

United Nations Medical Directors

Vaccination and Malaria Prophylaxis Recommendations

For UN Personnel on Official Travel and UN Health Care Workers

July 2021

- The following UN Medical Directors' occupational health recommendations are provided to all Organizations and UN personnel in order to reduce the risk of UN personnel acquiring vaccine-preventable diseases and malaria.
- Sections 1 and 2 should be applied to all UN personnel travelling on official business. Section 3 should be applied only to UN health care workers.
- Note that these recommendations should be applied in consultation with your healthcare provider according to factors such as an individual's vaccination history, health status, destination/s, trip itinerary, type of travel, length of stay etc.
- If this is a hard copy of the document, please be sure to check [here](#) for the latest version of this document.
- Any questions, please contact DHMOSH Public Health at DOS-DHMOSH-Public-Health@un.org

	Broad Category	Description	Vaccines / Malaria Prevention Specified	UNMD Recommendations
1	Routine Vaccines - Recommended for all UN personnel, regardless of travel destination	These are routine vaccines that are typically part of childhood immunization schedules in countries. (See here for WHO recommendations)	Some of these vaccines include: <ul style="list-style-type: none"> • Diphtheria, tetanus, pertussis • Flu (Influenza) • Measles, mumps, and rubella • Polio • Chickenpox (Varicella) • Hepatitis B • COVID-19 	<ul style="list-style-type: none"> • UN personnel are encouraged to be up to date with all their routine vaccination before every trip. • Vaccines should be received early enough (i.e. minimum of 2 weeks) in order to build adequate protection before departure. • Pre-travel consultation is a good opportunity for UN personnel to review their vaccination status with their health care provider before travelling

2	Destination- Based Vaccines and Malaria Prevention - Recommended for UN personnel travelling to specific destinations	<p><u>a) Vaccines made mandatory by certain countries:</u> Some countries require proof of specific vaccination for travellers wishing to enter or exit the country.</p>	<p><u>Examples include:</u></p> <ul style="list-style-type: none"> • Yellow fever vaccine for travellers going to and coming from countries/areas at risk of yellow fever per international health regulations (IHR) • Meningococcal vaccine against serogroups A, C, Y and W135¹ (Required for pilgrims going to Saudi Arabia, see here) • Polio vaccine (OPV or IPV) for travelers arriving from select countries into polio-free countries (as per destination country's requirements) 	<ul style="list-style-type: none"> • All UN personnel travelling should be aware of, and compliant to, the destination country's entry and exit requirements. • For information on your destination country's stated requirements for yellow fever, polio, and other diseases, please see here and who.int/ith/en/ • Individuals should also check with the relevant consulate or embassy for the latest information on travel requirements.
		<p><u>b) Vaccines recommended for certain destinations:</u> Some vaccines are recommended to provide protection against diseases endemic to the country of origin or of destination, and to protect travellers and prevent disease spread within and between countries.</p>	<p><u>Examples include:</u></p> <ul style="list-style-type: none"> • Cholera • Hepatitis A • Japanese encephalitis • Meningococcal disease (see here, page 105) • Polio (adult booster dose) • Typhoid fever • Rabies • Tick-borne encephalitis 	<ul style="list-style-type: none"> • UN personnel should seek advice from your Organisation's medical services to assess your personal risk and get recommendations on the vaccines needed for your destination. • In addition, UN personnel may also refer to CDC site here for vaccines recommended for their destination.

		<p>c) Malaria prevention needed for specific countries/territories: Mosquito bite prevention (bed nets, DEET, loose clothing) and prophylaxis with antimalarial medicines) are recommended by WHO for travel to countries/territories with malaria transmission.</p>	<p>Three types of malaria prevention (Type A, B, C) are specified by WHO, depending on a country/territories' malaria risk profile (See Table on Page 4).</p>	<ul style="list-style-type: none"> • UN personnel travelling to countries/territories with malaria transmission areas should consult here on which type of malaria prevention to follow. • Note that the choice of malaria prophylaxis will depend on the exact location(s), duration, type of stay, and based on a specific health risk assessment, including personal medical history. • This CDC resource here on malaria prophylaxis recommended is also very useful.
<p>3</p>	<p>Vaccines Recommended for at-risk UN healthcare workers</p>	<p>UN healthcare workers who work directly with patients or handle material that could spread infection should be either</p> <ul style="list-style-type: none"> - <i>vaccinated against this list of diseases</i> <p>OR</p> <ul style="list-style-type: none"> - <i>Have proof/ documentation of immunity against these diseases.</i> 	<ul style="list-style-type: none"> • Hepatitis B • Measles, Rubella • Influenza (yearly) • Varicella (Chickenpox) • Diphtheria, Pertussis • Polio • Meningococcal • BCG (in specific settings only – see here for further guidance) • COVID-19 	<ul style="list-style-type: none"> • “Health care workers” are defined as all persons involved in patient care including physicians, nurses, emergency medical personnel, lab technicians, pharmacists, and dentists. HCW who are at risk for exposure to serious communicable diseases should be up-to-date with these recommended vaccines. • This list of vaccines is based on WHO’s Position Paper on the Immunization of Health Care Workers available here.

Table: Types of Malaria Prevention Recommended by WHO

See Page 4 of https://cdn.who.int/media/docs/default-source/documents/emergencies/travel-advice/ith2021_countrylist_final_26may2021.pdf?sfvrsn=f8d06644_1&download=true

Malaria risk and type of prevention

	Malaria risk	Type of prevention
Type A	Very limited risk of malaria transmission	Mosquito-bite prevention only
Type B	Risk of non-falciparum malaria	Mosquito-bite prevention plus chloroquine, or doxycycline or atovaquone-proguanil or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects and contraindications) ^a
Type C	Risk of <i>P. falciparum</i> malaria	Mosquito-bite prevention plus atovaquone-proguanil or doxycycline or mefloquine chemoprophylaxis (select according to drug-resistance pattern, reported side-effects and contraindications) ^{a, b}

^a Alternatively, for travel to rural areas with low risk of malaria infection, mosquito-bite prevention can be combined with SBET.

^b In certain areas with multidrug-resistant malaria, mefloquine chemoprophylaxis is no longer recommended. At present, these areas include Cambodia, south-eastern Myanmar and Thailand.