable to the Coroner.

A COVID-19 death will only be reportable to the coroner if:

- The person died as a result of the care they received or did not receive, for example, a missed diagnosis or failure to treat COVID-19 appropriately, or
- The death is a death in care³ (includes certain disability care, child protection and adoption care, involuntary care), or
- The death is a death in custody.
 - *Note* the COVID-19 death of a person whose clinical care is being managed in a hospital, as a Hospital in The Home patient, or by virtual care monitoring in the community while a general Public Health Direction issued by the Chief Health Officer regarding isolation under section 362B of the Public Health Act is in force is NOT reportable to the coroner as a death in custody.

Further detailed information is available at [When does a COVID-19 death need to be reported to the coroner \(courts.qld.gov.au\)](https://courts.qld.gov.au/when-does-a-covid-19-death-need-to-be-reported-to-the-coroner)

Do I need to report a COVID-19 death to Queensland Health?

Hospital and Health Services should report COVID-19 deaths to the department by email within 72 hours to the COVID-19 Public Health Incident Management Team. An email should be sent to COVID-19.death.notifications@health.qld.gov.au.

General practitioners and private hospitals are asked to report COVID-19 deaths to Queensland Health within 72 hours by emailing the Queensland Department of Health COVID-19 Public Health Incident Management Team at COVID-19.death.notifications@health.qld.gov.au.

When advising the Queensland Department of Health of COVID-19 deaths, please include the following information in the email:

- Full name
- Residential address
- Date of birth
- First Nations status
- Date of death
- Place of death – at home / in hospital/ in an aged care facility / other (specify)
- Comorbidities
- Contact details (of the reporting person) for follow up

³ Coroners Court of Queensland Information Sheet – Deaths in care (disability) April 2021 [Deaths in Care \(disability\) - Information Sheet \(courts.qld.gov.au\)](https://courts.qld.gov.au/deaths-in-care-disability-information-sheet)

COVID-19 vaccination death

How to report a COVID-19 vaccination death

All adverse events following immunisation, including death, are reportable to Queensland Health under the [Public Health Regulation 2018](#) (Schedule 1).

Depending on the type of health provider, there are multiple ways a COVID-19 vaccine death can be reported to Queensland Health.

- Hospital and Health Services and vaccination service providers see [Adverse event following COVID-19 vaccination | Queensland Health](#)
- General practitioners, Commonwealth providers, private providers and pharmacists see [Information for Queensland primary care providers | Queensland Health](#)

When to report a COVID-19 vaccination death to the coroner

The fact that a person received a COVID-19 vaccine some time prior to their death does not of itself make their death reportable to the coroner. The death of a person who has received a COVID-19 vaccination will only be reportable to the coroner if:

- the death may be vaccine-related (health care related); or
- the death is reportable for another reason (for example - the person died as a result of mechanical fall-related injury).

Further information, including where to seek advice from the Coronial Registrar regarding whether a death should be reported to the Coroner, is available at [Attributing deaths to COVID-19 vaccines – a guide for medical practitioners | Queensland Health](#)

Note: If there are no adverse outcomes from a COVID-19 vaccine and the death is not reportable to the coroner then the vaccine does not need to be reported on the death certificate.