

United Nations Medical Directors
Risk Mitigation Plan for Middle East respiratory syndrome coronavirus (MERS-CoV)
Recommendations for UN Personnel
Updated 4 October 2021

- The following occupational health recommendations are provided by the UN Medical Directors to all UN Organizations and apply to all UN personnel to reduce the risk of UN personnel acquiring Middle East respiratory syndrome coronavirus (MERS-CoV).
- MERS-CoV typically presents as fever, cough and shortness of breath which is often associated with pneumonia. Gastrointestinal symptoms are also reported. Severe illness can occur and approximately 35% of patients with MERS-CoV have died which might be an overestimate as asymptomatic infection is possible.
- If this is a hard copy of the document, please be sure to check <https://hr.un.org/page/travel-health-information> on the United Nations HR Portal 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 All UN personnel travelling into or residing in countries / areas with a MERS-CoV cases/outbreak

To avoid exposure to MERS-CoV the following recommendations should be followed:

- Follow safe food hygiene practices
- Avoid drinking raw camel milk or camel urine
- Avoid eating meat that has not been properly cooked
- Perform regular hand hygiene with soap and water or alcohol based hand rub (ABHR)
- Avoid touching animals and avoid contact with sick animals. If contact cannot be avoided then perform hand hygiene.
- Avoid contact with individuals with symptoms compatible with MERS-CoV (note that these are similar symptoms to that of SARS-CoV-2 and other respiratory viruses).

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 recommended vaccines before travel (including against measles and diphtheria).
- Follow safe-sex practices at all times.

Review WHO situation report on MERS-CoV available at to review areas with MERS-CoV cases/outbreaks:

<http://www.emro.who.int/health-topics/mers-cov/mers-outbreaks.html>

Be aware of the **signs and symptoms** of MERS-CoV which include fever, chills, myalgia, cough and shortness of breath. Some patients experience gastrointestinal symptoms (i.e. nausea, vomiting, diarrhea).

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 MERS-CoV-affected country/area.

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| 2 UN personnel with risk factors for severe MERS-CoV disease | <ul style="list-style-type: none">UN personnel with risk factors for severe MERS-CoV disease include those with chronic medical conditions including diabetes, renal failure, chronic lung disease, and immunocompromised persons.UN personnel with the above risk factors should avoid close contact with animals (in particular dromedaries) when visiting farms, markets or barn areas where the virus is known to be circulating. Additionally they should follow the precautions for all UN personnel in section 1. |
| 3 UN personnel who has been exposed to MERS-CoV | <ul style="list-style-type: none">UN personnel should monitor for signs and symptoms for MERS-CoV for 14 days after exposure.If they develop symptoms they should isolate from others and contact their local/UN medical services for next steps.The WHO recommends that all close contacts of confirmed cases of MERS-CoV infection, especially health care workers and other inpatient hospital contacts (e.g. patients and visitors), be tested for MERS-CoV regardless of the presence of symptoms. Isolation of those with positive PCR is recommended even if asymptomatic.See: Management of asymptomatic individuals: https://www.who.int/publications/i/item/10665-180973 |
| 4 UN healthcare workers (designated to manage suspect/confirmed MERS-CoV cases) | <ul style="list-style-type: none">UN personnel should be familiar with case definitions and clinical management and infection prevention control (IPC) measures when managing suspect/confirmed MERS-CoV cases:
Case definition: https://www.who.int/publications/m/item/middle-east-respiratory-syndrome-case-definition-for-reporting-to-who
Case management: https://apps.who.int/iris/bitstream/handle/10665/178529/WHO_MERS_Clinical_15.1_eng.pdf?sequence=1&isAllowed=y
IPC measures: https://apps.who.int/iris/bitstream/handle/10665/174652/WHO_MERS_IPC_15.1_eng.pdf?sequence=1&isAllowed=y and Management of asymptomatic individuals: https://www.who.int/publications/i/item/10665-180973Standard precautions should be used for all patients at all times. Droplet precautions should be added when the patient has symptoms of acute respiratory infection; contact precautions and eye protection should be added when caring for probable or confirmed MERS-CoV infection and airborne precautions should be applied during aerosol generating procedures or in settings where these procedures are conducted.Supportive care is the mainstay of clinical management for MERS-CoV.Ensure that your facilities are equipped with materials to manage suspect/confirmed MERS-CoV patient. The WHO disease commodity package is available here: https://www.who.int/publications/m/item/disease-commodity-packages-mers-cov |
| 5 UN personnel who recently returned from travel from area with MERS-CoV cases | <ul style="list-style-type: none">It is recommended that UN personnel self-monitor for MERS-CoV symptoms for 14 days from departure out of an abundance of caution.If UN personnel develop symptoms they should isolate (separate themselves from others) and seek medical attention. |
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