

Fatality Management During A Pandemic

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June 7, 2011

Pandemic Assumptions: Flu Related Deaths in MA

	1958/1967	MDPH Surge Planning	1918
Total Cases	2m (30%)	2m (30%)	2m (30%)
Deaths	4600	20,000	42,000

Hospitals

- Each Hospital Will Implement its Own Internal Fatality Management Procedures
- Hospitals will Quickly Run out of Morgue Space
- Prompt Removal will allow Hospitals to Focus on Caring for the Living
- MEMA Will Request Refrigerated Trucks to be place strategically around the State.

Death Certificates

- Processing the Large Number of Death Certificates Will be a Challenge
- Strategies Identified in Other States:
 - Faxing of death certificates and burial permits
 - Filing in alternate jurisdictions
 - Shortened or extended filing deadlines
 - Establishing centralized filing locations

Recovery Teams

- During incidents such as a pandemic there may be a large number of deaths occurring at home.
- Coordination between multiple agencies will be necessary in order to keep up with the collection of remains.
- Recovery teams, if requested, may be made up of personnel from, funeral homes, National Guard and OCME
- The Recovery Teams will work closely with law enforcement and EMS in cases involving unattended deaths.

Temporary Internment

- Potentially required in a widespread event like pandemic influenza because traditional resources cannot accommodate the demand in a timely manner
- Individual graves, NOT mass burials
- Remains may be disinterred after the emergency is over

Temporary Internment

- The infrastructure and processes are already in place in existing cemeteries
- Existing non-sectarian cemeteries
- Because some remains will not be disinterred after the event
- Fewer sites are easier to manage

Questions?