



PHILIPPINE SOCIETY OF PATHOLOGISTS, INC.

## Position Paper on the Conduct of the Autopsy during and after the COVID Pandemic

With the widespread availability of COVID-19 vaccines, pathologists – both in-training residents and consultants – are attempting to return to their pre-pandemic workload and learning to live with COVID-19. One of the most important jobs of the pathologist is the performance of the autopsy, and residents, as future pathologists, must also be trained to be adept at performing an autopsy. Fear of COVID-19 should not be a deterrent nor an excuse for not performing autopsies when the benefits of performing an autopsy outweighs its risks. In this light, the following updated recommendations are made:

### 1. Negative pressure facility

Although a negative pressure autopsy chamber is ideal for handling COVID-positive or suspect patients, it is not necessary for non-COVID patients. COVID-19 tests performed prior to the autopsy and interpreted in light of the varying performance characteristics of the test method used is an important step in triaging a case for autopsy.

According to the US Center for Disease Control, aerosol production during the autopsy should be minimized. Although there are rare studies as to which procedures during the autopsy produce aerosol, it is generally agreed that using an oscillating saw during removal of the brain is aerosol-producing and should be avoided. Collection of nasopharyngeal swabs in a dead person is expected to not produce aerosols as the coughing reflex cannot be elicited anymore.

### 2. COVID-19 testing prior to autopsy

As COVID-19 continues to cause significant infection, it needs to be ruled-out as a/contributing to the cause of death. As such, it is highly recommended that rapid antigen tests and/or RT-PCR be performed prior to the autopsy. The institution may decide which test to use based on the performance characteristics of the tests available to them and the turnaround times.

Rapid antigen tests have the advantage of being fast, easy to perform and can be performed in a point-of-care setting. Rapid antigen tests also correlate well with the contagiousness of a person. They are quickly replacing RT-PCR as a requirement for travel, hospital admission and the like.

RT-PCR remains the test of choice for COVID-19 as it detects COVID earlier than rapid antigen. However, the RT-PCR may remain positive for days, even weeks, after a person ceases to be contagious.

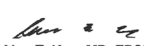


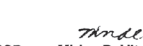








As with any laboratory test, caveats exist – a negative test does not totally exclude COVID-19 nor does a positive test denote a contagious or infectious state.

### 3. Proper PPE

Complete PPE in the form of disposable aprons/gowns, gloves, N95 masks, shields and shoe covers are necessary when performing COVID-19 positive/suspect cases.

*This document is a supplement to DOH memorandum 2021-0425.*

For the Philippine Society of Pathologists, Inc.:

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