

# Death, death-related rituals and mourning during three waves of the COVID-19 pandemic in Croatia

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# WHO Coronavirus (COVID-19) Dashboard

In **Croatia**, from **3 January 2020** to **3:28pm CET, 8 November 2021**, there have been **501.327 confirmed cases** of COVID-19 with **9.500 deaths**, reported to WHO. As of **31 October 2021**, a total of **3.594.748 vaccine doses** have been administered.

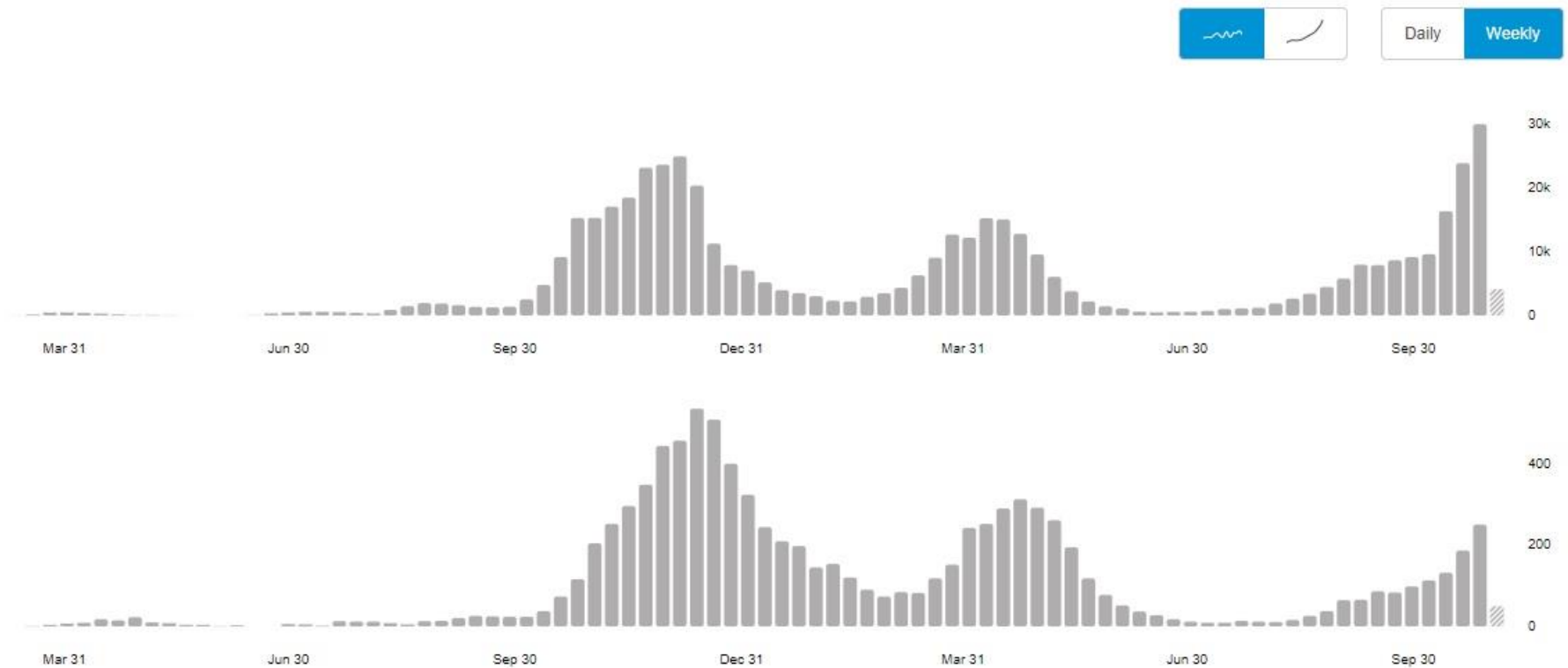
## Croatia Situation

**501,327**  
confirmed cases

**9,500**  
deaths

Source: World Health Organization

▨ Data may be incomplete for the current day or Dec 31 week.



November 17, 2019

First Covid-19 case

February 25, 2020

First case in the Republic of Croatia

March 11, 2020

WHO: Covid-19 - pandemic

March 20, 2020

First epidemiological restrictions  
concerning burials

March 22, 2020

Zagreb was hit by the earthquake

May 22, 2020

End of the first pandemic wave

December 16, 2020

Peak of the 2nd wave

# Covid-19 Timeline (Croatia)

March – May, 2021

3rd wave

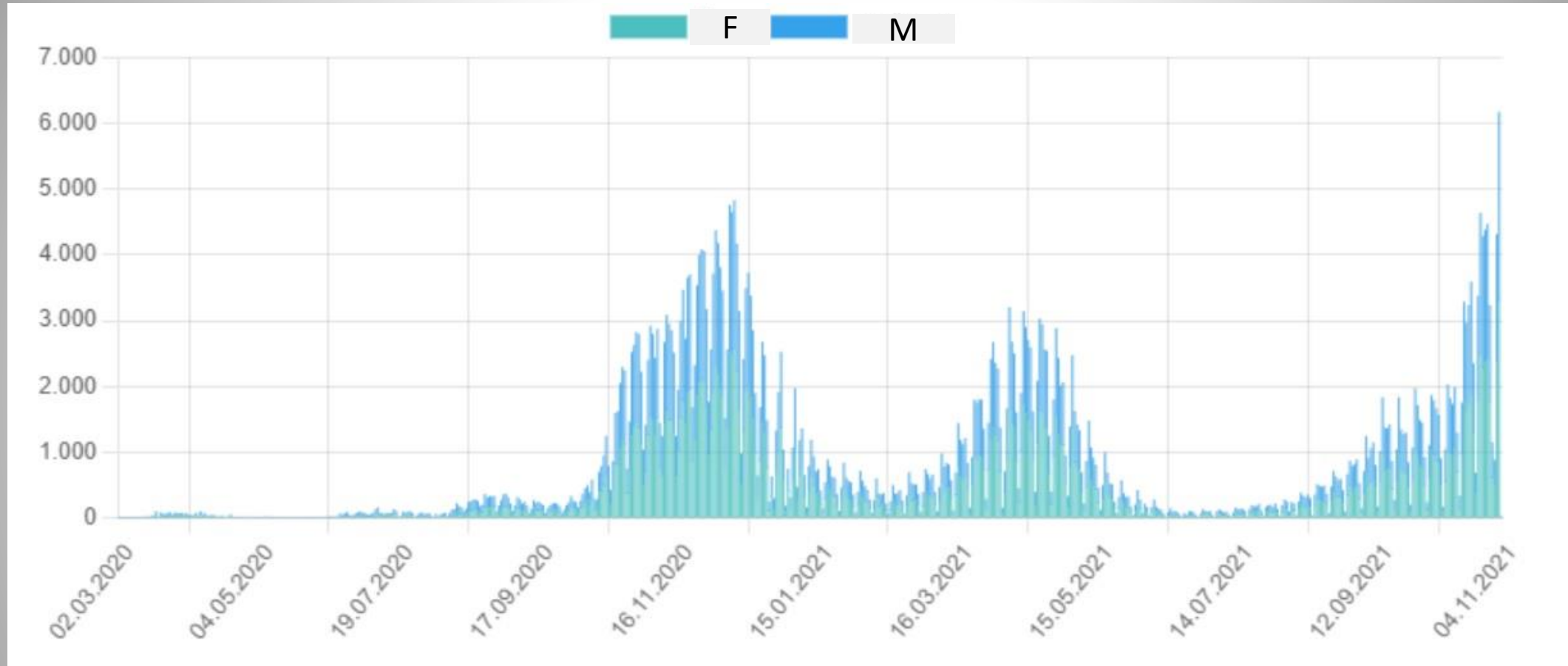
June, 2021

Relaxation of measurements

October 2020

4th wave

# COVID-19 pandemic waves



Source: [koronavirus.hr](https://koronavirus.hr) (Government official website for timely and accurate information on Coronavirus)

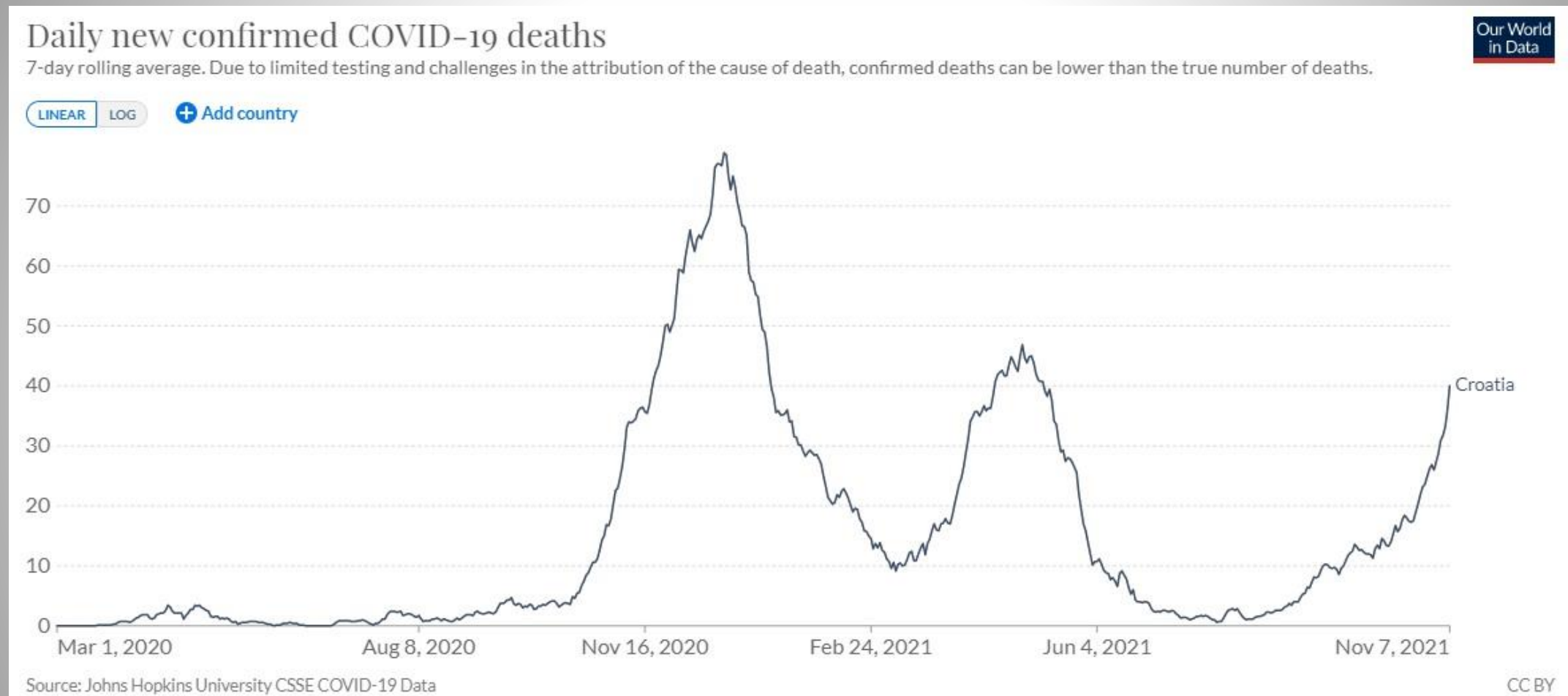
1st WAVE  
Max. new cases: **320**

2nd WAVE  
Max. new cases: **4.827**

3rd WAVE  
Max. new cases: **3.198**

4th WAVE  
Max. new cases: **6.775** (5.11.)

# Deaths in COVID-19 pandemic waves



1st WAVE  
Max. deaths: 6

2nd WAVE  
Max. deaths: 85








3rd WAVE  
Max. deaths: 49

4th WAVE  
Max. deaths: 42 (08.11.)



# Safe Management of Bodies of Deceased Persons with Suspected or Confirmed COVID-19

Rapid Systematic Review

STEPS ADDRESSED	HANDLING OF DEAD BODY	PPE OF INDIVIDUALS HANDLING DEAD BODIES
 BODY PREPARATION	Remove IV tubes and lines. Disinfect puncture holes. Disinfect surfaces where body was resting. Manage as a specific risk category. Universal precautions of material used.	Gloves, long-sleeved water resistant gown, mask, goggles, limit direct personnel involvement.
 PACKING	Two-layer cover of the body using leak-proof bag. Disinfect outer packing.	Full complement of PPE (e.g. gloves and long-sleeved water-resistant gown).
 TRANSPORT TO STORAGE SITE	Standard local routine procedure. No special transport required. Decontaminate vehicle and minimize contact with human remains. If moving to another country check restrictions on importing bodies with confirmed/suspected COVID-19.	Gloves, disposable nitrile gloves, surgical mask, triple layer medical mask, long-sleeved water-resistant gown.
 STORAGE SITE	Should remain clean and disinfected. Facility properly ventilated and illuminated. Cold chambers at 4°C. Practice safe waste disposal.	Direct contact with human remains or bodily fluids should be minimized during reception at designated body storage sites. Strict PPE procedures (e.g., gloves, gown, long-sleeved water-resistant gown, hand hygiene, goggles/face shield, mask). No aerosol generating procedures should be allowed.
 VIEWING	Only by close relatives in a pre-designated area. Use standard precautions to allow viewing of the body. Provide support in appropriate PPE use for mourners. Advise mourners not to touch the body.	PPE is not needed for relative viewing, yet, they should limit any contact with the body. If relatives have touched the body, use recommended hygiene procedures.
 EMBALMING	Mostly not recommended. If performed, use standard precautions and protective measures, and only by trained personnel.	Hand hygiene and standard PPE (e.g., gloves and long-sleeved water-resistant gown) if the procedure is allowed.
 BURIAL	Can be performed regularly. Sensitize burial staff about COVID-19 and standard precautions. Religious rituals allowed as long as there is no contact with the body.	The minimum requirements include gloves and long-sleeved water-resistant gown for staff. Avoid any crowding during funeral services, and advice participants to maintain physical distancing and hand hygiene.
 CREMATION	Can be performed if facilities are available. Cremate within 24 hours without taking the body home. Sensitize staff. Relatives can view dust. Follow local procedures.	Follow protective measures and standard precautions. Avoid any crowding at crematorium ground.
 PLANNING	Establish preparedness plan for handling dead bodies, access to trained staff, transport, equipment, and body storage. Review national contingency plans and communicate.	Assess the need for PPE in healthcare professionals and the need for training on its use.
 OTHER	Consult with stakeholders (e.g. religious representatives) to ensure acceptability of changes to standard practice. Provide counselling to family members.	

**Abbreviations:** PPE=Personal Protective Equipment; GRADE=Grading of Recommendations, Assessment, and Evaluation.  
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Funeral attendances is limited to a maximum 5 individuals (later 10 or 25)



Funeral attendances must wear mask, sanitize regularly and adhere to a social distance (1.5 meters)



Post funeral social gathering events are strictly prohibited.

# Epidemiological measures

	1st wave	2nd wave	3rd wave	4th wave
Funeral, burial	5 family members + church representative	30 >>> 25	25	25
Obituary	no date, time and location of burial	all allowed	all allowed	all allowed
Music	not allowed	allowed	allowed	allowed
Flowers, candles	not allowed	allowed	allowed	allowed
Mourners	no expression of condolence	no expressing condolences	no expressing condolences	no expressing condolence

# Death, death-related rituals and mourning during COVID-19 pandemic

- qualitative methodology and approach
- semi-structured, in-depth, face-to-face interviews
- anonymity of interviewees and confidentiality - pseudonyms
- thematic analysis of the transcribed content
- several thematic units of experiences:
  - a death of a loved one
  - funeral
  - funeral rites
  - customs
  - mourning



# Vulnerable groups (older persons, patients with chronic illnesses)



**Health, Cultural, and Biological Determinants of Longevity: Anthropological Perspective on Survival in Very Old Age (HECUBA), HRZZ IP-01-2018-2497; 2018 – 2022**  
(PI: Dr. Tatjana Škarić-Jurić, research professor)

- 13 nursing homes in Zagreb before pandemic
- 345 persons, age range 79–101 years, mean age  $88.33 \pm 3.52$  yrs.
- face-to-face interviews, biometrical measurements, blood samples (hematological, biochemical and genetic analyses)
- the majority of respondents answered that they were moderately satisfied (37.3%) or satisfied (41.5%) with their present life in retirement home

# Vulnerable groups (older persons, patients with chronic illness)

Josipa: “He had his group of eighty-year-old friends in a cafe with whom he was drinking coffee every day and he missed it so much. He kept talking to them on the phone, with those friends, I hope that have compensated him for all this together. That was hard for me...” *(father died in April 2021)*

Natalija: “They were writing old people off and I'm aware of that. It's just that at this moment this was not acceptable to me... and there was a lot of hassle trying to get the ambulance to even arrive for the first time when his condition was getting worse... Anyhow, the man was written off, and to me this was horrible.” *(grandfather died in April 2020)*



# Death in retirement homes

Sanja: “Nothing, nothing for months... I had my last visit on Thursday at the window, she died on Tuesday. They brought her to the window in bed. I got half an hour. So our last meeting was through the window. (...) The next time I came; my mother was already in the morgue.” (*mother died in July 2020*)



# Death in the hospitals

Mira: “You can't get to the hospital, I never managed to see the doctor and talk to him... So there it is (*cries, a long pause*).

You're left with... emptiness, you have never asked anybody anything, and you could not see him on his last day (*pauses*). It is but a terrible, very terrible feeling. (*pauses*). Then you ask yourself questions, you're angry at the system, at society, at the politics. Who has the right to stop you from being at your loved one's side on their last day?! But there you have it; you have to bear it, live with it.” (*husband died in March 2020*)



# Death of the loved ones

Daria: “She died suddenly, she had not been previously ill. Even worse was the fact that we put her in an additional isolation, fearing for her because of her age (...) That's why the very moment of her death which happened suddenly and unexpectedly was even worse for us, because we created a protection of sort, and then life shows you that there is no such protection.” (*mother died in April 2020*)





# Pandemic funerals

Mira: “Try to imagine a situation where you sit at home for five days (cries), but on your own, completely alone... (a long pause) And that funeral itself, with five people, that is, me and two children and a couple of neighbours. So that is a kind of a very terrible feeling...”  
*(husband died in January 2021)*

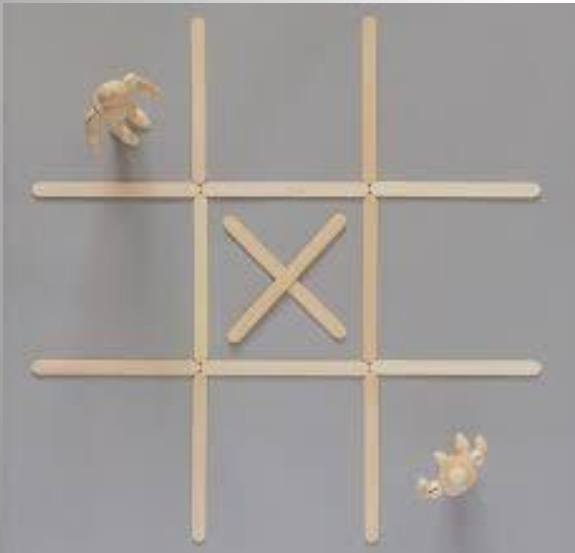
Martina: “We could hardly recognise each other under those masks, but everybody said something, and that's how we recognised each other.” *(husband died in January 2021)*





# Grieving in isolation

Natalija: “It was very difficult for me because I could not hug my dad, because I look after him as well all the time. This was the most difficult moment for me, that I could not grieve it out with my dad, to be a sort of a support for him, to be near him.” (*grandfather died in April 2020*)



# Epidemiological measures

Martina: “I would like to appeal to the health care system and to all existing epidemiological committees, to everybody, to make it less horrible, less painful, for somebody close to be gone, to be taken away and never to be seen again.” (*husband died in January 2021*)