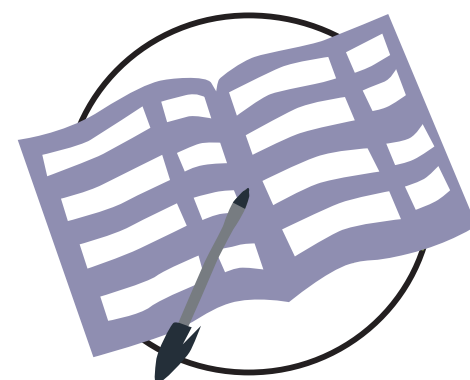


### Mortality Register



## > Illustrated Guide to Mortality Register

A								
DEATH REGISTRATION								
Serial No.	Ration Card No.	Name	Age <sup>†</sup>	Sex (M / F)	Status (Ref / Nat)	Address	Date of death	Location Home / Hospital / Other ( <i>specify</i> )

### A Death Registration

Serial No.:

> **Enter sequence number in register**

Ration Card No.:

> **Enter ration number for the deceased**

Name:

> **Print name of deceased**

Age:

> **Enter age (in years) for children under five, ensure that age in years and months is entered accurately**

Sex:

> **Enter Male (M) / Female (F)**

Status:

> **Classify as Refugee (Ref) / National (Nat)**

Address:

> **Enter Camp Address (Refugee) / Nearest Village (National)**

Date of death:

> **Enter date (dd/mm/yy)**

Location:

> **Enter Home / Hospital / Other (Specify)**

#### NOTES

For children under five, ensure that age in years and months is entered accurately

All deaths should be reported in the weekly statistics of the camp of origin of the deceased.

### B Classification of Death

Direct cause:

> **A single reason should be given as the direct cause of death**

Underlying cause(s):

> **The direct cause of death may be "due to" or "as a consequence of" one or two underlying conditions**

Reported cause:

> **The cause of death reported in the HIS should always be the direct cause, except when the death is associated with malnutrition or HIV/AIDS (see notes below)**

#### NOTES

It is recommended that a diagnosis of HIV/AIDS or malnutrition take precedence over other co-morbidity as the primary cause of death. Other associated conditions should be classified as an underlying causes of death.

For cases where death is associated with both HIV/AIDS and malnutrition, HIV/AIDS should take precedence as the primary cause of death.

B			C			
CLASSIFICATION OF DEATH			CASE FOLLOW-UP			
Direct cause of death*	Underlying cause(s) of death**	Reported cause of death***	Case investigation requested? (Y / N)	Outbreak Alert issued? (Y / N)	Death Notification issued? (Y / N)	→ If YES, enter reference number

**C Case Follow-Up**

Case investigation requested?:  
**> Enter Yes (Y) / No (N)**

Outbreak Alert issued?:  
**> Enter Yes (Y) / No (N)**

Death Notification issued?:  
**> Enter Yes (Y) / No (N)**

**If YES (Y) enter reference number from Death Notification in end column.**

**NOTES**

**1. Case Investigation**

Depending on the requirements of each health agency, certain primary causes of death should invoke a more detailed investigation of the exact cause and circumstances surrounding the death. Guidance on when to begin an investigation, the team composition, methods of enquiry, and the procedure for producing a final report should be clearly stated by each agency.

**2. Outbreak Alert**

Depending on the cause of death under review, the investigation may also be linked with wider outbreak alert and response efforts (see Module 3,; Morbidity; Part 2: Outbreak Alert and Response). The need to conduct a case investigation or issue an outbreak alert should be recorded in the Mortality register

**3. Death Notification**

Death notification forms should be issued by the health agency for every death reported within the camp. This acts as both a legal record of death and as a means of triangulating data within the hospital and community mortality sources. No burial should take place without evidence of a death certificate that has been issued by the main camp hospital/dispensary.



