

Risk posed by corpses

Contrary to common belief, there is no evidence that corpses pose a risk of disease "epidemics" after natural disasters. Most agents do not survive long in the human body after death (with the exception of HIV -which can be up to 6 days) and the source of acute infections is more likely to be the survivors. Human remains only pose health risks in a few special cases requiring specific precautions, such as deaths from cholera or haemorrhagic fevers.

However, workers who routinely handle corpses may have a risk of contracting tuberculosis, bloodborne viruses (such as Hepatitis B/C and HIV), and gastrointestinal infections (such as rotavirus diarrhoea, salmonellosis, E. coli, typhoid/paratyphoid fevers, hepatitis A, shigellosis and cholera).

- Tuberculosis can be acquired if the bacillus is aerosolized (residual air in lungs exhaled, fluid from lungs spurted up through nose/ mouth during handling of the corpse).
- Exposure to bloodborne viruses occurs due to direct contact with non-intact skin of blood or body fluid, injury from bone fragments and needles, or exposure to the mucous membranes from splashing of blood or body fluid.
- Gastrointestinal infections are more common as dead bodies commonly leak faeces. Transmission occurs via the faeco-oral route through direct contact with the body and soiled clothes or contaminated vehicles or equipment. Dead bodies contaminating the water supply may also cause gastrointestinal infections.

The public and emergency workers alike should be duly informed to avoid panic and inappropriate disposal of bodies, and to take adequate precautions in handling the dead (see prevention below).