
DPPA, DPO AND DOS INTERIM GUIDELINES

ON

INFECTIOUS DISEASE OUTBREAK RESPONSE AND ANALYTIC SYSTEM

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1. **The Outbreak Reporting Form** (which can also be found here: https://www.un.org/sites/un2.un.org/files/coronavirus_outbreakreportingform.docx)
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A. PURPOSE AND RATIONALE

1. These Interim Guidelines establish procedures and mechanisms for the Outbreak Response and Analytic System. The system responds to outbreaks in field missions.
 2. Management of disease outbreaks requires a system that, in a timely manner, identifies the outbreak, identifies commonalities among cases, outlines possible causal factors, informs response decision-taking and the implementation of prevention and control measures, provides information for analytics, and identifies and disseminates lessons learned and best practices.
 3. Effective management of infectious disease outbreaks is vital to the safety and health of United Nations personnel, continuity of mission mandate implementation, maintenance of Organization and mission reputation, addressing public concern, maintaining Troop/Police Contributing Countries' support and engagement.
 4. The Outbreak Response and Analytic System provides the process that supports rapid and effective management of disease outbreaks.
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B. SCOPE

5. These Guidelines seek to provide an effective framework for the management and coordination of the Outbreak Response and Analytic System. While these Guidelines were

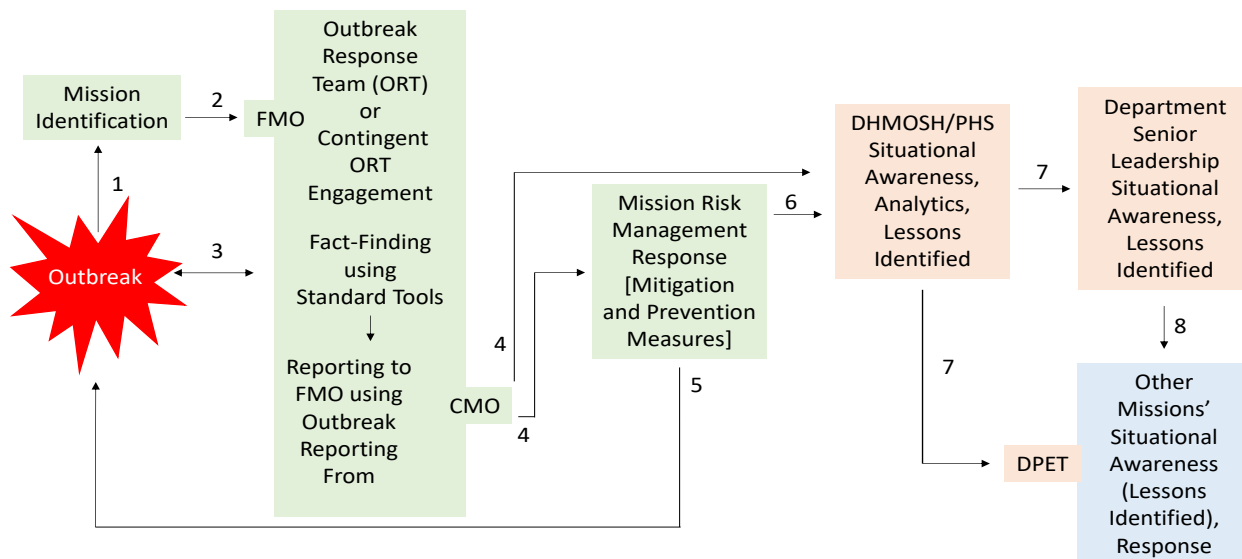
developed specifically to support the establishment of the Outbreak Response and Analytic System in response to the Coronavirus disease 2019 (COVID-19) pandemic, the scope includes all disease outbreaks. Given the nature of the COVID-19 Pandemic, these Interim Guidelines will follow the processes to being official DPO, DPPA and DOS guidance with the briefest delays

6. The intent of these Guidelines is to serve as a tool to assist and steer Headquarters and field missions outbreak response and reporting.
7. Due to historical experience and the high potential for significant outbreaks within military and UN Police contingents, the focus of the guidelines is on Department of Political and Peacebuilding Affairs (DPPA), Department of Peace Operations (DPO) and Department of Operational Support (DOS) field missions with military and/or UN Police contingents (i.e. military formed units and/or Formed Police Units). Missions with military and/or UN Police contingents and/or individually deployed military and/or UN Police personnel must establish Outbreak Response Teams in accordance with this Guidelines.
8. The Guidelines may be adapted for use by other DPPA, DPO, and DOS field-based presences including DPPA country-specific missions and regional offices, DPO peacekeeping missions, and DOS support offices and service centres without individually deployed military and police personnel.
9. The Guidelines do not apply to any activity outside the parameters of paragraphs 5 through 8.
10. Due to the wide variance of mission capacities, composition and internal procedures, these Guidelines are not prescriptive in nature. The Guidelines broadly define the Outbreak Response and Analytic System and provide or recommend specific roles and responsibilities. How specific responsibilities are fulfilled is largely left to those responsible.

C. PROCEDURES

11. The Outbreak Response and Analytic System is depicted in the below diagram.

Outbreak Response and Analytic System



12. The Outbreak Response and Analytic System comprises eight sequential steps.
 - 1) Mission identification of the outbreak.
 - 2) Force Medical Officer (FMO) engages the mission Outbreak Response Team (ORT).
 - 3) ORT undertakes factfinding. The FMO can also delegate factfinding to a Contingent Outbreak Response Team (CORT).
 - 4) The ORT reports its findings, using the Outbreak Reporting Form (Annex A) to mission management and DHMOSH Public Health team, through the Chief Medical Officer.
 - 5) Mission management takes decision and steers the implementation of outbreak mitigation measures and prevention measures.
 - 6) Mission updates the DHMOSH Public Health Team.
 - 7) DHMOSH Public Health Team develops analytics to support DPPA/DPO/DOS senior leadership situational awareness and decision-taking. DHMOSH provides lessons identified to senior leadership and Chief of the Policy and Best Practices Service (PBPS) in DPET/KMG with copy to pbps-kmg-unhq@un.org.
 - 8) DPET and, if needed, senior leadership disseminates lessons identified to other missions.
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D. ROLES AND RESPONSIBILITIES

13. **Under-Secretary-Generals for Political and Peacebuilding Affairs, Peace Operations and Operational Support.**
 - a. Approval, promulgation and implementation of the Outbreak Response and Analytic System.
 - b. Informing Troop/Police Contributing Countries on outbreaks and responses.
14. **Military Adviser/DPO.**
 - a. Executive direction of the Office of Military Affairs including the promulgation and implementation of the Outbreak Response and Analytic System.
 - b. Informing Troop Contributing Countries on outbreaks and responses.
15. **Police Adviser/OROLSI/DPO.**
 - a. Executive direction of the Police Division including the promulgation and implementation of the Outbreak Response and Analytic System.
 - b. Informing Police Contributing Countries on outbreaks and responses.

16. Director, Division of Healthcare Management and Occupational Safety and Health (DHMOSH)/DOS.

- a. Executive direction of DHMOSH including the promulgation and implementation of the Outbreak Response and Analytic System.

17. Senior Medical Officer, DHMOSH Public Health Section.

- a. Day-to-day Headquarters oversight of the Outbreak Response and Analytic System.
- b. Establishes and maintains an outbreak analytic capacity to maintain outbreak situational awareness and inform senior DPA/DPO/DOS decision-takers.
- c. Receives from the CMO Outbreak Reporting Forms.
- d. Analyses received Outbreak Reporting Forms and other information obtained through the medical technical communications channel.
- e. Informs Director, DHMOSH, of findings based on analysis.
- f. As required, informs senior DPA/DPO/DOS and other decision-takers.
- g. Recommends outbreak mitigation and prevention measures proposed by or in addition to mission recommendations.
- h. Identifies and provides lessons identified to DPET/KNG.
- i. As needed, adapts and adjusts the Outbreak Reporting Form content.
- j. Maintains a medical technical line of communication to CMOs, FMOs or other medical focal points.

18. Chief Policy and Best Practices Service, Division of Policy, Evaluation and Training/DPO.

- a. Receives lessons identified from the DHMOSH Public Health Team.
- b. Disseminates to mission Best Practices Officers and other entities lessons identified by the DHMOSH Public Health Team.

19. Head of Mission.

- a. Overall responsible for the executive direction of their mission including the promulgation and implementation of the Outbreak Response and Analytic System.

20. Head of Military Component (HoMC).

- a. Tasks the FMO to fulfill the responsibilities as specified in these Guidelines.
- b. In coordination with the Head of Police Component (HoPC), ensure adequate resources for establishment and functioning of the mission ORT.
- c. Support, through the military chain-of-command the FMO responsibility to establish a network for outbreak fact-finding and reporting that covers all military contingents.
- d. Coordinate with the HoPC for UN Police to support the FMO responsibility to a network for outbreak fact-finding and reporting that covers all police contingents.
- e. Ensure compliance by military contingents of immediate identification and notification of outbreak cases.
- f. Ensure compliance by military contingents to support outbreak fact-finding.
- g. Ensure compliance by military contingents of mission-directed outbreak mitigation and prevention measures.
- h. Ensure coordination of strategic and consistent messaging to TCCs through the respective National Contingent Commanders.

21. Head of Police Component (HoPC).

- a. In coordination with the HoMC, ensure adequate resources for establishment and functioning of the mission ORT.
- b. Support, through the police chain-of-command the FMO responsibility to establish a network for outbreak fact-finding and reporting that covers all police contingents.
- c. Ensure UN Police to support the FMO responsibility to a network for outbreak fact-finding and reporting that covers all police contingents.
- d. Ensure compliance by police contingents of immediate identification and notification of outbreak cases.
- e. Ensure compliance by police contingents to support outbreak fact-finding.
- f. Ensure compliance by police contingents of mission-directed outbreak mitigation and prevention measures.
- g. Ensure coordination of strategic and consistent messaging to PCCs through the respective National Contingent Commanders

22. Director/Chief of Mission Support.

- a. Task the CMO to fulfill the responsibilities as specified in these Guidelines.
- b. Ensure adequate support to the FMO. CMO, ORT and CORT to fulfill their responsibilities as specified in these Guidelines.

23. Mission Force Medical Officer (FMO).

- a. Establishes, organizes, and supervises the mission ORT.
- b. Ensures operational readiness of the mission ORT.
- c. Establishes a network for outbreak fact-finding and reporting that covers all police and military contingents.
- d. Coordinates for the training of the mission ORT and network personnel on the outbreak response process including fact-finding, information reporting using standard tools.
- e. Based upon initial identification of an outbreak, in the absence of the CMO, confirm the outbreak.
- f. Tasks the mission ORT for fact-finding upon identification of an outbreak.
- g. Receives fact-finding report information (Outbreak Reporting Form) from the ORT.
- h. Reviews Outbreak Reporting Form information for completeness and accuracy.
- i. Communicates Outbreak Reporting Forms to the CMO.
- j. Works with the CMO to develop outbreak mitigation and prevention measures not contained in the Outbreak Reporting Forms.
- k. Works with the CMO to inform mission decision-takers.
- l. Maintains a medical technical line of communication with the DHMOSH Public Health Team.
- m. Performs the responsibilities specific in these Guidelines of the CMO in missions where no CMO is authorized.

24. Mission Chief Medical Officer (CMO).

- a. Where no FMO is authorized, performs the responsibilities of the FMO as specified in these Guidelines.
- b. Ensures that the mission outbreak response fact-finding and reporting capacity is adequate to cover all mission civilian personnel.

- c. Based upon initial identification of an outbreak, in coordination with the FMO, confirm the outbreak.
- d. Receives fact-finding information (Outbreak Reporting Form) from the FMO.
- e. Reviews the Outbreak Reporting Form for completeness and accuracy.
- f. Works with the FMO to develop outbreak mitigation and prevention measures not contained in the Outbreak Reporting Forms.
- g. Designates, in coordination with the FMO, persons who are authorized to input, submit, and edit Outbreak Reporting Forms.
- h. Communicates fact-finding information to mission decision-takers and DHMOSH Public Health Team.
- i. Maintains a medical technical line of communication with the DHMOSH Public Health Team.

In missions where no CMO is authorized, the mission will designate a medically trained person to perform the CMO responsibilities specified in these Guidelines. In the absence of any medically trained person in the mission, the mission will consult with a United Nations Country Team or local physician to assist in performing the CMO responsibilities.

25. Mission Outbreak Response Team (ORT).

- a. When tasked, conduct fact-finding into identified outbreaks.
- b. Using the Outbreak Reporting Form, record, and report fact-finding information to the FMO.
- c. Perform administrative duties associate with outbreaks, as directed by the FMO.

26. Contingent Outbreak Response Teams (CORTs).

- a. When tasked by the mission ORT, conduct fact-finding into identified outbreaks.
- b. Using the Outbreak Reporting Form, record, and report fact-finding information to the FMO.

E. TERMS AND DEFINITIONS

27. Outbreak.

A cluster of 2 or more suspect/probable/lab confirmed cases of a disease. An outbreak is confirmed by the mission Chief Medical Officer (CMO) in coordination with the Force Medical Officer (FMO).

28. Outbreak Reporting Form.

A standardized format (form), developed by the DHMOSH Public Health Section, used by all Outbreak Response Teams and Contingent Response Team to record information during outbreak fact-finding. The form provides a sequential fact-finding approach and factors to consider. The Outbreak Reporting Form is found at Annex A to these Guidelines.

29. Outbreak Response Team (ORT).

A mission-level standing and dedicated team, usually comprising a medical-trained person, a military officer and a UN Police officer, under the supervision of the FMO, which collect basic information about each outbreak, including number of cases and contacts for that particular outbreak, assesses any common factors and how the exposure may have occurred, and

makes initial recommendations on how to prevent further exposure (control measures). ORTs may conduct fact-finding face-to-face, via communications or through tasking a CORT.

30. Contingent Outbreak Response Team (CORT).

One or more persons, one with medical training at Sector/Region or military or UN Police contingent level that perform the functions of the ORT for an identified outbreak. CORTs personnel are not dedicated, but on standby for outbreak response. CORTs are tasked by the ORT.

31. Outbreak Response and Analytic System.

A defined process to identify and confirm an outbreak, conduct fact-finding, assesses any common factors and how the exposure may have occurred, make initial recommendations on how to prevent further exposure (control measures), decide and implement outbreak mitigation and prevention measures, inform the Public Health Section/DMOSH, conduct outbreak analytics, inform senior DPPA/DPO/DOS leadership for high-level decision-taking and provide lessons identified to assist other field missions in disease prevention and mitigation.

F. REFERENCES

32. DPPA-DPO-DOS Code Cable [CC-DOS-DPO-DPPA-2020-003387](#)

33. Outbreak Response and Management <https://www.un.org/en/coronavirus/reference-documents-administrators-and-managers#medical>

G. MONITORING AND COMPLIANCE

34. Two levels of monitoring and compliance apply to these Guidelines. At Headquarters, the Director, DHMOSH provides executive monitoring of the Outbreak Response and Analysis System. In the field, the HoMC, MoPC and Director/Chief of Mission support provide day-to-day governance of the system.

H. CONTACT

34. The contact office for this Guidelines is the Senior Medical Officer, Public Health Team/DHMOSH at email dos-dhmosh-public-health@un.org.

I. HISTORY

35. These Interim Guidelines are new and will be subsequently developed into DPO/DPPA/DOS official guidance within the shortest possible delays.

Annex 1 – Outbreak Reporting Form

DHMOSH - PUBLIC HEALTH UNIT



Outbreak Reporting Form

The outbreak reporting form can also be found here:

https://www.un.org/sites/un2.un.org/files/coronavirus_outbreakreportingform.docx

INSTRUCTIONS

1. This form provides UN senior management with a snapshot of currently “active” outbreaks involving UN personnel in your duty station. Please complete the form as best as you can, based on current information.
2. **Please submit this form every Tuesday (as long as you have an active outbreak) OR whenever a new outbreak occurs OR more frequently as required or requested by HQ.**
3. This form should be submitted to DHMOSH’s Public Health Section at dos-dhmosh-public-health@un.org
4. An outbreak is defined as a *cluster of at least 2 or more suspect / probable / lab-confirmed¹ COVID-19 cases linked in place and time.*
5. Each active outbreak identified should separately described on a separate form/document.
6. For any questions, contact dos-dhmosh-public-health@un.org

ID

Date of Submission: **DD/MM/YYYY**

Mission/Duty Station: **XXX**

Name, Title, Office and Email Address of Submitter: **FREE TEXT**

Is this the first time entering information about this outbreak? **YES/NO**

(If No, please provide the old outbreak ID number so that we can link to previous report.)

Please mark if this an **ACTIVE** outbreak or **INACTIVE** outbreak? **ACTIVE / INACTIVE** (An inactive outbreak is when all cases and contacts have been discharged from isolation / quarantine)

Current Status of this Outbreak

Outbreak Unique ID: DO NOT FILL / AUTOGENERATED BY DHMOSH

Please provide a summary and narrative report of this current outbreak

FREE TEXT

¹ See WHO’s case definitions here <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7> Note that at this time, COVID-19 antibody tests should not be considered for clinical diagnosis or clinical decision making.

Date initial/index case was reported: DD/MM/YYYY

Total No. of Currently Active COVID-19 CASES = X

Breakdown of the above number:

- No. of PCR Positive who are Symptomatic = X
- No. of PCR Positive who are Asymptomatic = X
- No. of Suspect/probable cases = X

Total No. of CONTACTS¹ identified = X

Location of outbreak: FREE TEXT

Please specify the population that cases are from:

- Uniformed personnel
- Non-uniformed personnel
- Mix of Uniformed Personnel and Non-Uniformed Personnel

Please describe the population affected (e.g. which specific contingent affected/which UN office affected?):
FREE TEXT

If uniformed personnel are affected, what is the nationality of personnel? FREE TEXT

Common Factors Amongst Identified Cases of Outbreak

Refer to Annex 1 for examples of potential common factors to consider.

Please provide information on observed common factors amongst cases:

FREE TEXT

Potential Source/Origin of This Outbreak

Refer to Annex 2 for examples of potential sources or origin of the outbreak.

Please provide information on the suspected initial cause/origin of this outbreak:

FREE TEXT

Control Measures That Have Been Taken or Will be Taken for This Outbreak

Refer to Annex 3 for examples of control measures you can cite.

Please provide information on control measures that have been taken by the mission/duty station for this particular outbreak?

FREE TEXT

Please provide information, if any, on upcoming measures that are being planned?

FREE TEXT

-----Please replicate the above form if you have more Outbreaks to report Etc-----

Annex 1: Examples of Potential Common Factors

The checklist gives you examples of **common factors** shared by all **COVID-19 cases** in a particular outbreak in your field mission/duty station. Note that an outbreak is defined cluster of at least 2 or more suspect / probable / lab-confirmed² cases linked in place and time. This checklist is intended to help you complete the “COVID-19: Outbreak Reporting Form”.

All the questions below refer to the 14 days **before the symptom onset date** of the initial cases identified. If **asymptomatic or unknown symptom onset**, the questions can refer to the 14 days before the first positive test sample was collected.

Examples of Potential Common Factors

In the 14-day period, did majority of the suspect / probable / confirmed cases in your outbreak:

- Belong to a specific occupational group? (Eg. Belong to same contingent, same UN office etc)?
- Worked in a common location / area outside of their accommodation?
- Travel away from your duty station (out of country, local movement to another city/area)?
- Share bathroom facilities with any suspect/probable/confirmed COVID-19 cases?
- Share dining facilities with any suspect/probable/confirmed COVID-19 cases?
- Conduct similar work activities/tasks?
- Participate in any activity (e.g. convoy, patrolling, training, play sports together etc.) where there was close contact with > 4 persons?
- Attend a gathering (e.g. religious event, sports event, meetings, ceremonies...etc)?
- Use common transportation (e.g. vehicle, aircraft or watercraft)?
- Have close contact with an ill person, or a suspect/probable/confirmed COVID-19 case?
- Been in contact with anyone from the local community (e.g. local officials, local population, vendors/contractors, etc.)?
- Have close contact with a person who had travelled?

² See WHO's case definitions here <https://www.who.int/publications/i/item/who-2019-nCoV-surveillanceguidance-2020.7> Note that at this time, COVID-19 antibody tests should not be considered for clinical diagnosis or clinical decision making.

Annex 2: Examples of Source or Origin of Outbreak

- Initial case/s may have been exposed through Protection of Civilian duties that consisted of close contact with the local community
- Initial case/s may have been exposed through local rotation of ill soldiers coming in from another affected area in the country
- Initial case/s may have been exposed through their involvement in road traffic accident rescues, without use of PPE
- Initial case/s were healthcare workers who may have been exposed through to a case who came into the clinic for a non-COVID illness, and later determined to have COVID-19
- Initial case was asymptomatic and identified as a case only after exit screening put in place by the government
- Initial case/s may have been exposed through contact with others team members during sports activities
- Initial case/s may have been exposed through visits to local markets to purchase things
- Initial case/s may have been exposed during their routine patrol in the local community
- Initial case/s may

Annex 3: Examples of Local Control Measures Taken

- Ensure ill soldiers are not internally rotated to another location
- Reinforce that dining should be in small cohorts
- Patrols in community reduced to critical activity
- Cancellation of all social and sports team activities
- Reinforce screening for fever and symptoms and hand hygiene measures before visitors enter into contingents' camp
- Immediate isolation of cases, and contact tracing was conducted, and all identified contacts have been placed in strict quarantine
- Cloth masks have been issued to all in the contingents with strict reminders to utilize them for all activities and even within the barracks