

United Nations Medical Directors Ebola Virus Disease (EVD) Risk Mitigation Plan for UN Personnel

Updated as of August 2021

- The following occupational health recommendations are provided by the UN Medical Directors to all Organizations and UN personnel to reduce the risk of UN personnel acquiring Ebola virus disease (EVD) in countries/areas with EVD cases/outbreak.
- EVD has an incubation period of 2 -21 days. It is transmitted through direct contact with an infected animal (bat or nonhuman primate) or the blood and bodily fluids of a sick or dead person infected with Ebola virus.
- These recommendations should be applied to all UN personnel travelling to or residing in countries/areas with EVD cases/outbreaks
- If this is a hard copy of the document, please be sure to check <https://hr.un.org/page/ebola> for the latest version.
- Please contact dos-dhmosh-public-health@un.org if you have any questions on this document.

Risk Categories

UN Medical Directors Recommendations

1 **UN personnel travelling into or residing in countries / areas with an EVD outbreak**

- Ensure that you have the basic knowledge about EVD, how it is transmitted and ways to protect yourself through: WHO's general course for EVD at <https://openwho.org/courses/ebola-introduction>

- Ensure that you are **aware of, and implement, the following EVD precautionary measures**

- Avoid contact with other people's blood or bodily fluids.
- Avoid funeral or burial rituals that require handling a dead body.
- Do not handle items that may have come in contact with an infected person's blood or bodily fluids (e.g., clothes, bedding, needles, and medical equipment).
- Avoid contact with animals or raw bush meat.
- Wash your hands often or use alcohol-based hand rub (ABHR), and avoid touching your eyes, nose or mouth.
- Avoid visits to hospital environments, funerals or visiting a sick person with fever. But if these activities are necessary, do strictly follow all the infection prevention guidance and avoid direct contact with the patient or items.
- Follow physical distancing practices recommended for the area you will be in (such as avoiding handshakes, avoiding kissing as a greeting, avoiding visits to crowded markets, etc)

-**The following general measures** should also be followed:

- Adhere to any malaria prophylaxis and preventions measures (DEET, mosquito net etc) recommended by your UN physician.
- Ensure you get all standard recommended vaccines before travel (including against Covid, measles Typhoid, DTP, Hep AB) and those depending on destination (Yellow Fever, Meningitis). Information on the UNMD recommended vaccination and prophylaxis can be found at <https://hr.un.org/page/travel-health-information>.
- Know the contact information of the local/UN medical services or whom you should contact for health care should the need arise during your stay in the EVD-affected country/area.

<p>UN personnel 1 <u>travelling to or residing in countries / areas with an EVD outbreak (cont.)</u></p>	<p>While residing in EVD outbreak countries/areas, or after your travel there:</p> <ul style="list-style-type: none"> • Pay attention to your health during travel/residence and also for 21 days <u>after</u> you leave the area. <i>(Symptoms to be alert for are: fever, headache, body aches, sore throat, weakness, diarrhea, vomiting, stomach pain, skin rash, red eyes, internal and external bleeding.)</i> • Seek medical care advice <u>by phone immediately</u> if you have travelled to/resided in affected areas and have been exposed to bodily fluids and develop any of the above symptoms. Tell the doctor about your recent travel and your symptoms over the phone before you go to his or her office or emergency room.
<p>2 UN personnel who has been <u>exposed to EVD-infected blood or bodily fluids (i.e., Contacts)</u></p>	<ul style="list-style-type: none"> • If you think you may have been exposed to EVD, you should immediately clean the skin? (or bodily) area with soap and water or in the case of mucous membrane exposure with water and seek immediately advice over the phone from your medical practitioner, UN physician or your Organisation's Medical Services to assess your personal risk and evaluate the need for further management. • Post- incident monitoring will take place during 21 days and should include daily temperature check. • Further management might include post-exposure prophylaxis medication and/or vaccination against EVD (https://www.who.int/ebola/drc-2018/technical-issues-to-consider-for-ebola-pep.pdf). In the midst of an outbreak where immediate protection is necessary, HCWs and the local WHO office could potentially provide such vaccines to you. • If an EVD exposure has occurred the UN personnel should make sure to be assessed for any other blood borne virus (BBV) exposure including HIV, Hepatitis B and Hepatitis C and receiving prophylaxis and/or counselling and following-up as appropriate. • Persons with such exposure should also monitor daily for EVD symptoms for 21 days counting from the last day of exposure. They should also receive advice about appropriate measures they can take to protect themselves and their families from EVD if they were to become infected. • Do not travel until cleared by health officials.

3 **UN healthcare workers designated to clinically manage suspect/confirmed EVD patients or their lab samples**

- When caring for any patient, regardless of signs and symptoms, UN healthcare workers (HCWs) should always practice standard precautions (https://www.who.int/docs/default-source/documents/health-topics/standard-precautions-in-health-care.pdf?sfvrsn=7c453df0_2). This includes hand hygiene, respiratory hygiene, use of personal protective equipment (PPE), safe injection practices and safe burial practices.
 - HCWs should be trained in EVD clinical diagnosis and management, and PPE use. The care of EVD patients should be done in a dedicated area (such as an Ebola Treatment Center) by skilled and trained professionals knowledgeable on treating EVD. The following materials are potential training resources:
 - WHO EVD clinicians' course: <https://openwho.org/courses/ebola-clinical-management>, and
 - WHO materials on how to don on and doff PPE (<https://www.who.int/csr/resources/publications/ebola/ppe-steps/en/>)
 - HCWs managing suspect/confirmed EVD patients must practice proper infection control measures to prevent contact with the patient's blood, body fluids and contaminated surfaces/materials. Key EVD infection control measures in health-care settings are available [here](#)
 - It is recommended that HCWs involved in management of EVD should be vaccinated against EVD.
 - HCWs must strictly use PPE outlined in WHO materials above i.e. gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes when managing suspect/confirmed patients. UN staff will not be regularly managing EVD patients but should be on alert for early identification and transfer of these patients to ETCs where they can be properly monitored have access to medications including EVD specific therapeutics.
 - HCWs in all duty stations should maintain a high index of suspicion for EVD in febrile patients returning from EVD-outbreak areas, especially if they had visited hospitals in EVD-outbreak areas. All UN healthcare facilities should have protocols in place to receive a suspect EVD patient. In EVD-affected duty stations, a telephone EVD hotline number for staff with suspect EVD should be established and actively communicated to staff.
 - HCWs seeing a patient suspected to have EVD should immediately isolate the patient and contact local and national disease focal points for advice and to arrange for laboratory testing.
 - For laboratory workers, lab specimens may be hazardous and must be handled with extreme care. Samples taken from humans and animals for EVD investigation should be handled only by trained staff and processed in a suitably equipped laboratory under maximum biological containment conditions.
 - HCWs should also be able to recommend how to conduct a safe and dignified burial including IPC considerations. Please see: <https://www.who.int/publications/i/item/how-to-conduct-safe-and-dignified-burial-of-a-patient-who-has-died-from-suspected-or-confirmed-ebola-virus-disease> for more information.
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4 Any UN personnel involved in environmental cleaning, waste and linen disposal

- Assess risk and use appropriate precautionary measures according to national guidance, as EVD can be acquired from handling clinical wastes and cleaning soiled materials.
- When cleaning bodily fluids of infected person, cleaning personnel should wear appropriate PPE i.e., heavy duty/rubber gloves, an impermeable long-sleeve gown, boots/closed-toe shoes with overshoes, and a mask and eye protection for splashes.
- All contaminated surfaces should be cleaned as soon as possible using clean water and detergent, followed by standard hospital disinfectant (e.g., a 0.5% strong chlorine solution)
- Soiled linen should be placed in clearly labelled, leak-proof bags or buckets and transported to the laundry. Solid excrement (i.e., faeces or vomit) should be washed with detergent and water, rinsed and then soaked in 0.05% chlorine for about 30 minutes.
- For full guidelines on environmental cleaning, management of linens and waste management, see cleaning and waste management module at <https://openwho.org/courses/ebola-clinical-management>

References:

- WHO's Ebola webpage: <http://www.who.int/ebola/en/>
- UN's Ebola webpage for staff: <https://hr.un.org/page/ebola>