

United Nations Medical Directors

Ebola disease (EBOD) Risk Mitigation Plan for UN Personnel

Updated: September 2025

- 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 Ebola disease (EBOD) in countries/areas with EBOD cases/outbreak.
- There are six strains of *Ebolavirus* (recently renamed *Orthoebolavirus*), four of which are known to cause disease (Ebola disease) in humans. The four species that cause human disease are *Zaire ebolavirus* (causing Ebola virus disease); *Sudan ebolavirus* (causing Sudan virus disease); *Bundibugyo ebolavirus* (causing Bundibugyo virus disease) and *Tai Forest ebolavirus* (causing Tai Forest virus disease). This RMP is applicable to all strains.
- EBOD has an incubation period of 2 -21 days. It is transmitted through direct contact with an infected animal (bat or nonhuman primate) or through direct or indirect contact with the blood and body fluids of a sick or dead person infected with *Orthoebolavirus*.
- These recommendations should be applied to all UN personnel travelling to or residing in countries/areas with EBOD cases/outbreaks
- Please note [nomenclature changes](#) are included in this document.
- 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 EBOD outbreak

- Be aware of the current outbreak situation to the location you are travelling to.
- During an ongoing outbreak, suspected or confirmed cases as well as contacts should not travel.
- Ensure that you are **aware of, and implement, the following EBOD precautionary measures**
 - Avoid contact with individuals with symptoms (such as fever, vomiting, diarrhea or bleeding) or with materials or surfaces contaminated with blood or body fluids and stay away from infected people's bodies including during funerals.
 - 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 body fluids (e.g., clothes, bedding, needles, and medical equipment).
 - Avoid contact with animals or eating bush meat.
 - Wash your hands often or use alcohol-based hand rub (ABHR), and avoid touching your eyes, nose or mouth.
 - 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 prevention measures (DEET, mosquito net, etc.) recommended by your UN physician.

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- Ensure you get all standard recommended vaccines before travel).
 - Always follow safe-sex practices.
 - Know the contact information of the local/UN medical services, or the person you should contact for healthcare in the event of a need during your stay in the EBOD-affected country/area.
 - Please note that the degree of risk to UN personnel will depend on the epidemiology of the EBOD outbreak, including the extent and geographic spread, as well as the role of the UN personnel in the duty station.
 - **While residing in EBOD 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, weakness, diarrhea, vomiting, stomach pain, skin rash, red eyes, internal and external bleeding.)
 - If this occurs, immediately isolate yourself and 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. Inform the doctor about your recent travel and symptoms over the phone before visiting their office or emergency room.
 - You should not care for suspected EBOD patients in your home. If EBOD is suspected, seek medical attention immediately.

2 UN personnel who has been exposed to EBOD-infected blood or fluids (i.e., Contacts)

- If you think you may have been exposed to *Orthoebolavirus*, you should immediately clean the skin (or bodily) 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 Organizations' Medical Services to assess your personal risk and evaluate the need for further management.
- Persons with *Orthoebolavirus* exposure should be quarantined and monitored (symptom inquiry and twice daily temperature check) for EBOD 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 EBOD if they were to become infected. Work restrictions are suggested as per the [WHO guidelines](#) if an exposure has occurred.
- If an *orthoebolavirus* exposure has occurred, the UN personnel should make sure to be assessed for any other blood-borne virus (BBV) exposure, including HIV, Hepatitis B and Hepatitis C and receive prophylaxis and/or counselling and follow-up as appropriate.
- Do not travel until cleared by health officials.

Note: people **cannot** transmit the disease before they have symptoms.

3 UN healthcare workers designated to clinically manage

- When caring for any patient, regardless of signs and symptoms, UN healthcare workers (HCWs) should always follow [standard precautions](#).
- HCWs should be trained in EBOD clinical diagnosis and management, and PPE use. The care of EBOD patients should be done in a dedicated area (such as an Ebola Treatment Center) by skilled and trained

**suspect/confirmed
EBOD patients or
their lab samples**

professionals knowledgeable on treating EBOD The following is an example of a WHO training resource: [OpenWHO.org - Ebola virus disease](https://openwho.org/courses/ebola-virus-disease) which currently has three courses: one of infection prevention and control, one on screening and treatment center design and a third on clinical management.

- HCWs must strictly use PPE outlined in the WHO materials. A buddy system should be used. Please see below for links to PPE posters:
 - [Steps to put on personal protective equipment \(PPE\) for Ebola/Marburg disease: Gown and headcover \(who.int\)](https://www.who.int/publications-detail/steps-to-put-on-personal-protective-equipment-ppe-for-ebola-marburg-disease-gown-and-headcover)
 - [Steps to remove personal protective equipment \(PPE\) for Ebola/Marburg disease: Gown and headcover \(who.int\)](https://www.who.int/publications-detail/steps-to-remove-personal-protective-equipment-ppe-for-ebola-marburg-disease-gown-and-headcover)
 - [Steps to put on personal protective equipment \(PPE\) for Ebola/Marburg disease: Coverall \(who.int\)](https://www.who.int/publications-detail/steps-to-put-on-personal-protective-equipment-ppe-for-ebola-marburg-disease-coverall)
 - [Steps to remove personal protective equipment \(PPE\) for Ebola/Marburg disease: Coverall \(who.int\)](https://www.who.int/publications-detail/steps-to-remove-personal-protective-equipment-ppe-for-ebola-marburg-disease-coverall)
- While UN staff should not be regularly managing EBOD patients, they should still be on alert for early identification and transfer of these patients to Ebola Treatment Centres where they can be properly monitored and managed.
- HCWs in all duty stations should maintain a high index of suspicion for EBOD in febrile patients returning from EBOD-outbreak areas, especially if they have visited hospitals in EBOD-outbreak areas. All UN healthcare facilities should have protocols in place to receive a suspect EBOD patient, including appropriate screening for these patients. In EBOD-affected duty stations, a telephone EBOD hotline number for staff with suspect EBOD should be established and actively communicated to staff.
- HCWs who have identified suspected EBOD patients should immediately isolate the patient and contact local and national disease focal points for advice and to arrange for laboratory testing.
- It is recommended that HCWs involved in the management of EBOD should be vaccinated against EBOD if a vaccine for the strains is available (there are currently [two vaccines approved](#) for Zaire ebolavirus).
- For laboratory workers, lab specimens may be hazardous and must be handled with extreme care. Samples taken from humans and animals for EBOD investigation should be handled only by trained staff and processed in a suitably equipped laboratory under maximum biological containment conditions.
- HCWs should also be able to recommend how to conduct a safe and dignified burial including IPC considerations. Please see: [How to conduct safe and dignified burial of a patient who has died from suspected or confirmed Ebola or Marburg virus disease](#) for more information.
- Please see openWHO for a new course: [IPC measures in health-care settings for Ebola or Marburg disease outbreaks](#).
- A summary of past and current practices is also available [here](#).

**4 Any UN personnel
involved in
environmental**

- Waste from EBOD patients, including that generated during the decontamination process, should be treated as infectious waste. When cleaning body fluids of an infected person or their environment, cleaning personnel should wear appropriate PPE i.e., double gloves with the outer pair being heavy-duty (rubber gloves), an impermeable long-sleeve coverall (or gown and head and neck covering),

**cleaning, waste
and linen
disposal as well
as those involved
in dead body
management**

apron, boots/closed-toe shoes, and a medical mask and eye protection (goggles or face shield). See [the guideline](#) for more information.

- The WHO suggests that heavily soiled linens resulting from the care of patients with Ebola disease should be safely disposed of (e.g. incinerated) following WHO guidelines on waste management.
 - The WHO suggests disinfecting surfaces using a wiping method over the spraying method.
 - Example of products approved as disinfectants can be found on the [US EPA website](#)
 - The handling of human remains of deceased individuals with suspected/confirmed Ebola disease should be done safely, in a culturally sensitive manner, and only when necessary to reduce exposure and transmission.
 - The WHO suggests that disinfection of a dead body suspected/confirmed to be infected with *Orthoebolavirus* is not required prior to handling or placing the body into a body bag.
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References:

- WHO's Ebola webpage: <http://www.who.int/ebola/en/>
- IPC guideline: [Infection prevention and control guideline for Ebola and Marburg disease, August 2023](#)