

Post-mortem COVID-19 patients' ability to transmit the disease: A short report from Iraq

Hashim Talib Hashim

University of Baghdad - College of Medicine
Corresponding author: Hashim Talib Hashim, University of Baghdad - College of Medicine.
E-mail: Hashim.h.t.h@gmail.com
Received/Accepted: August 15, 2020 / December 20, 2020
Conflict of interest: There is not a conflict of interest.

 Hashim Talib Hashim

ORCID IDs of the authors:
 H.T.H. 0000-0001-6155-7302

To the Editor:

The first confirmed case of COVID-19 infection in Iraq was for an Iranian citizen who was studying in Najaf city on February 24, 2020 after his coming from his country by a week. On March

24, there were 316 cases of laboratory-confirmed coronavirus 2019 (COVID-19) in Iraq. ¹

Now, on the 30th of May, the number of total conformed cases in Iraq is 6179 and the current under treatment cases are 2874 cases.

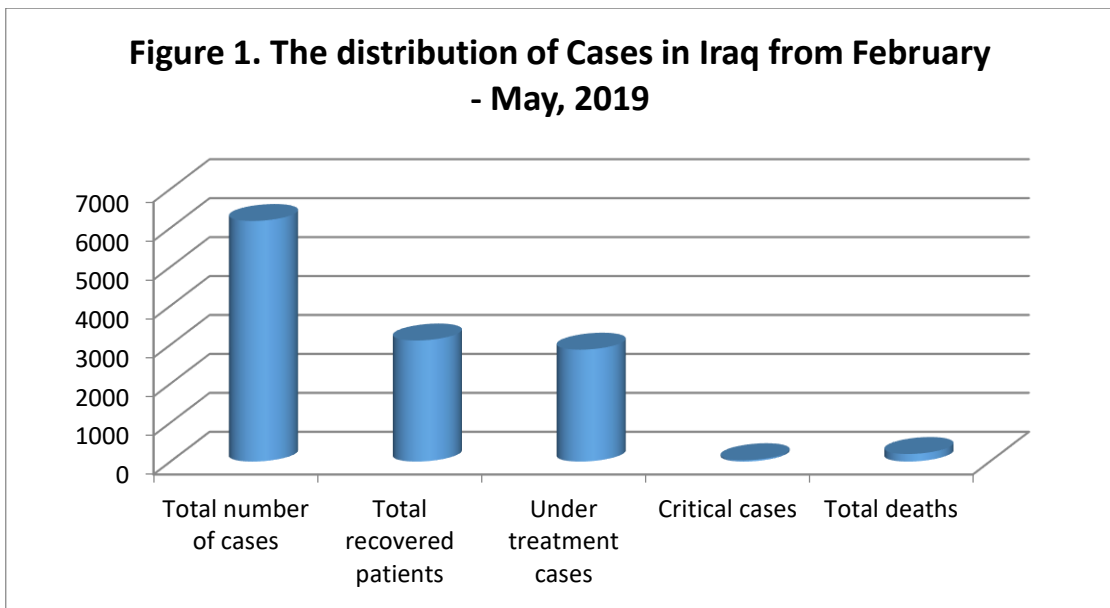


Figure 1: clarifies the distribution of the cases in Iraq.

The spreading of the diseases among the doctors and medical health workers has increased as the cases are increasing especially in Baghdad which is the focus of the disease now.

In Iraq, the autopsies of the patients who die from a pandemic diseases are prevented by the Iraqi law, despite the importance of the postmortem autopsied in determining the complications and the pathophysiology of the disease which can help in treatments and infection control.

The autopsies in other countries like USA, China and Italy have identified hypercoagulable statuses associated with COVID-19 patients which is clearly defined in the pulmonary vessels (venous) which can be associated with pulmonary embolism that have been approved by the electrocardiography studies for the cases (Pulmonary venous thrombosis of unknown cause).^{2,3,4}

A 30 years, forensic doctor in Iraq did an autopsy for a young health patient after his mysterious death for more than 12 hours with unknown cause of death and the protocol in Iraq is to do the autopsy to determine the cause of death.

After the autopsy, the patient was diagnosed with COVID-19 disease and his death was because the complications of the disease which more essential was the thrombosis in the pulmonary vessels.

The doctor was protecting himself by all the protecting equipment from gown, face mask and gloves but after few days, his test of COVID-19 with PCR came positive and he is now under treatment in the isolation.

The ability of the virus to be alive even after the

death of patients for more than 12 hours and still infectious is an indicator of the severity and the aggressiveness of the virus. It is probable to still infectious up to 24 hours that make the reconsideration of the burning or burying of the bodies after death is important and should be handled with special ways and cautions.

Conflict of Interest:

I declare that I have no conflict of interest or any source of funding.

REFERENCES

1. Iraqi Ministry of Health, Daily updates on COVID-19: for press release. 2020 (<https://moh.gov.iq/index.php?name=News&file=article&sid=14438>)
2. Tian, Sufang, et al. "Pathological study of the 2019 novel coronavirus disease (COVID-19) through postmortem core biopsies." *Modern Pathology* (2020): 1-8.
3. Wichmann, Dominic, et al. "Autopsy findings and venous thromboembolism in patients with COVID-19: a prospective cohort study." *Annals of Internal Medicine* (2020).
4. Lakkireddy, Dhanunjaya R., et al. "Guidance for cardiac electrophysiology during the coronavirus (COVID-19) pandemic from the heart rhythm Society COVID-19 Task force; electrophysiology section of the American College of cardiology; and the electrocardiography and arrhythmias Committee of the Council on clinical cardiology, American heart association." *Heart Rhythm* (2020).