

United Nations Medical Directors Vaccination and Malaria Prophylaxis Recommendations For UN Personnel on Official Travel and UN Health Care Workers

February 2018

- 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 specifically to UN health care workers, defined as all individuals involved in patient care.
- Note that these recommendations should be applied 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 [Travel Health Information \(hr.un.org/travel-health-information\)](http://hr.un.org/travel-health-information) for the latest version of this document.
- Please contact msdpublichealth@un.org if you have any questions on this document.

Category	Description	Vaccines or Malaria Prevention Specified	UN Medical Directors Recommendations
1 Routine vaccines recommended for <u>all</u> UN personnel, regardless of travel destination	These vaccines are part of most national childhood vaccination programmes. (See who.int/ith/vaccines/en/)	<ul style="list-style-type: none"> • Diphtheria, tetanus and pertussis (DTP) • Measles, mumps and rubella (MMR) • Polio • Hepatitis B • Seasonal influenza (yearly shot) 	<ul style="list-style-type: none"> • All UN personnel should be up-to-date and current with this list of vaccines. All vaccines should be received early enough (ie on average 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

Vaccines and malaria prevention recommended for all UN personnel travelling to certain destinations

a) Vaccines made mandatory by certain countries:

Some countries require proof of vaccination for travellers wishing to enter or exit the country.

Examples include:

- *Yellow fever vaccine* for travellers going to and coming from countries/areas at risk of yellow fever
- *Meningococcal vaccine* (Updates for pilgrims going to Saudi Arabia are available at saudiembassy.net/hajj-and-umrah-health-requirements)
- *Polio vaccine (OPV or IPV)*

- 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 and other diseases, please see who.int/ith/en/.
- Individuals should also check with the relevant consulate or embassy for the latest information.

b) Vaccines recommended for certain destinations:

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.

Examples include:

- Cholera
- Hepatitis A and/or E
- Japanese encephalitis
- Meningococcal
- Polio (adult booster dose)
- Typhoid fever
- Rabies
- Tick-borne encephalitis

- 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 wwwnc.cdc.gov/travel/ for vaccines recommended according to destination.

c) Malaria prevention needed: Mosquito bite prevention and prophylaxis with antimalarial medicines are recommended by WHO for travel to countries with malaria transmission.

Four types of malaria prevention (Type A, B, C, D) are specified by WHO, depending on a country's malaria risk profile (Annex).

- UN personnel travelling to countries with malaria transmission areas should consult www.who.int/ith/2017-ith-country-list.pdf?ua=1 on which type of malaria prevention to follow (Annex).
- Note that the choice of malaria prophylaxis will depend on the exact location(s), duration and type of stay, and based on a specific health risk assessment, including personal medical history.

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Vaccines recommended for all UN healthcare workers

UN healthcare workers who work directly with patients or handle material that could spread infection should either:

- Be vaccinated against this list of diseases **OR**
- Have proof/documentation of immunity against these diseases.

- Hepatitis B
- Polio
- Diphtheria
- Measles
- Rubella
- Meningococcal
- Influenza
- Varicella

- Health care workers are defined as all persons involved in patient care including physicians, nurses, emergency medical personnel, lab technicians, pharmacists and dentists.
- This list of vaccines are based on WHO's vaccine recommendations for health care workers available at www.who.int/immunization/policy/immunization_routine_table4.pdf?ua=1

Annex: Types of Malaria Prevention Recommended by WHO

(<http://www.who.int/ith/2017-ith-chapter7.pdf?ua=1>)

Depending on the type of malaria risk in the specific area of the country/territory visited (see Country list), the recommended prevention method may be mosquito bite prevention only, or mosquito bite prevention in combination with chemoprophylaxis and/or standby emergency treatment, as shown in Table 7.1 (see also Table 7.2 for details of individual drugs).

Table 7.1 Malaria risk and type of prevention

	Malaria risk	Type of prevention
Type A	Very limited risk of malaria	Mosquito bite prevention only transmission
Type B	Risk of <i>P. vivax</i> malaria only	Mosquito bite prevention plus chloroquine, or doxycycline or atovaquone–proguanil or mefloquine chemoprophylaxis (select according to parasite sensitivity, reported side-effects and contraindications) ^a
Type C	Risk of <i>P. falciparum</i> with reported chloroquine and sulfadoxine–pyrimethamine resistance	Mosquito bite prevention plus malaria, atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported side-effects and contraindications) ^a
Type D	Risk of <i>P. falciparum</i> malaria in combination with reported multidrug resistance	Mosquito bite prevention plus atovaquone–proguanil or doxycycline or mefloquine chemoprophylaxis (select according to reported drug-resistance pattern, 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.