

## United Nations Medical Directors' Risk Mitigation Plan for COVID-19 Recommendations for UN Personnel 25 March 2024

- 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 COVID-19.
- **All duty stations should take into account local host country/authorities' guidance and regulations when implementing these recommendations.**
- While the COVID-19 pandemic continues, on 5 May 2023, it is no longer considered a public health emergency of international concern (PHEIC).
- Contact [dos-dhmosh-public-health@un.org](mailto:dos-dhmosh-public-health@un.org) for more information.

### Risk Categories

### UN Medical Directors' Recommendations

#### 1 All UN personnel

- All UN personnel should be aware of local COVID-19 epidemiological situation in their duty station, COVID-19 prevention strategies, and when/where to seek medical attention when needed.
- COVID-19 vaccines are safe and effective. True contraindications to COVID-19 vaccines are rare and vary based on type of vaccination. All UN personnel should be offered COVID-19 vaccination and boosters after informed consent and based on vaccine prioritization schemes; which includes booster doses and additional doses as appropriate. Please see UNMD guidance here for information on booster/additional doses.
- Vaccination status should be shared with your Organization's/Entity's medical services.
- WHO guidelines still strongly recommend mask use for the prevention of SARS-CoV-2 transmission in the community when in crowded or poorly ventilated spaces (e.g. where 1 meter distance cannot be maintained); following a recent exposure to COVID-19 when sharing a space with others; when sharing a space with a person who displays signs and symptoms of COVID-19 or is COVID-19; for individuals at high risk of severe complications of COVID-19. In addition, the WHO also suggests a risk-based approach for the decision to use masks in the community in other settings not included in the scenarios above. Examples where masks are favored include areas where there COVID-19 epidemiological trends at the community level indicate high or rising levels of transmission/hospitalization; low COVID-19 vaccination rates; low levels of population immunity to COVID-19; a greater degree of crowding; poorer indoor ventilation and/or the presence of individual risk factors.
- All UN personnel returning from travel are to monitor for signs or symptoms of COVID-19 illness for 14 days and follow any local recommendations on precautionary measures including mask use, quarantine, and testing. If they are unwell, they should stay home (isolate) and seek medical attention as appropriate.

<b>2 UN personnel with risk factors for severe or critical illness</b>	<ul style="list-style-type: none"> <li>• Risk factors for severe/critical COVID-19 illness and death include age &gt; 60 years (increasing with age); underlying <a href="#">health conditions</a> such as diabetes, hypertension, obesity, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression, and cancer.</li> <li>• Individuals with risk factors should keep up to date with vaccination and boosters and wear a medical mask as indicated in section 1.</li> <li>• Individuals with risk factors with COVID-19 should seek medical assistance promptly for assessment, monitoring of symptoms, and potential introduction of treatment.</li> </ul>
<b>3 UN personnel who are pregnant or breastfeeding</b>	<ul style="list-style-type: none"> <li>• Pregnant UN personnel are at increased risk of developing severe disease including increased risk of ICU admission and mechanical ventilation compared with non-pregnancy women as well as are at high risk of complications with the pregnancy (preterm birth, babies requiring neonatal intensive care). These individuals should follow guidance in Risk Category 2.</li> <li>• Given the increased risk of COVID-19 during pregnancy as well as increasing data on favorable safety profile, the WHO <a href="#">recommends</a> the use of mRNA-1273 vaccines in pregnant individuals. SAGE recommendations for other WHO approved vaccines indicate that these vaccines should be offered to pregnant women based on a risk-benefit discussion.</li> <li>• The WHO recommends vaccination in lactating women, as in other adults, and does not recommend discontinuing breastfeeding after vaccination.</li> </ul>
<b>4 UN personnel caring for household member/s with COVID-19 at home</b>	<ul style="list-style-type: none"> <li>• UN personnel providing care to sick COVID-19 household members should follow instructions from local public health officials. Per the WHO general public health practices and IPC principles apply to this situation. Where possible try to maintain a well-ventilated space and keep a minimum 1 meter distance where possible. If possible, have the patient wear a well-fitted medical mask.</li> </ul>
<b>5 Contacts of COVID-19 patients</b>	<ul style="list-style-type: none"> <li>• Per <a href="#">WHO</a>, a contact is defined as anyone with the following exposures to a COVID-19 case, during their "infectious period" (2 days before to 10 days after symptom onset of the case, plus at least 3 additional days without symptoms, for a minimum of 13 days total after symptom onset). For asymptomatic individuals, contact tracing should start 48 hours before positive test date and continue for 10 days after the date on which the sample that led to confirmation was taken: (Reference: <a href="https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19">https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19</a>) <ul style="list-style-type: none"> <li>○ <i>Face-to-face contact with a probable or confirmed case within 1-metre/3 feet and for at least 15 minutes</i></li> <li>○ <i>Direct physical contact with a probable or confirmed case</i></li> <li>○ <i>Direct care for a patient with probable or confirmed COVID-19 disease without the use of recommended PPE</i></li> <li>○ <i>Other situations as indicated by local risk assessments</i></li> </ul> </li> <li>• Priorities for contact tracing include those contacts at highest risk of getting infected or spreading the virus, developing severe disease (i.e., those with underlying medical conditions, immunosuppressed individuals, pregnant women, those over 60 or unvaccinated/under-vaccinated individuals) and HCWs. <a href="#">WHO guidance</a> states that in the current Omicron predominance context, contacts at high risk and those living in high-risk settings who have not yet completed a primary series or received a booster vaccine dose, or who have not reported a previous infection in the last 90 days, should quarantine for 10 days. Quarantine can be shortened to 5 days if the contact tests negative on day 5 and does not have symptoms.</li> </ul>

- 
- All contacts who in the last 90 days have (i) completed their primary vaccination series, or (ii) have received a vaccine booster dose, or (iii) have reported a previous COVID-19 infection do not need to quarantine.
  - In certain situations (for example there is a new variant of concern (VOC), or when indicated by national health authorities) all contacts should quarantine for 14 days as a precautionary measure, although this period could be shortened with testing, if the characteristics of the new variant and detection methods for it are suitable.
  - If any individual becomes symptomatic during the quarantine period, the individual should be isolated immediately and treated as a suspect case and follow isolation guidelines.

---

## **6 UN health care workers (HCWs)**

- UN HCWs are priority groups for the COVID-19 vaccination and boosters as appropriate.
- Appropriate infection prevention and control measures should be applied for confirmed/suspect COVID-19 patients. See here for current [WHO guidelines](#) updated in December 2023
- Medical personnel should be familiar with management of severe acute respiratory infection: See WHO [clinical management guidance](#) and information on COVID-19 specific treatment/management
- UN HCWs should use a fit-tested N95 or FFP2 or equivalent respirator or a medical mask (along with other PPE – gown, gloves and eye protection) for suspect/confirmed COVID-19 patients. A seal check should be performed before each use of a respirator.
- WHO recommends universal masking in health-care facilities when there is a significant impact of COVID-19 on the health system and targeted continuous masking where there is minimum to moderate impact of COVID-19 on the health system.
- If a health care worker is infected with SARS-CoV-2 the WHO recommends 10 days of isolation for those who are symptomatic and 5 days of isolation for those who are asymptomatic. A rapid antigen test can be used to reduce the period of isolation.

---

## **7 All Senior UN Administrators**

- Evaluate the completeness of your internal plan and regularly update your pandemic preparedness/response plans.
  - Ensure that clear, concise information on the local/UN requirements general management of a suspected or confirmed COVID-19 case is available to UN personnel. This information should be kept updated.
  - Ensure that a coordinated approach is made when establishing a plan to manage COVID-19 risks in the workplace, including for reduction or an increase in on-site footprint. In this regard the UN Medical Directors recommend establishing an Occupational Safety and Health Committee, as appropriate, to guide this plan.
  - Review the [UNMD's Risk Management Framework on Return to the Workplace here](#),
  - If your duty station has UN health care workers, ensure the [appropriate selection of PPE](#) for UN healthcare workers is available and accessible.
  - Ensure availability and access to counselling services for UN personnel for those who need to speak to a counsellor due to stress or other psychosocial needs. Please click [here](#) for contact info.
-

---

**8 UN personnel with confirmed or probable COVID-19**

- WHO suggests that individuals who are symptomatic due to SARS-CoV-2 infection isolate for 10 days. They also suggest that individuals who are asymptomatic isolate for 5 days. See [here](#) for more information.
  - The WHO states that rapid antigen tests can be used to reduce the isolation period.
  - Individuals with signs/symptoms suggestive of COVID-19 or who test positive for COVID-19 should wear a medical mask, when sharing space with others, until symptoms are resolved, or the isolation period is complete.
  - If a case is likely due to a work-related exposure, this should be documented for potential compensation purposes, and investigated by medical or health and safety personnel to identify if there are opportunities to improve the prevention of transmission in the workplace.
  - If feasible, all entities are to encourage reporting of confirmed or suspected cases in personnel to their supporting medical service.
  - Even if you have already had COVID-19, you should be vaccinated. The protection that someone gains from having COVID-19 will vary from person to person, and we do not yet know how long natural immunity might last. There is no specific timing when the vaccine should be given to someone with COVID-19; however, they should not be vaccinated while they are actively contagious. In times when vaccine supply is low, one might consider delaying the vaccine for up to 6 months, although this needs to be balanced with the risk of variants of concern. Shorter duration between recovery and receiving COVID-19 vaccination can be discussed with local medical provider.
  - If an individual was treated with a monoclonal antibody, COVID-19 vaccination should be delayed for at least 90 days.
  - Please note that even those who are vaccinated for COVID-19 can become infected with COVID-19. Therefore, even if an individual is vaccinated, they should be isolated and tested for COVID-19 if they show signs and symptoms of COVID-19.
-