Updated on 26 June
OCG Task Force 21

FVD Mission: Your Health Information

You are planning to go on the FVD mission. Here is some very important information regarding your health. There are two key principles to remember and follow: ***Be in good health and stay in good health!***

1. Before you set off: BE IN GOOD HEALTH

- As with any mission, it is very important to check that you are in good health and fit to undertake the mission. **You will** therefore **need** to **see your GP** to confirm that your state of health is suitable for a demanding emergency mission. During this appointment, ask your doctor for:
  - A prescription for **malaria prophylaxis** (Malarone or Doxycycline). Malaria prophylaxis is MANDATORY. Buy enough to cover the first few weeks of the mission and start the treatment one day before departure (if you are used to taking Lariam®, you may take it, but start the prophylaxis at least seven days before departure)
  - To check your **vaccination status** and have any necessary booster jabs. If your vaccinations are not up to date, postpone your departure until you have brought them up to date. Injections must be administered at least 10 days before departure. You must avoid having a post-vaccination fever whilst in the field (for example, the peak of a fever following a measles vaccination can occur 10 days after administration).
  - A new **medical fitness** certificate or confirmation that your existing one is still valid
  - If you have a **chronic condition,** discuss the feasibility of such a mission in detail, and ensure you are prescribed all the necessary medication for the duration of the mission, as MSF does not provide specific medication for chronic conditions
- Buy **mosquito repellent** (to protect against malaria as well as other mosquito-borne diseases)
- Check that you are not pregnant, as **pregnancy is not compatible with this type of mission**
- Complete the form *'FVD Post-Mission Follow-up Policy OCG'*, , and sign it along with the document 'Acceptance of Risks and Acknowledgement of Liability' attached to the same form. Scan and send this document to the FMR along with the rest of the administrative documents requested in the *Mission Confirmation*.
- If you fall ill between accepting the post and your departure, **postpone** your departure until you have recovered. Similarly, if you have developed a wound, this is not compatible with going on mission; please wait until the wound has fully closed and healed.

2. During the mission: STAYING HEALTHY

- You will have access to all the information you need on how to protect yourself properly. You must, of course, follow the rules; if you do, your risk of infection will be better managed.
- **The no-contact policy** must be observed by all staff at all times. This policy provides protection against FVD and other diseases with similar symptoms. It is all the more important during epidemics where transmission chains are unclear and it is not obvious who is a 'contact' of an FVD patient, which may include other members of staff. (see Box 1)
- Avoid falling ill to spare yourself and your colleagues any stress, as people will always suspect Ebola, especially if you have a fever
  - Malaria prophylaxis is **MANDATORY**; no exceptions will be permitted;

  - Use insect repellent every day to protect yourself from all mosquito-borne diseases (dengue, etc.) and also sleep under a mosquito net, for the same reason
  - Avoid gastrointestinal problems (diarrhoea and vomiting are also potential symptoms of Ebola…), so ensure that food is handled correctly (thoroughly washed, cooked through, stored properly, etc.)
  - Prevent respiratory illnesses by avoiding physical contact such as shaking hands or kissing. Social distancing is essential during Ebola missions and provides good protection against illnesses such as the common cold, flu, etc.
  - Contact between people must be avoided; this includes sexual relations, which are not permitted within a team given the real risk of disease transmission via this route; and, of course, pregnancy must be avoided.
  - Maintain a healthy lifestyle that enables you to stay in good physical and mental health: where possible, keep to regular hours, eat sufficient, wholesome, high-quality food, ensure there is enough living space for everyone, and get enough rest to manage stress and maintain your health
  - Adhere to the rule of one day off per week, even if the workload is heavy and the demands are enormous. If you become too tired, you increase the risk of making mistakes at work and causing problems for yourself. If you have to be evacuated urgently due to an exposure incident, this will not help your team. It is better to get enough rest to stay fit and alert whilst working.
- If, despite this, you fall ill, you must NOTIFY the staff health focal point immediately, even if this happens right at the start of the mission.
- If you have symptoms consistent with FVD (e.g. fever), a test will be carried out to confirm the diagnosis as quickly as possible. If you test positive, every effort will be made to evacuate you under the best possible conditions to a high-level treatment facility. Please be aware, however, that this type of medical evacuation is complicated, particularly if the symptoms are serious, and therefore MSF cannot guarantee 100% that you will be evacuated from your country of deployment. Of course, you will receive the best possible care.
- If you have an accident such as a cut or a puncture wound involving contaminated equipment, you will be considered 'at risk'. Post-exposure prophylaxis (PEP) will be offered to you and the follow-up process will be explained. In all cases, follow-up must take place as soon as possible after the incident, so if this happens to you, speak to your health officer immediately!

Box 1 – The 'no-touch' policy explained

The 'no-touch' policy explained

In an epidemic zone, all direct or indirect physical contact with other people is avoided (no handshakes, no kissing, no sexual relations, no sharing of food, drink or cutlery, etc.). At first glance, this may not make much sense, as it is un ly unlikely that someone who is not visibly ill would be carrying FVD. Generally speaking, people with FVD only become infectious once they show symptoms. Physical contact with healthy people therefore poses no risk.

Two issues arise in this regard:

1. The early signs and symptoms of the disease can be vague (for example, headaches, etc.) and go unnoticed. There is a potential risk of transmission.

2. Any risk, however small, is stressful as long as FVD remains a serious illness that is difficult to treat. Other diseases transmitted through physical contact (including those that are contagious even when the person is not yet ill) will be avoided (for example, flu). This policy will help prevent as many people as possible from contracting an infectious disease and from experiencing the stress of suffering from symptoms that may resemble those of FVD (and thus potentially being identified as a suspected FVD case).

The no-contact policy helps to establish a 'habit' or behaviour amongst staff to avoid any physical contact, so that the risk of transmission is prevented when in the presence of a patient with FVD or when in contact with patients' 'contacts' (whether known or unknown).

The no-contact policy has been a consistent rule throughout the decades of FVD epidemics.

3. After the mission: Staying healthy, now and always…

The incubation period for FVD is 21 days. Therefore, during the 21 days following the last day of possible exposure, any fever will be a source of stress, even if the risk of developing the disease is very low.

On completion of your mission, during the medical debriefing, depending on the type of work carried out, a medical officer from Taskforce21 will determine whether or not you pose a potential risk of infection. If not, no specific follow-up will be required. If so, you will work together to determine the date corresponding to the last possible day of infection. Special monitoring must be put in place for the 21 days following this date so that an effective response can be made in the event of a fever.

If monitoring is required, the end of the monitoring period is determined by adding 21 days to the 'last day of potential exposure'. The place of stay is determined by MSF and must meet several conditions based on access to a medical facilities offering the following:

- Isolation facilities
- An infectious disease or a tropical disease
- Specialists on site
- Laboratory capacity to test for filovirus within a maximum of 48 hours and the ability to treat a patient with VHF disease.

The **monitoring period is NOT a period of quarantine**: the person is not ill. When staff members show no symptoms, they lead a normal life. The recommendations to be followed during the monitoring period are designed to help staff avoid catching other common and harmless illnesses (such as respiratory infections or flu) that can cause a sudden fever:

- Avoid crowded places (public transportation at peak times, cinemas, festivals, etc.).
- Be mindful about going back to work (consider if the office will be crowded or you will be exposed to patients).
- Avoid close contact with young children (risk of infection).
- Take your axillary temperature twice a day and record it on a log sheet.
- Self-isolate immediately if you have a temperature above 37.5 °C. Contact the on-call medical officer immediately (name and telephone number provided during the final medical debriefing) to report the fever.
- Complete malaria prophylaxis to cover the 21-day risk period following the mission:

1. 7 days (Malarone) 28 days (Doxycycline, Lariam) – if leaving the mission to return to a country where malaria is not endemic
2. 21 days (Malarone) 28 days (Doxycycline, Lariam) – if leaving the Ebola mission but remaining in a country where malaria is endemic.

- Ensure you have a working mobile phone at all times and the telephone number for the staff health service, in the event of a fever >37.5°C.

All necessary information regarding the post-mission medical follow-up policy for FVD is available on the onboarding website.

We ask that you read this document carefully; you will be ask to sign in the Informed Consent and Ebola 21 Day Planning ' form.

It is therefore not possible to go on holiday wherever you wish before the end of this monitoring period. MSF will, moreover, extend your contract to enable you to comply with this monitoring.