

United Nations Medical Directors Marburg disease (MARD) Risk Mitigation Plan for UN Personnel

Updated: 17 November 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 Marburg disease (MARD) via infection with *Orthomarburgvirus* in countries/areas with MARD cases/outbreak and apply to all UN personnel travelling to or residing in countries/areas with an outbreak of MARD.
- Outbreaks and sporadic cases have been reported mostly in Central Africa and currently Ethiopia is experiencing it's first MARD outbreak. See [here](#) for more information.
- Marburg disease is a zoonotic hemorrhagic fever with an incubation period of up to 21 days. Virus can spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and through indirect contact with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids.
- If this is a hard copy of the document, please be sure to check the <https://hr.un.org/page/travel-health-information> on the United Nations HR Portal for the latest version.
- [Please note nomenclature change](#) are included in this document. Note some WHO document still use the term Marburg virus disease (MVD) which is the same as MARD.
- Please contact dos-dhmosh-public-health@un.org if you have any questions on this document.

Risk Categories

UN Medical Directors Recommendations

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| 1 UN personnel travelling into or residing in countries/areas with a MARD outbreak | <ul style="list-style-type: none">• Be aware of the current outbreak situation in Ethiopia.• During an ongoing outbreak cases, contacts as well as individuals who have signs and symptoms compatible with MARD should not travel.• Ensure that you are aware of, and implement, the following MARD precautionary measures:<ul style="list-style-type: none">• Inform yourself about the current travel advisories and potential restrictions. Currently there is no official travel restrictions advisory from WHO and CDC. Please see here for more information on considerations for border health and points of entry for filovirus disease outbreaks. In general travel-related health measures should be based on a thorough risk assessment and thoroughly reviewed.• The WHO advises against travel and trade restrictions with Rwanda in the context of the ongoing outbreak. See here for more information.• Avoid contact with individuals with symptoms (such as fever, vomiting, diarrhea or bleeding) or with materials and surfaces contaminated by their blood or body fluids, and stay away from infected people's bodies including during |
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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 bodily fluids (e.g. clothes, bedding, needles, and medical equipment).
 - Avoid contact with animals or raw bush meat.
 - Exposure to mines or caves inhabited by Rousettus (fruit) bat colonies should also be avoided.
 - Wash your hands with soap and water 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 preventions measures (DEET, mosquito nets etc.) recommended by your UN physician.
 - Ensure you get all recommended vaccines before travel (including against measles and diphtheria).
 - Always follow safe-sex practices.

1 UN personnel travelling to or residing in countries/areas with a MARD outbreak (cont.)

- Know the **contact information of the local/UN medical services** or whom you should contact for health care should the need arise during your stay in the MARD-affected country/area.
- Please note that the degree of risk to UN personnel will depend on the epidemiology of the MARD outbreak including the extent and geographic spread, as well as the role of the UN personnel in the duty station.
- **While residing in MARD 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. Tell the doctor about your recent travel and your symptoms over the phone before you go to his or her office or emergency room.
- You should not care for suspect MARD patients in your home. If MARD is suspected seek medical attention immediately.

2 UN personnel who has been exposed to MARD-infected

- If you think you may have been exposed to *orthomarbuvirus*, you should immediately clean the skin area with soap and water or in the case of mucous membrane exposure with water and seek immediately medical attention from your medical practitioner, UN physician or your Organisation's Medical Services to assess your

blood or bodily fluids (i.e. Contacts)

- personal risk of exposure and evaluate the need for further management.
- Persons with *orthommarburgvirus* exposure should be quarantined also be monitored (symptoms inquiry and twice daily temperature check) for MARD 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 MARD if they were to become infected. Work restrictions are suggested as per the [WHO guidelines](#) if an exposure has occurred.
 - If an *orthommarburgvirus* exposure has occurred, the UN personnel should also be assessed for this exposure as well as any other blood borne virus(BBV) exposures including HIV, Hepatitis B and Hepatitis C and receiving prophylaxis and/or counselling and following up as appropriate.
 - New: see [here](#) in case of Marburg disease exposure for next steps.
 - Do not travel until cleared by health officials.

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

3 UN healthcare workers who manage suspect/confirmed MARD patients or their lab samples

- When caring for any patient, regardless of signs and symptoms, UN healthcare workers (HCWs) should always follow [standard precautions](#).
- HCWs should be trained in early identification of suspected MARD cases, how to diagnosis and management of patients, as well as appropriate PPE use. The care of MARD patients should be done in a dedicated area (such as a Marburg Treatment Center) by skilled and trained professionals knowledgeable in treating MARD. HCWs managing suspect/confirmed MARD patients must practice proper infection control measures to prevent contact with the patient's blood, body fluids and contaminated surfaces/materials. For more information please see <https://www.who.int/publications/i/item/WHO-WPE-CRS-HCR-2023.1>here.
- HCWs must strictly use PPE outlined in WHO materials above when managing suspect/confirmed patients. 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 \(who.int\)](#)
 - [Steps to remove personal protective equipment \(PPE\) for Ebola/Marburg disease: Gown and headcover \(who.int\)](#)
 - [Steps to put on personal protective equipment \(PPE\) for Ebola/Marburg disease: Coverall \(who.int\)](#)
 - [Steps to remove personal protective equipment \(PPE\) for Ebola/Marburg disease: Coverall \(who.int\)](#)
- While UN staff should not be regularly managing MARD patients they should still be on alert for early identification and transfer of these patients to Marburg Treatment Centers where they can be properly monitored and managed.
- HCWs in all duty stations should maintain a high index of suspicion for MARD in febrile patients returning from MARD-outbreak areas, especially if they had visited hospitals in MARD-outbreak areas. All UN healthcare facilities should have protocols in place to receive a suspect MARD patient including appropriate screening for these patients. In MARD-affected duty stations, a telephone MARD hotline number for staff with suspect MARD should be established and actively communicated to staff.
- HCWs who have identified suspected MARD patients should immediately isolate the patient, and contact local and national disease focal points for advice and to arrange for laboratory testing.

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- For laboratory workers, lab specimens must be handled with extreme care. Sample taken from humans and animals for MARD investigation should be handled only by trained staff and processed in a suitably equipped laboratory under maximum biological containment conditions and while wearing appropriate PPE
 - HCWs should also be aware of how to conduct a safe and dignified burial including IPC considerations which are the same for MARD as they are for Ebola disease (EBOD). 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. Also see section 4 for more details.
 - New: Please see here for old and new IPC recommendations: [WHE Crosswalk-infographic](#)
 - New: Please see here in case there is a Marburg patient in a UN health facility: [Infection prevention and control and water, sanitation and hygiene in health facilities during Ebola or Marburg disease outbreaks](#)
 - New: Please see here for PPE calculator: [WHO Essential Items Estimator Tool](#)
 - Please see [Open WHO](#) for a new course: IPC measures in health-care settings for Ebola or Marburg disease outbreaks.
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4 Any UN personnel involved in environmental cleaning, waste and linen disposal as well those involved in dead body management

- Waste from MARD patients, including that generated during the decontamination process, should be treated as infectious waste.
 - When cleaning bodily fluids of infected person or their environment, cleaning personnel should wear appropriate PPE i.e. double gloves with the out pair being heavy duty (rubber gloves), an impermeable long-sleeve coverall (or gown and head and neck covering), apron, boots/closed-toe shoes a medical mask and eye protection (goggles or face-shield). See [guideline](#) for more information.
 - The WHO suggests that heavily soiled linens resulting from the care of patients with Marburg disease should be safely disposed of (e.g. incinerated) following WHO guidelines on waste management.
 - The WHO suggests disinfecting surfaces using a wiping method.
 - The handling of human remains of deceased individuals with suspected/confirmed Marburg 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 *orthomarburg* is not required prior to handling or placing the body into a body bag.
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References:

- WHO's Marburg disease webpage: https://www.who.int/health-topics/marburg-virus-disease#tab=tab_1