

INSTRUCTIONS FOR REPORTING OF COVID-19 CASES AMONGST UN PERSONNEL & DEPENDENTS

29 July 2020

COVID-19 REPORTING

- As a general principle, suspect / confirmed cases should ideally be reported to **local health authorities** and **local WHO office** within 24 hours (under IHR 2005 directive) when identified. Please follow the local health guidance on this including following any case definitions stipulated by local authorities.

For Personnel from UN, UNICEF, UNDP, UNWOMEN, UNFPA, WIPO, IAEA:

- Personnel with COVID-19 symptoms or PCR test results are urged to contact the United Nations Division for Healthcare Management and Occupational Safety and Health using the confidential Self-Reporting EarthMed Portal (www.medical.un.org). The Portal also allows reporting of COVID-19 illness and test results in dependents/household members. If required, a clinical staff member will reach out to obtain further information. Those personnel who cannot log into the EarthMed Portal should contact their supporting medical service by email using their contact address, or if unknown, via osh@un.org, ensuring it includes a contact telephone number with country code.

For Personnel from UN Organizations That Have Their Own Medical Director:

- If the organization/entity that the affected UN personnel belongs to already has a UN System Medical Director, such as WHO, WFP, UNHCR, IOM, World Bank Group etc., please advise, and ensure that those cases are reported to the respective Medical Directors.

For Uniformed Personnel in Field Missions:

- TCC/PCC contingent members should report any suspected/confirmed cases to the local UN medical office of their mission. Medical staff from the local UN medical office should enter all reported cases from supported contingents into EarthMed.
- Coordination: In order to provide support and meet duty of care requirements, medical staff should consider whether the patient's entity needs to be advised, taking strict care to appropriately manage confidentiality. If the UN entity has no country representative, contact should be established with the regional UN entity representative and Regional DCO Director as deemed necessary.
- Guidance on preserving the confidentiality of COVID-19 infected individuals available [here](#):

POLICY ON PUBLIC ANNOUNCEMENT OF CASES

- Regarding the external communications surrounding COVID-19, it is essential that United Nations country offices communicate with as much transparency and clarity as possible to their local audience.
- However, in any public announcement of cases involving UN personnel or their dependents, no information should be released until the staff members themselves are notified. In addition,

personal details that would allow these personnel and their dependents to be identified must never be released.

- For coordination and support prior to public announcements, please contact Carolina Azevedo in DCO - azevedoc@un.org .

FOR UN MEDICAL STAFF WHO USE EARTHMED (ELECTRONIC MEDICAL RECORDS SYSTEM)

- In order to ensure that all COVID-19 cases are correctly recorded in EarthMed, clinical staff are to follow the EarthMed user guides on recording. The most updated guidance can be found in the section Documents and guides under the Support and Links menu option. The following codes are available for use in the 'Diagnosis' field:

FOR LAB CONFIRMED CASES:

1. First Dx: U07.1, Diagnosis of COVID-19 confirmed by laboratory testing. This field is mandatory and must be the first Dx. Enter by entering a positive test result U07.PCR+
2. Secondary diagnoses if they are directly related to COVID include J12.8, Pneumonia; OR J20.8 Acute bronchitis; OR J22, Unspecified acute lower respiratory infection; OR J80, Acute respiratory distress syndrome (ARDS); OR J98.8, Respiratory infection, NOS.

FOR PROBABLE CASES (i.e. COVID symptoms but no lab confirmation):

1. First Dx: U07.2, Clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available. This field is mandatory and must be the first Dx.
2. Secondary diagnoses if directly related to COVID include J12.8, Pneumonia; OR J20.8 Acute bronchitis; OR J22, Unspecified acute lower respiratory infection; OR J80, Acute respiratory distress syndrome (ARDS); OR J98.8, Respiratory infection, NOS.

FOR SUSPECT CASES (ie fever or upper respiratory tract but no exposure):

- In these cases, record as for the symptoms, such as R50 fever of unknown origin; OR J22, Unspecified acute lower respiratory infection; OR J98.8, Respiratory infection, NOS.

FOR CONTACTS WHO HAVE BEEN EXPOSED

- The definition of an exposure and the concept of a close contact are often very subjective, therefore in order to effectively capture exposures, use one code only. First Dx Z03.8, Possible exposure to COVID-19. As an exposure only, there should not need to be a secondary diagnosis in most cases.
- This should be amended to U07.1, U07.2 or another code if the person subsequently becomes unwell and is tested.