



Medical recommendations For WHO Staff & Consultants* deployed in the context of Ebola outbreak in West Africa.

18 August 2014

Staff Health and Wellbeing Services (SHW)
Recommendations for staff health
Prepared jointly with WHO technical departments

* with valid medical clearance

Medical clearance before departure

Before mission, it is very important to ensure that you are healthy .

WHO staff members based in HQ must take an appointment with Staff Health and Wellbeing services by calling 13040 to be medically cleared.

Consultants must submit a WHO 223 form to obtain their medical clearance before departure as well as the proof of their vaccinations being up to date.

Pregnancy is contra indicated for this type of mission.

Vaccinations for West Africa

Staff members **deployed to affected areas should be up to date** with the following vaccines:

- Yellow fever (mandatory)
- Diphtheria-Tetanus (ideally within 5 years)-polio +/- pertussis
- Typhoid vaccine
- Hepatitis A and B
- Meningitis ACYW 135 (mandatory if outbreak on going)
- Measles for those born after 1963 who did not have the disease or 2 doses of MMR
- Rabies is recommended
- Cholera vaccine: only recommended in limited situations and based on risk assessment

Vector-borne diseases

Guinea/Sierra Leone/Liberia are endemic countries for malaria

Chemoprophylaxis and Personal protection against mosquito bites day and night is important in preventing vector-borne diseases.

Therefore, **it is mandatory** that staff members deployed to affected areas:

- Take chemoprophylaxis before during and after the exposure.
- Wear long sleeved clothes
- Use insect repellent day and night
- Sleep under an impregnated bednet
- Be aware of malaria symptoms (fever plus flu-like symptoms , diarrhoea)
- Consult a doctor within 24h from an onset of fever
- Carry Standby treatment for malaria

Medical kit and toilet items

A medical kit should be carried with sufficient medical supplies to meet foreseeable needs for the duration of the trip.

This kit will include basic medicines to treat common ailments including a thermometer, first aid articles and any other specific medical items such as syringes and needles to minimize exposure to bloodborne viruses. You will find a list of contents of a basic medical kit in annexe 1 as well as the content of the medical kit provided to WHO staff in HQ and in the regional offices.

Toilet items should also be carried in sufficient quantity (dental care, eye care, skin care and personal hygiene).

During the mission : be vigilant to STAY in good health

Water-borne diseases:

Staff members are reminded on how important it is to **apply** general protective measures such as:

- Only drink **safe water** : Water purification tablets, chloramine (“Aquatabs”) should be used to make drinking water for yourself if the access to potable water is not guaranty. This will protect you from most water-borne diseases including cholera. Please note that if the water is turbid/dirty, you’ll need to filter it first!
- Frequent **hand washing** with soap and water (to prevent any kind of communicable disease) especially before food preparation and eating, before and after toilet use and after touching surfaces or items likely to be dirty (e.g. cash, door handles)
- Ensure **safe food** preparation techniques to prevent diarrhoea: boil it, peel it or leave it; eat cooked food while still hot, cover the food. More information on “guide on safe food for travellers”
<http://www.who.int/foodsafety/publications/consumer/travellers/en/>
- For diarrhoea: only oral dehydration salts made with safe boiled and chlorinated water should be consumed.

Stress management

When working in emergency operation responses, staff members/consultants in general, experience strong emotions, owing to the context, the pressure for rapid decisions and actions, to mental and physical fatigue, and to actual life –threatening situations.

Professional help by staff counsellor/ psychologist is available to all staff members and consultants before, during and after being deployed to the affected zones either in Geneva or with regional medical offices.

Ebola haemorrhagic fever

Key facts

- The Ebola virus causes severe viral haemorrhagic fever (VHF) outbreaks in humans.
- Viral haemorrhagic fever outbreaks have a case fatality rate of up to 90%.
- At the beginning of an outbreak, the virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission, resulting from close unprotected contact with the blood, secretions, organs or other bodily fluids of infected symptomatic people (Burial ceremonies where mourners have direct contact with the body of the deceased person can also play a role in the transmission of Ebola).
- There is no treatment or vaccine available for either people or animals.

Reducing the risk of Ebola infection

In the absence of effective treatment and a human vaccine, raising awareness of the risk factors of Ebola infection and the protective measures individuals can take is the only way to reduce human infection and death.

Therefore, close physical contact with Ebola patients should be avoided unless staff are competent in the adequate implementation of infection prevention and control precautions.

All WHO staff and consultants are required to apply basic hygiene measures (hand hygiene and respiratory hygiene) in all circumstances and to apply Standard Precautions whenever within a health care setting The aim is to reduce the risk of transmission of bloodborne pathogens.

In addition, WHO staff and consultants who provide direct medical care to suspected, probable or confirmed cases should be well trained on how to put on and take off Personal Protective Equipment (PPE).

This includes the adequate use of protective clothing, including medical masks, gloves, long-sleeves gowns, facial protection (goggles or a face mask), hand hygiene and disinfection measures.

Refer to the document: **“Interim Infection Prevention and Control Guidance for Care of Patients with Suspected or Confirmed Filovirus Haemorrhagic Fever in Health Care Settings With Focus on Ebola .August 2014”**

Signs and symptoms

EVD is a severe acute viral illness often characterized by the sudden onset of fever, intense weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, impaired kidney and liver function, and in some cases, both internal and external bleeding. Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes.

The incubation period, that is, the time interval from infection with the virus to onset of symptoms, is 2 to 21 days. During this period, infected persons are not infectious. People become infectious after symptoms start and for as long as they are symptomatic as their blood and secretions contain the virus.

Despite all the precautions taken, you may get exposed or sick :

Read carefully the document “Procedures for WHO staff and consultants: exposure to Ebola virus in the context of the Ebola Outbreak in West Africa.”

It is very important to be familiar with all the steps to follow in this document before being deployed.

Upon return from your mission: post mission debriefing

- You have **no history of accidental/occupational exposure** and you are **asymptomatic** : all staff and non-staff returning from mission in the areas(s) of Ebola outbreak in West Africa should undergo a medical debriefing. Call either SHW at HQ or your regional office on your first day back to work.
- Be aware of the symptoms of infection: in case symptoms appear within 21 days after return. Staff and non-staff must call the emergency number of the country highlighting their recent travel to an area with Ebola outbreak and report to WHO medical service (either SHW in HQ or medical service in AFRO)

Contact details

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Contents of WHO medical kit

- water purifying tablets
- antibiotic tablets (ciprofloxacin and azithromycin)
- antidiarrhoeal tablets (lorazepam)
- analgesic and antipyretic tablets
- antacid tablets
- antihistamine tablets
- lozenges for sore throat
- 10 disinfectant eye drops
- sachets of oral rehydration salts
- 4 syringes, 4 needles and 2 venous catheters
- 1 perfusion set
- 2 surgical masks
- 2 pairs of gloves
- 15 bandages and dressings
- condoms
- hand disinfectant
- mosquito repellent
- a leaflet on food safety for travellers
- a brochure on Health advice for tropical areas

Medication for prophylaxis against malaria and an impregnated mosquito net will be added if needed as well as a thermometer.

Contents of a basic medical kit

First-aid items:

- adhesive tape
- antiseptic wound cleanser or alkaline soap
- bandages
- scissors
- safety pins
- emollient (lubricant) eye drops
- insect repellent

- insect bite treatment
- antihistamine tablets
- nasal decongestant
- oral rehydration salts
- oral rehydration salts
- simple analgesic (e.g. paracetamol)
- sterile dressing
- clinical thermometer
- sunscreen
- earplugs
- tweezers
- adhesive strips to close small wounds.

Additional items according to destination and individual needs:

- medication for pre-existing medical conditions
- antidiarrhoeal medication (to include an antisecretory agent, an antimotility drug, oral rehydration salts, with appropriate written instructions regarding their use)
- antibiotics targeting the most frequent infections in travellers (e.g. travellers' diarrhoea, and infections of skin and soft-tissue, respiratory tract and urinary tract)
- antibacterial ointment
- antifungal powder
- antimalarial medication
- mosquito net and insecticide to treat fabrics (clothes, nets, curtains)
- adequate supplies of condoms and oral contraceptives
- medication for pre-existing medical conditions
- sterile syringes and needles
- water disinfectant
- spare eyeglasses and/or spare contact lenses (and solution)
- other items to meet foreseeable needs, according to the destination and duration of the visit.