

United Nations Medical Directors Marburg Virus Disease (MVD) 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 Marburg virus disease (MVD) in countries/areas with Marburg cases/outbreak and apply to all UN personnel travelling to or residing in countries/areas with an outbreak of MVD.
- Marburg Virus Disease is a hemorrhagic fever with an incubation period of up to 21 days. Virus can spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.
- If this is a hard copy of the document, please be sure to check the <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 UN personnel travelling into or residing in countries / areas with an MVD outbreak

Ensure that you are **aware of, and implement, the following MVD 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.
- Exposure to mines or caves inhabited by Rousettus (fruit) bat colonies should also be avoided.
- 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 recommended vaccines before travel (including against measles and diphtheria).
- Follow safe-sex practices at all times.

**UN personnel
1 travelling to or
residing in countries
/ areas with an MVD
outbreak (cont.)**

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 MVD-affected country/area.

Please note that the degree of risk for UN personnel will depend on the epidemiology of the MVD outbreak including the extent and geographic spread, as well as the role of the UN personnel in the duty station.

While residing in MVD outbreak countries/areas, or after your travel there:

- Pay attention to your health during travel/residence and for 21 days after you leave the area. (*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.*)
- Seek medical care advice by phone **immediately** if you have traveled 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.

You should not care for suspect MVD patients in your home. If MVD is suspected seek medical attention immediately.

**2 UN personnel who
has been exposed
to MVD-infected
blood or bodily
fluids (i.e. Contacts)**

- If you think you may have been exposed to MVD, you should immediately clean the skin 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.
 - Persons with such exposure should also be monitored daily for MVD symptoms for 21 days from the last day of exposure. They should also receive advice about appropriate measures they can take to protect themselves and their families from MVD if they were to become infected.
 - If an MVD exposure has occurred, the UN personnel should also 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.
 - Do not travel until cleared by health officials.
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3 UN healthcare workers designated to clinically manage suspect/confirmed MVD patients or their lab samples

- When caring for any patient, regardless of signs and symptoms, UN healthcare workers (HCWs) should always practice **standard standard precautions** (https://www.who.int/docs/default-source/documents/health-topics/standard-precautions-in-health-care.pdf?sfvrsn=7c453df0_2).
 - HCWs should be trained in MVD clinical diagnosis and management, and PPE use. The care of MVD patients should be done in a dedicated area (such as a Marburg Treatment Center) but skilled and trained professionals knowledgeable on treating MVD. For more information please see: <https://www.who.int/health-topics/marburg-virus-disease/technical-guidance/case-management-and-infection-prevention-and-control>
 - HCWs managing suspect/confirmed MVD patients must practice proper infection control measures to prevent contact with the patient's blood, body fluids and contaminated surfaces/materials. Key MVD infection control measures in health-care settings are available here: <https://www.who.int/publications/i/item/WHO-HIS-SDS-2015.1>
 - HCWs must strictly use PPE outlined in WHO materials above when managing suspect/confirmed patients. UN staff will not be regularly managing MVD patients but should be on alert for early identification and transfer of these patients to Marburg Treatment Centers where they can be properly monitored and managed.
 - HCWs in all duty stations should maintain a high index of suspicion for MVD in febrile patients returning from MVD-outbreak areas, especially if they had visited hospitals in MVD-outbreak areas. All UN healthcare facilities should have protocols in place to receive a suspect MVD patient. In MVD-affected duty stations, a telephone MVD hotline number for staff with suspect MVD should be established and actively communicated to staff.
 - HCWs seeing a patient suspected to have MVD 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 MVD investigation should be handled only by trained staff and processed in a suitably equipped laboratory under maximum biological containment conditions.
 - HCWs should also be aware of how to conduct a safe and dignified burial including IPC considerations which are the same for MVD as they are for Ebola virus disease. 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 MVD 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 (N-95) 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 information on environmental cleaning, management of linens and waste management, see <https://openwho.org/courses/ebola-clinical-management>. Note these modules apply to MVD as well as Ebola.

References:

- WHO's Marburg webpage: https://www.who.int/health-topics/marburg-virus-disease#tab=tab_1