

INSTRUCTIONS FOR REPORTING OF COVID-19 CASES AMONGST UN PERSONNEL & DEPENDENTS

9 April 2020

COVID-19 REPORTING REQUIREMENTS

- Immediately report any suspect / confirmed cases to **local health authorities** and **local WHO office** within 24 hours (under IHR 2005 directive) when identified. Please follow the local guidance on this as appropriate including any case definitions.
- Report all **lab-confirmed cases** occurring amongst UN personnel and dependents to the DHMOSH's Public Health unit at dos-dhmosh-public-health@un.org, copying DCO (azevedoc@un.org and cisneros@un.org). Initial notification should be anonymized.
- If the organization/entity (that the affected UN personnel belongs to) already has a relationship with a UN System Medical Director, please advise, and ensure that those cases are reported to them instead of to DHMOSH.
- Coordination: if the personnel's UN entity representative in your country has not been informed already, please coordinate so that the information is shared with you, considering that the SM's UN entity has the responsibility of duty of care. If the UN entity has no country representative, please liaise with the regional UN entity representative and your Regional DCO Director.
- Please note guidance on preserving the confidentiality of COVID-19 infected individuals available here:
https://www.un.org/sites/un2.un.org/files/preserving_the_confidentiality_of_covid_19_infected_un_personnel_2_april_2020.pdf

POLICY ON PUBLIC ANNOUNCEMENT OF CASES

- Regarding the external communications surrounding COVID-19, it is essential that United Nations country offices communicate with as much transparency and clarity as possible to their local audience.
- However, in any public announcement of cases involving UN personnel or their dependents, no information should be released until the staff members themselves are notified. In addition, do not release any personal details that would allow these personnel and their dependents to be identified.
- For coordination and support prior to public announcements, please contact Carolina Azevedo in DCO - azevedoc@un.org .

FOR UN MEDICAL STAFF WHO USE EARTHMED (ELECTRONIC MEDICAL RECORDS SYSTEM)

- In order to ensure that all COVID-19 (Coronavirus) cases are correctly recorded in EarthMed, should you encounter a probable or confirmed COVID-19 case, follow the guidance provided

to your clinic about how to record clinic visits, cases and diagnoses. ALWAYS use one (or more) of the following codes under the "Dx" field in EarthMed:

FOR LAB CONFIRMED CASES:

1. First Dx: U07.1, Diagnosis of COVID-19 confirmed by laboratory testing. This field is mandatory and must be the first Dx.
2. Secondary diagnoses if they are directly related to COVID include J12.8, Pneumonia; OR J20.8 Acute bronchitis; OR J22, Unspecified acute lower respiratory infection; OR J98.8, Respiratory infection, NOS; OR J80, Acute respiratory distress syndrome (ARDS)

FOR PROBABLE CASES (ie COVID symptoms but no lab confirmation):

1. First Dx: U07.2, Clinical or epidemiological diagnosis of COVID-19 where laboratory confirmation is inconclusive or not available. This field is mandatory and must be the first Dx.
2. Secondary diagnoses if directly related to COVID include J12.8, Pneumonia; OR J20.8 Acute bronchitis; OR J22, Unspecified acute lower respiratory infection; OR J98.8, Respiratory infection, NOS; OR J80, Acute respiratory distress syndrome (ARDS)

FOR EXPOSURE CASES

- The definition of an exposure and the concept of a close contact are often very subjective, therefore in order to effectively capture exposures we will use one code only. This should be amended to U07.1, U07.2 or another code if the person subsequently becomes unwell.
- First Dx Z03.8, Possible exposure to COVID-19.
As an exposure only, there should not need to be a secondary diagnosis in most cases.

FOR SUSPECT CASES (ie fever or upper respiratory tract but no exposure):

- In these cases, record as you normally would for the symptoms, such as R50 fever of unknown origin; OR J22, Unspecified acute lower respiratory infection; OR J98.8, Respiratory infection, NOS.