Screening and Prevention

Screening and prevention are key elements for a good physical and mental condition. The Medical Service draws your attention on the following issues:

- **Glaucoma**
  - *Chronic glaucoma* is a relatively common disease (1 to 2% of the population in metropolitan France) affecting mainly adults aged over 40, although it can also occur in children or young adults.
  - It is a serious eye disease, involving the slow destruction of the optic nerve and leading insidiously to a deterioration of the field of vision, with the risk of blindness in the absence of treatment.
  - It is not accompanied by any pain and detailed vision may be preserved for many years, thus making it impossible for someone to know if he or she is affected by incipient glaucoma. Only a test performed by an ophthalmologist can reveal the presence of this disease.
  - The exact causes of glaucoma are not yet fully known. There are certain genetically determined factors; thus, the descendants of glaucoma sufferers are more at risk of subsequently developing the disease.
  - Among the risk factors, the existence of **high pressure** in the eye is by far the most frequent and significant factor.
  - In practice, the initial treatment is often a medical treatment consisting of the daily application of one or more drops of hypotonic collyrium in the eye.
  - This treatment helps to prevent glaucoma from becoming worse for many patients. If this treatment proves to be insufficient (if the visual field continues to deteriorate), laser treatment or surgery may be suggested depending on the patient’s age and the severity of the glaucoma.

- **Skin cancer screening**: there are two types of skin cancer:
  - *Carcinoma or epitheliomia*: cancer of the upper epidermis, which is generally caused by exposure to sunlight.
  - *Basocellular carcinoma* is the most frequent skin cancer. Its slow progression may be highly destructive; however, its malignancy remains localized.
  - *Spinocellular carcinoma* is particularly serious on account of the possibility of it spreading to the lymph nodes. It may appear on existing subcutaneous lesions such as burn scars, for example.
  - *Melanoma* is the most dangerous of all skin cancers because it may spread. It constitutes the main cause of death in women between the ages of 25 and 29, there being 6,000 new cases of melanoma in France each year.
  - **Beware!** A beauty spot whose appearance changes, in some way or another or a dark spot, regardless of its size, which suddenly appears on healthy skin, should be brought to the attention of a doctor and, if there is the slightest doubt, dermatological advice should be sought. Two thirds of melanomas occur on healthy skin without pre-existing beauty spots!
Appropriate treatment, by surgical removal, depends on early diagnosis. If detected late, a melanoma, whose severity depends on its thickness, may, even if it has been removed, re-occur locally or give rise to transitional, lymph node metastases and then visceral metastases (in the lung, liver or the brain).

Ninety per cent of melanomas can be cured if treated when they first appear. Exposure to ultraviolet sunlight is considered to be a major contributory factor. A single, but significant case of sunburn in childhood may create the favorable conditions for a melanoma to appear years later!

- **Stop Smoking**
  - **Various indicators**
    - Of individuals aged between 12 and 75, 33.1% admit to smoking, albeit occasionally, although there are wide disparities of age and gender: 36.7% for young people aged between 12 and 25 and 32.2% for those between 26 and 75.
    - In the 12 to 25 age group, smoking prevalence is 36.8% for boys and 36.5% for girls, a difference that is statistically insignificant. Young people (12 to 25 years) who declare that they smoke regularly (29.9%) smoke an average of 10.2 cigarettes a day and the number smoked increases rapidly during adolescence. 21.9% of regular smokers show signs of moderate dependency and 5.2% show signs of strong dependency using the Fagerström mini-test. For the 12 to 19 age group, there is no significant difference between the youth health indicators for 1997/1998 and those for 2000. However, smoking prevalence is increasing among girls. In the case of young people between the ages of 18 and 25, a comparison of the data from the three health indicators reveals a significant decline in smoking prevalence.
    - Among adults aged between 26 and 75, 32.2% admit to smoking, albeit only occasionally, and 27.7% report smoking regularly. Of the latter, 33.4% reveal signs of moderate dependency and 16.4% of strong dependency. Since the early 1990s, a declining trend has been noted for prevalence among men, while prevalence among women is increasing.
  - **A majority of smokers wants to stop**
    - More than a half (58.7%) of smokers, regardless of gender, state that they would like to give up smoking. This is less often the case among occasional smokers than among regular smokers and, among the latter, the desire to stop is that much stronger the greater number of cigarettes they smoke each day. The same is true for the more addicted smokers. Among young people, as among adults, stopping smoking is most often viewed as an intention to be put into effect at some indefinite date in the future.
    - 59.5% of smokers and former smokers aged 15 and over report that they have already managed to stop smoking for at least a week. On average, regular smokers
(excluding former smokers) state that they have stopped smoking 8.6 times for at least a week. This average figure conceals considerable variations between individuals. Cessation for less than a year occurs in 73.8% of cases and most of these attempts to give up usually last less than a month.

**The reasons to stop smoking**
- The reasons which have led smokers and former smokers to stop for at least a week are varied. The reasons most often mentioned are ?awareness of the effects of smoking? (20.4%), ?the fear of falling ill? (14.9%) and ?the birth of a child? (13.4%).
  - The price of cigarettes is mentioned by 10.3% of those questioned and the doctor’s advice by 0.7%.
- In general terms, for both men and women, the health scores for those who admit to smoking are less good than those for non-smokers. Their scores for physical health, perceived health and self-esteem are lower than those for non-smokers, and their anxiety score is higher.
- As time goes by, smokers report that they smoke less and less often in non-smoking areas, and that is particularly the case at the workplace and in restaurants and bars. 71.2% of those questioned report being inconvenienced by other people’s smoke ("a lot": 37.6%, and "a little": 33.6%) and the various health indicators since the beginning of the 1990s have shown that it is more and more frequent for people to report being “highly inconvenienced” by other people’s smoke.

**High blood pressure**

Chronic **high blood pressure** is a common condition (affecting some 10% of the population aged 60 and above).

It may develop at any age but its frequency increases with age.

It is difficult to diagnose. Indeed, any person at some time or other of the day will have high blood pressure. However, that person is not necessarily ill.

It is even physiological (and normal) for blood pressure to rise in certain circumstances (sport, emotion, etc.)

What defines high blood pressure as an illness are persistently high blood pressure readings. This means that the body’s regulatory mechanisms are no longer functioning properly to bring blood pressure levels back to normal.

Diagnosing high blood pressure is made more difficult by the absence of physical signs of illness. The only diagnostic method is therefore the measurement of blood pressure.

(Minor physical symptoms caused by high blood pressure, but which are not at all specific, may sometimes be apparent.)

The only way to confirm the diagnosis of high blood pressure is to have blood pressure measured several times, at different times of the day, over a period of about two weeks.

A doctor, presented with a list of five to 10 blood pressure measurements, specifying the day and the results, will in most cases be able to confirm or rule out the diagnosis of high blood pressure as an illness.

**Above what figure is blood pressure considered to be high?**
This a very difficult question to which there can only be a partial answer.

Readings above 140/90 mm Hg (maximum pressure/minimum pressure) should be monitored several times. Readings above 180/100 mm Hg require urgent monitoring.

(However, these readings should be judged in relation to age and the existence of other cardiovascular disease risk factors: diabetes, smoking, dislipidaemia, family history.)

Undiagnosed and untreated high blood pressure may have medium- and long-term consequences. It is a risk factor that may contribute to:

- Strokes
- coronary heart disease (arteries of the heart)
- heart failure
- kidney failure

Once high blood pressure has been diagnosed, a series of tests is essential in order to find out the cause and its effects on the various organs. This can easily be done by means of a clinical examination with detailed questions, blood tests, an ECG and urine tests.

**Treatment** depends essentially on the principles of healthy living and diet: losing weight, avoiding excess salt, etc. Medical treatment should be decided in the light of the patient’s age and associated risk factors. There are four main types of treatment: diuretics, beta-blockers, enzyme conversion inhibitors and calcium inhibitors. All these treatments may have side effects but since treatment for high blood pressure must be for life, patients should not hesitate to go and see their doctor to change the type of treatment in the event of unpleasant side-effects.

**In conclusion:**

- Have your blood pressure checked regularly. (Do not miss a check-up!)
- If your blood pressure is high, have it checked several times.
- Treatment for high blood pressure is not a matter of emergency. Do not begin "lifelong treatment" if the diagnosis is not absolutely certain.
- On the other hand, if you have chronic high blood pressure, seek regular and uninterrupted treatment so as to avoid medium- or long-term complications.

**Stress in a nutshell**

In medical terms, stress is defined as the body’s response to environmental demands to which it is subjected. Yet, stress cannot be regarded as having a direct causal effect. Account must be taken of the environment but also of the individual’s personality. Stress thus depends also on the person and not the “stress factor” alone, even if it is logical and right to look for the cause of a painful condition.

**Several likely consequences**

Physical and then mental tiredness precede exhaustion. Over a relatively long period, nervous tension and irritability may lead one to think that one can adapt, but suffering has
already set in. Lower motivation is mirrored by lower efficiency and its attendant causes for dissatisfaction in the professional environment.

The most common physical complications are cardiovascular, gastrointestinal and psychosomatic; psychological complications are grouped together primarily as states of anxiety, sleep disorders and bouts of depression.

**Some answers**

Above all general prevention on two fronts:

1. Avoid stress-producing situations or be specifically prepared to cope with them;
2. Change the organization of work.

The first and the second points, involve corporate stress management individually and collectively.

Individual prevention can be undertaken in several stages.

A self-evaluation of the stress level through tests is possible but each person has his/her own warning signs that the body shows directly (muscular tension, contractions, headache, trembling, and so on) or indirectly (an increase in typing errors, breaking of objects, falls, and so forth). We must learn how to identify them, after which, relaxation can be achieved easily:

- Regular 3-minute breaks;
- Use of the stairs instead of the lift;
- Self-relaxation, and so on.

In this connection, a learning project on self-relaxation is being initiated for the staff.

Apart from immediate stress management, it must be viewed as behavioral change designed to improve the quality of life.

Collective prevention presupposes good time and work management and cannot be undertaken without adopting a holistic approach (ergonomics, communication, movement, and so on).

Lastly, purely medical intervention is only warranted in the event of stress-related complications, whether physical or mental.

At present, several responses at various levels can be provided by the Medical Service: - individual assistance through supportive consultations;

- Collective assistance, on request, in each service, for one expression group;
- Assistance within the service through a series of training seminars on self-relaxation;
- A number of mini lectures on all causes of stress (uprooting, sleep, depression, harassment, and so forth).

- [Chest pain awareness](#)
If you, or someone close to you, should have chest pain with the following three characteristics:

- pain throughout the chest (not localized in one spot or on one side);
- a sensation of “weight on the chest”, “crushing” or a “tightness” (sometimes coinciding with pain in the arms or jaws);
- continuous (not shooting) pain, causing discomfort and preventing any further effort (one is no longer able to walk);

You must:

- if the pain lasts for less than two minutes, consult a doctor promptly and describe the pain to him/her;
- if the pain lasts for more than two minutes, call or have someone call the public emergency services for an immediate consultation (dial 15 or 18 in the host country).

In all cases, only a doctor, on the basis of an electrocardiogram (even additional examinations) can confirm whether or not the pain was linked to coronary insufficiency (inadequate oxygenation of the heart can lead to a heart attack).

- **Colon cancer**


- **Travels and missions**

  **AIR TRAVEL**

  The enormous increase in air travel has thrown light on specific health problems, especially those connected with “long-haul” flights.

  **Jet lag**

  The problems encountered are those of tiredness, sleep disorders and inability to concentrate.

  These disorders are more serious when travelling eastwards than westwards.

  It is not advisable to use medication: sleeping tablets can sometimes worsen the situation and increase the risk of deep vein thrombosis (DVT); melatonin is beset with commercialization problems and little is known about its side effects. Alcohol increases the effects of jet lag.

  On the other hand, simple recommendations are effective in reducing the effects of jet lag:

  - the journey and arrival at one’s destination should be well organized (tickets, visas, various documents and so on).
  - on takeoff, set your watch to the time of your destination
- consume dietary fiber (apples), drink plenty of water and fruit juice rather than tea or coffee
- on arrival, take a shower, have a non-alcoholic drink and take a nap.

**Deep Vein Thrombosis (DVT)**

A relationship exists between DVT and long-haul flights, although there is little specific data as to their incidence which remains low.

These precautions are to be taken to reduce the risk:

- maintain a high fluid intake
- avoid sedatives and alcohol
- wear loose-fitting clothes (avoid belts, jeans, close-fitting underwear)
- do mild physical exercise in your seat (contraction and massaging of calves)
- take occasional walks along the aisles, bearing safety measures in mind.

If you are in a high-risk group (personal or family history of phlebitis or pulmonary embolism; chronic degenerative disease; recent or post-partum surgery), we advise you to consult a doctor to envisage possible preventive steps (wearing of elastic stockings, preventive anticoagulation treatment).

**TRAVELLING AND NUTRITION**

Travelling or living in a foreign country exposes one to the risk of digestive problems, all the more so when the traveler leaves a region with high standards of hygiene for a country with lower standards.

The most common problem is travelers' diarrhoea. It has a wide variety of causes, but is most often due to infection (bacteria, viruses, parasites) from contaminated food and drinks.

A number of rules should be observed in order to reduce the risks:

- **Drinks**: choose drinks in sealed bottles or that have been decontaminated (a variety of methods are possible: boiling, filtering, disinfectant tablets). Teeth should preferably be brushed with decontaminated water.
- **Food**: choose cooked food, to be eaten hot, dry products (bread, biscuits and so on), fruit with skin, peeled by you. Avoid shellfish, undercooked meat, raw vegetables and fruit.

In case of severe diarrhoea, it is vitally important to have a very regular intake of fluids in order to avoid dehydration.

The Medical Service can provide additional advice and a prescription to treat or, at least, lessen the severity of such digestive problems.

**PREVENTION OF MALARIA**

Malaria is a parasitic disease spread by mosquito bites. It is widespread in many tropical countries. Some forms of the disease can be serious, and preventive treatment and early curative treatment are, therefore, of vital importance.
Preventive treatment is based on protection against mosquito bites and the taking of preventive doses of medication.

Protective measures against mosquito bites include the wearing of protective clothing (long trousers, long-sleeved shirts), the use of mosquito nets during sleep and the application of insect repellent sprays or creams on exposed skin. (Commercial leaflets on all these measures are available in the Medical Service.)

Preventive medical treatment exists in many forms, with the choice of treatment depending on many factors:

- The destination country (some anti-malarial medicines are ineffective in certain countries).
- The length of stay in the country concerned.
- One's personal medical history (possible contraindication against certain medicines).

It is of fundamental importance that all these preventive medical treatments begin a few days before departure and continue for several weeks, sometimes, after the return home.

For all these reasons, it is imperative to visit the Medical Service, if possible one week before departure, for a personalized prescription. (This period of time can also be used to renew whatever important vaccination(s) may be necessary.)

Important point: consult a doctor without delay if you develop a high fever during your stay in a foreign country.

**VACCINATIONS**

The type of vaccinations proposed to a traveler depends on several criteria:

1. The administrative obligation to comply with the vaccination requirements of a country that wishes to protect itself against a particular risk of infection.
2. The actual risk incurred by the traveler of contracting certain diseases in the country visited. This second criterion can vary, depending on:

- The health status of the destination country;
- The conditions and length of the stay;
- The individual characteristics of the traveler, such as age and vaccination history.

**Main criteria**

1. Irrespective of destination and conditions of stay: validity of diphtheria, tetanus and polio vaccinations.
2. Travel to the inter-tropical zones of Africa and South America: Mandatory yellow fever vaccination.
3. Travel to a developing country: Hepatitis B, at present strongly recommended to travelers if their stays are frequent and prolonged.
4. Stays in conditions of poor hygiene and long stays: Hepatitis A, Typhoid fever.
5. Stays in a region under threat of a meningitis epidemic: Meningitis through meningococcal disease types A+C, this vaccination is mandatory for the pilgrimage to Mecca.

6. Long stays and stays in conditions of risk: Rabies

7. Travel to countries where diphtheria is endemic: Diphtheria: DTP for adults

**Evacuation Médicale (en français)**

Cette information est un rappel des dispositions réglementaires sur le sujet. Toutes les questions et demandes de précisions relatives à l'évacuation médicale peuvent être adressées au service médical.

L’autorisation d’évacuation médicale est accordée par le médecin-chef au personnel international de l’Organisation, aux personnes dépendantes (conjoint et enfants), en poste hors siège lorsque les conditions locales ne permettent pas un traitement médical ou chirurgical approprié dans les conditions adéquates de sécurité pour le patient.

Peut aussi bénéficier d’une évacuation sanitaire le personnel international de l’Organisation porteur d’une affection chronique lorsque des risques de complications vitales existent.

Dans tous les cas la décision d’évacuation est prise par le Service Médical. C’est le médecin chef ou le médecin adjoint par délégation qui, à la lecture du rapport médical complet du patient et après analyse des conditions médicales locales donne l’autorisation d’évacuation. Le voyage d’évacuation se fait vers le lieu le plus proche où les soins peuvent être prodigués ou vers le lieu des foyers officiels. La prise en charge pour les frais de voyage est faite par HRM/SES et celle pour l’hospitalisation par la CAM.

Voir **Point 8.6 du Manuel RH**

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**FAQ**

- I would like to take extended maternity leave for breastfeeding.
  
  Four weeks’ additional paid leave, upon presentation of a medical certificate, will be granted for breastfeeding to staff members at the end of maternity leave.

  Send this breastfeeding certificate to the Medical Service. Ask the AO to enter it into TULIP.

  Category: **MDS**

- What is the GMC?
  
  GMC (Garantie Médicale et Chirurgicale) is the outside company chosen by UNESCO to process the reimbursement and payment requests. For further information on the MBF (Medical Benefits Fund), please consult the [Home page of HRM/SPI](#).

  To contact the MBF:

  Mr. Ghelaw (Chief of MBF, HRM/SPI)

  Tel.: 82050 – Secretariat: 82052
Where should I send my requests for reimbursement and prior authorization?

They should be sent to GMC by various means:

- by internal mail, marked: GMC/MBF/medical reimbursements;
- placed in the red mailboxes: at Fontenoy, in front of the reception; at Miollis, on the ground floor in front of the Medical Service;
- sent directly by post to GMC: GMC – UG 12 – 10, rue Henner – 75459 Paris Cedex 09.

I am pregnant!

1. I should send the statement certifying the pregnancy to the Medical Service.
2. I should officially inform my superior.
3. Subsequently, I should choose the periods of maternity leave on the basis of the probable date of confinement and submit the request through TULIP (three to six weeks before confinement, nine to 14 weeks after; total: 16 weeks).

For leave scheduled to begin only two weeks (the minimum period) before the date of confinement, I must send a (compulsory) medical certificate confirming my ability to continue to work.

For further information, see [HR Manual Item 6.4](#)

What to do in the event of a work-related accident?

1. Go to the UNESCO Medical Service as soon as possible to have the injury examined and receive first aid.
2. Failing that, get an outside doctor or an emergency service to issue a certificate detailing the exact nature of your injuries. Send this certificate to the Chief Medical Officer of UNESCO.
3. Send your accident claim to Mr. Ghelew at UNESCO (HRM/SPI), specifying the time, place, circumstances and nature of your accident.

For further information, contact
I am on sick leave, what should I do?

1. In all cases, I must send my sickness certificate to the Medical Service by the fourth day at the latest.
2. I must enter the dates of the sick leave into TULIP when I return to work.
3. If the sick leave lasts longer than 15 days, I should request my AO to enter the dates into TULIP.

See [HR Manual Item 6.3](#).

**Useful links**


**Partners**

French Ministry of Health:


WHO/OMS:

- [http://www.who.int/ith/fr/](http://www.who.int/ith/fr/)