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## Risks Posed by COVID-19-Infected Bodies Remain Unclear

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*Editor's note: Find the latest COVID-19 news and guidance in Medscape's [Coronavirus Resource Center](#).*

As the coronavirus death toll has risen around the world, it has created an unprecedented challenge for the healthcare workers, forensics experts, and funeral directors who manage the bodies.

The dead [piled up in the streets of Ecuador](#). In New York City, hospitals ran out of morgue space, so volunteers piled corpses into [refrigerated FEMA trucks](#) instead. Traditional funeral practices have been [upended around the world](#), as governments have worked to reduce the chance of transmission between the living. And millions are [grieving in isolation](#).

But some of the most fundamental mysteries about corpse management — like how long after death the SARS-CoV-2 virus can stay active — remain unanswered. "I've asked that question probably 10 times and nobody's really given me a good answer yet," Bob Lawler of the Lawler and Crosby Funeral Home commented in a recent [radio interview](#).

That's because the scientific literature on the post-mortem risks of the coronavirus is almost nonexistent, said [Angelique Corthals](#), a professor of pathology at CUNY's John Jay College of Criminal Justice in New York City. Researchers have rightly prioritized investigation of lifesaving interventions. But even when opportunities for post-mortem insights arise, they're often neglected. A [recent German pre-print study](#), for example, used a corpse

model to assess the risk of COVID-19 transmission during CPR, but gathered no additional data on the risks posed by the dead.

"That's the problem with dead bodies," Corthals said. "Out of sight, out of mind."

While the US Centers for Disease Control and Prevention, the World Health Organization, and other agencies [issued interim guidelines](#) for interacting with COVID-19-infected bodies, their advice is based on a mixture of common sense and past experiences with other infectious diseases, not COVID-19-specific research. That's why the advice sometimes differs (the CDC, for example, is [supportive of continued embalming](#), whereas the WHO urged caution).

On the whole, "the greatest risk is from the living and not the dead," said [Oran Finegan](#), head of forensics for the International Committee of the Red Cross (ICRC). Whereas the living can move around — shedding a virus — as soon as someone's cells begin to decompose, any viruses living inside also start to decay.

How fast this process occurs depends on where the virus lives — and how quickly autolysis occurs in those systems. "For some viruses, it's a matter of hours after the death of the host," Corthals said. [Hepatitis](#), for example, exists mainly in the liver, which undergoes rapid autolysis, quickly rendering the body noninfectious.

But the decomposition process "goes both ways," Corthals said. When someone dies, their immune system stops working. "The [viruses] lose their house, but they don't have the army waiting outside." That can mean, at least for a time, that a virus is able to multiply in a corpse, before factors like autolysis ultimately eliminate the risk.