

Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of the COVID-19 pandemic

Interim guidance
27 July 2020



Background

The World Health Organization (WHO) recommends five strategies to address the burden of neglected tropical diseases (NTDs): preventive chemotherapy, individual case management, vector control, veterinary public health, and water, sanitation and hygiene.¹ Each strategy comprises a number of interventions, some of which need to be delivered through community-based approaches (that is, through interventions that rely on the peripheral health workforce and take place through outreach to endemic communities).

Administration of preventive chemotherapy through mass treatment and implementation of active case-finding campaigns are two important community-based interventions. Implementation of population-based surveys for mapping or monitoring and evaluation purposes is another core activity comparable to community-based interventions in terms of logistics, locations and need for human resources. This interim guidance note focuses on these three types of activity.

On 1 April 2020, in an effort to reduce the risk of COVID-19 transmission associated with large-scale community-based health interventions, WHO recommended that mass treatment campaigns, active case-finding activities and population-based surveys for NTDs be postponed until further notice.² This advice was reaffirmed in the guidance document entitled “Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic”, released on 5 May 2020.³

Nevertheless, as risks are dynamic and follow the evolution of the COVID-19 pandemic, the latter document recommended that countries should monitor and re-evaluate at regular intervals the necessity for an ongoing delay.³ It also added that the decision to resume or commence a planned community-based NTD activity would require the conduction of a *risk–benefit assessment* on an event-by-event basis, and that such assessment should factor in the health system’s capacity to effectively conduct safe and high-quality health interventions in the context of the COVID-19 pandemic.³

Purpose

This present document outlines a decision-making framework for implementation of mass treatment interventions, active case-finding campaigns and population-based surveys for NTDs in the context of the COVID-19 pandemic. It formulates considerations aimed at providing guidance to relevant health authorities, NTD programme managers and their supporting partners on:

- the risk–benefit assessment that should guide the decision as to whether the planned NTD activity should resume or commence, when such an eventuality is contemplated; and
- the precautionary measures that should be applied to decrease the risk of transmission of COVID-19 associated with the planned NTD activity, and to strengthen the capacity of the health system to manage any residual risk.

Decision-making process

As recommended by WHO for activities involving large numbers of individuals and therefore entailing a risk of amplification of COVID-19 transmission, the decision if and how to proceed with implementation of mass treatment, active case-finding and population-based surveys for NTDs should rely on a case-by-case, risk-based approach, tailored to the specificities of the geographical zone (country or area) targeted by the planned NTD intervention.⁴

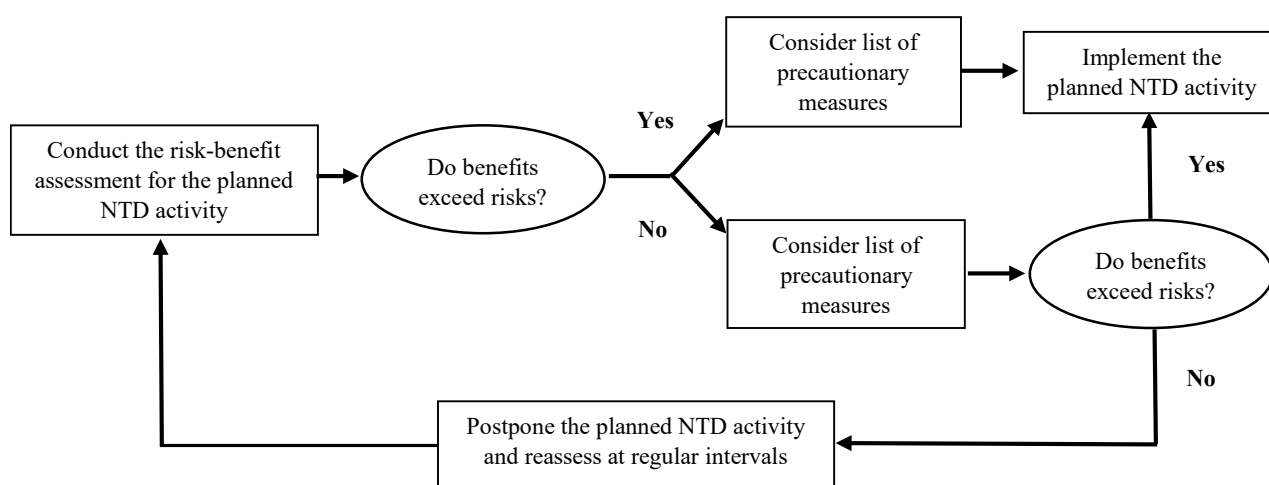
The decision-making process should be deliberate and transparent; it should be led by the national health authorities and ideally include, in addition to staff from both the programme in charge of NTDs and the programme in charge of COVID-19, all relevant stakeholders.⁴

The proposed process relies on two steps: a risk–benefit assessment, to decide *if* the planned NTD activity should proceed, and an examination of a list of precautionary measures, to decide *how* the planned activity should be implemented (Fig. 1).

As a general rule, the intervention should proceed if the associated benefits exceed the risks. Even in the event that the decision is made to proceed with the planned NTD activity based on the risk–benefit assessment, precautionary measures should nevertheless be considered, with the aim of further decreasing the risk of COVID-19 transmission associated with the intervention.

If the benefits expected from the planned intervention are outweighed by the associated risks, relevant authorities may still wish to examine the proposed list of precautionary measures and reconsider the risk–benefit balance in light of their anticipated impact. If the final decision is that the planned NTD activity should not proceed, the situation should be reassessed at regular intervals (e.g. monthly or bi-monthly intervals).

Fig. 1. Flow-chart for decision-making



Risk–benefit assessment

Table 1 includes criteria and considerations to guide the decision as to whether a mass treatment intervention, active case-finding campaign or population-based survey for NTDs should resume or commence.^{4,5}

Not all criteria are expected to be relevant, and there is no cut-off corresponding to a “greenlight” to proceed with the planned NTD activity. Rather, responsible authorities are invited to analyse the characteristics of the activity and the context in which it takes places, to weigh all the possible outcomes and consequences, and to make an informed decision. Additional criteria and considerations may be formulated and taken into account, based on national or local specificities.

Table 1. Criteria and considerations for the risk–benefit assessment

Criteria	Considerations
1.1. Potential risk of increased COVID-19 transmission within both the target population and the staff undertaking the planned NTD activity	<ul style="list-style-type: none"> Consider the intensity of COVID-19 transmission in the area targeted by the planned NTD activity and in those from which health staff and community health workers will be drawn, as well as the reliability of the above information in light of the quality of the surveillance system. WHO has identified four transmission scenarios of increasing intensity and risk:⁶ <ul style="list-style-type: none"> no reported cases; sporadic cases (one or more cases, imported or locally-acquired); clusters of cases (most cases of local transmission linked to chains of transmission); and community transmission (outbreaks with the inability to relate confirmed cases through chains of transmission).
1.2. Public health and social measures implemented to decrease COVID-19 transmission in the target country or area	<ul style="list-style-type: none"> Consider the public health and social measures implemented in the geographical zone (country or area) targeted by the planned NTD activity:^{7,8} <ul style="list-style-type: none"> risk may be higher in areas where measures are not applied, weakly implemented or not practiced, than in areas with strong and well-enforced measures; planning, implementation and supervision of the NTD activity may be impacted by measures such as restrictions of movement, limitations to mass gatherings, closures of schools, reduction of public transport services, etc.
1.3. NTD burden in the target population	<ul style="list-style-type: none"> Are prevalence and/or intensity of infection of the disease(s) targeted by the planned NTD activity high or expected to be high (in relation to national plans or WHO guidance)? Are morbidity and/or mortality associated with the disease(s) targeted by the planned NTD activity severe or expected to be severe? Has a sudden increase in the number of new cases of the infection(s) or disease(s) targeted by the planned NTD activity been detected or reported?
1.4. Public-health goals for the target NTD(s)	Is the delay of the planned NTD activity likely to undermine the achievement of the public health goals set for the target disease(s) (e.g. control, elimination as a public health problem, elimination of transmission, eradication)?
1.5. Expected public health impact of the planned NTD activity	Consider and estimate the following factors: <ul style="list-style-type: none"> reduction in mortality associated with the target disease(s); reduction in morbidity associated with the target disease(s); and reduction in transmission of the target infection(s).

Criteria	Considerations
1.6. Expected public health impact of not implementing the planned NTD activity	Consider and estimate the following factors: <ul style="list-style-type: none"> • excess mortality associated with the target disease(s); • excess morbidity associated with the target disease(s); and • excess transmission of the target infection(s).
1.7. Implications of the exclusion of groups at higher risk from the planned NTD activity	Consider the implications of the potential exclusion from the target population of groups at higher risk of transmitting COVID-19 or of developing severe illness from COVID-19. <ul style="list-style-type: none"> • What is the estimated size of these groups? • Are the expected activity outcomes going to be affected? Please refer to Table 5 for details on groups at higher risk; people at lower risk of developing severe illness from COVID-19 include children and young adults. ⁹
1.8. Social context	Would the planned NTD activity address an existing gap in service delivery? For example, by targeting: <ul style="list-style-type: none"> • populations living in fragile, conflict or emergency settings (e.g. camps for internally displaced people (IDP)/refugee), or • vulnerable sectors of society (e.g. resource-poor communities, nomadic populations)
1.9. Gender, equity and human rights	<ul style="list-style-type: none"> • Is there a noticeable difference in mortality, morbidity, prevalence, incidence, etc. of the target NTD(s) when disaggregated by age group, gender/sex, location (rural/urban), social status? • Would the planned NTD activity target and benefit populations otherwise affected by service delivery gaps for reasons related to age group, gender/sex, location (rural/urban), social status?
1.10. Community engagement	Consider the expected level of engagement and participation of the target population in the planned NTD activity, in light of their perception of, and opinion on: <ul style="list-style-type: none"> • the risks and stigma associated with COVID-19; • the public-health impact of the disease(s) targeted by the planned NTD activity; and • the purpose and modalities of the planned NTD activity.
1.11. Loss of medicines and other consumables	Consider if any medicines or consumables are going to expire in the event that the planned NTD activity is further postponed.
1.12. Expected benefit for the target population in terms of prevention of COVID-19	Can the planned NTD activity be leveraged to disseminate information and messages on prevention and management of COVID-19?
1.13. Capacity to implement safe and high-quality community-based activities	Given the COVID-19 context and the consequent needs for increased resource to implement activities, consider the following factors: <ul style="list-style-type: none"> • availability of adequate, competent and motivated human resources; • availability of financial resources; • availability of and capability to procure all necessary items and consumables, including personal protective equipment (PPE); • access to communities, including transportation and logistics networks, as well as security and environmental considerations; • quality of communication and media network (telephone, internet, radio, TV); and • feasibility of pharmacovigilance for the disease(s) targeted by the planned NTD activity, and post-activity surveillance for COVID-19.
1.14. Burden on health services	Consider the possible strain on the health system resulting from: <ul style="list-style-type: none"> • implementing the planned NTD activity (e.g. meeting the increased needs in human resources may leave other activities understaffed; depletion of stocks of consumables, including PPE; exhaustion of financial resources); and • not implementing the planned NTD activity (e.g. increased attendance at health facilities, etc.).

Precautionary measures

The purpose of the precautionary measures included in Tables 2-5 is to decrease the risk of COVID-19 transmission associated with the planned NTD activity, and to strengthen the capacity of the health system to manage any residual risk.^{4,5,9,10,11,12,13,14,15}

Although not all the proposed measures may be relevant to a given activity, it is, however, recommended that their largest possible number is considered and implemented by the relevant authorities and stakeholders. Additional precautionary measures may be envisaged, based on national or local specificities.

In the event of active case-finding campaigns, in addition to the measures listed below, WHO also recommends that disease-specific case-management practices should be adapted to the COVID-19 context.¹¹

The measures included in the following tables represent the best advice and practice currently available, based on WHO recommendations on COVID-19, and adapted to the NTD context and activities. They can be further tailored to local circumstances and used as a reference for the development of “standard operating procedures” (SOPs).

Table 2. General precautionary measures

Area	Considerations
2.1. Coordination	<ul style="list-style-type: none"> • Establish joint coordination and oversight mechanisms between the NTD programme and the COVID-19 team. • Liaise with the relevant health authorities to make provision for suspected COVID-19 cases detected during the planned NTD activity. • Ensure the involvement of all relevant non-health sectors (e.g. education, transport). • Involve partners, nongovernmental organizations, civil society organizations, community and opinion leaders, international health agencies and donors.
2.2. Planning	<ul style="list-style-type: none"> • Ensure that planning is commensurate with the expected scale of operations. • Use the most updated estimates of numbers and geographical distribution of the target population. • Ensure alignment of infection prevention and control (IPC) policies applied during the planned NTD activity with national/local rules and regulations and existing WHO guidance on COVID-19. • Calculate requirements for masks, additional PPE and any consumables needed to apply the precautionary measures; ensure procured materials comply with standards and specifications. • Ensure adequate mobilization of human and financial resources to meet increased needs due to the COVID-19 pandemic. • Consider the suitability of any existing health delivery platform to accommodate and safely deliver the planned NTD activity (e.g. schools, vaccination services).
2.3. Capacity strengthening	<ul style="list-style-type: none"> • Ensure that health staff and community health workers are adequately trained to safely deliver the planned NTD activity. • Ensure that training modules accommodate information related to transmission and management of COVID-19, and build capacity of all persons involved on the precautionary measures applied to the planned NTD activity, as relevant.
2.4. Service delivery strategies	<ul style="list-style-type: none"> • Increase the timeframe, number of health staff or community health workers, and number of designated sites for the planned NTD activity, with the aim of avoiding large crowds and compensating for delays due to implementation of measures applied to decrease risk of COVID-19 transmission. • Consider selecting designated sites for the planned NTD activity with sufficient capacity to accommodate the expected target population and allow for physical distancing. • Consider asking the target population to reach the activity site in phases to avoid overcrowding (e.g. by allocating time slots to specific groups). • Consider a door-to-door approach for the planned NTD activity if adequate human resources, logistical capacities and IPC measures are feasible. • Consider reducing logistics efforts by relying on existing delivery platforms that can accommodate the planned NTD activity, provided precautionary measures can be implemented in such context, e.g.: <ul style="list-style-type: none"> ○ schools, if education facilities are open and the target population comprises schoolchildren or school-age children; ○ child health days and mass vaccination campaigns in the event that target populations overlap with those of the planned NTD activity.
2.5. Risk communication	<ul style="list-style-type: none"> • Establish a communication coordination mechanism within the health ministry to address response to rumours, misinformation and concerns of COVID-19 cases linked to the planned NTD activity, including rapid reporting channels and designated persons to communicate response to the media and communities. • Involve community leaders and trusted actors in planning and implementing the NTD activity, with the aim of building confidence in the ability of the health system to decrease and manage any associated risk of COVID-19 transmission. • Tailor messages to the needs of the audience, with the aim of explaining the rationale for the planned NTD activity, communicating decisions on precautionary measures, facilitating acceptance of changes and modifications to pre-COVID-19 procedures, and sharing information on residual risks to the target population. • Establish liaison and coordination with relevant media channels and platforms so as to ensure adequate dissemination of messages and timely response to rumours and misinformation. • Rely on health staff and community health workers to convey messages on COVID-19 in line with national/local policies and regulations (e.g. on public health and social measures, on actions to take for suspected cases and on contacts of cases).
2.6. Supervision and feedback	<ul style="list-style-type: none"> • Ensure adequate supervision and monitoring of practices applied during the planned NTD activity. • Establish a feedback mechanism to identify, report and correct any problems occurring during the planned NTD activity.

Table 3. Precautionary measures applicable to designated sites for the planned NTD activity

Area	Considerations
3.1. Venue	<ul style="list-style-type: none"> • Administer treatment/examine patients/interview people outdoors. • Ensure that the chosen space is sufficient and arrangements are suitable for the expected number of people. • In the event of a door-to-door delivery approach, ask target residents to come out of the household and implement the activity outdoors. • Ensure adequate privacy for examination of patients or interview of people. • If the activity must be carried out indoors, use the most well-ventilated areas available.
3.2. Basic preventive measures	<p>Convey messages and consider using visual reminders on the three basic preventive measures, to be observed during the planned NTD activity at all times:⁴</p> <ul style="list-style-type: none"> • physical distancing: a distance of at least 1 metre (3.3 feet) should be maintained between any two individuals (exceptions may apply, e.g. in case of clinical examination); • respiratory/cough etiquette: everyone at the activity site should cover their mouth and nose with their bent elbow or a tissue when they cough or sneeze. Used tissues should be disposed of immediately and the hands washed/cleaned. Everyone involved in the planned NTD activity should avoid touching their eyes, nose and mouth; and • hand hygiene practice: regularly and thoroughly wash hands with soap and water/liquid soap solution, or clean them with a hand sanitizer (60–80% alcohol).
3.3. Infection prevention and control (IPC)	<ul style="list-style-type: none"> • Ensure the availability of hand-washing facilities with soap and water/liquid soap solution, or hand sanitizers (60–80% alcohol), for both health staff/community health workers and for the target population, at the entrance of the designated site for the planned NTD activity, and/or where interaction of activity personnel with target population takes place.
3.4. Duration of interaction	<ul style="list-style-type: none"> • Minimize the duration of the interaction between health staff/community health workers and the population targeted by the activity or their companions. Never allow prolonged, close contact (less than 1 metre (3.3 feet) for ≥ 15 minutes) between any two individuals. • If treatment is administered indoors or an individual is examined or interviewed indoors, limit the time spent by the target individuals and their companions at the activity site, e.g. by ensuring that queueing take place outdoors.
3.5. Flow and density regulation	<p>Minimize crowding by:⁴</p> <ul style="list-style-type: none"> • actively enforcing at least 1 metre (3.3. feet) distance between any two individuals at all times (exceptions may apply, e.g. in case of clinical examination); • limiting the number of individuals accompanying the person to be administered treatment/undergo examination/be interviewed (one companion, only if a child in non-school settings, or an incapacitated adult); and • considering staggered arrivals, numbered entries, designated seats or places, floor marking, crowd barriers, one-way pathways or corridors, separate access and way out of activity venue, crowd controllers.
3.6. Screening of attendees	<ul style="list-style-type: none"> • Screen individuals targeted by the planned NTD activity and their companions before admittance to the activity site, for:^{3,4} <ul style="list-style-type: none"> ○ symptoms suggestive of COVID-19: e.g. fever (if not measurable, consider self-check) and visibly apparent symptoms such as cough, shortness of breath, nasal congestion and red eyes; and ○ exposure to risk: e.g. contacts of COVID-19 cases and of people with symptoms suggestive of COVID-19 (e.g. those living in their same household); in the case of activities implemented in areas without known/suspected community transmission, also people coming from countries or areas with known/suspected community transmission of COVID-19 less than 14 days before may be added. • If screening is positive, exclude the individual from the NTD activity, offer a medical mask and advise to follow relevant national guidance on COVID-19; consider identifying an isolation space or room at the activity site for people screening positive who cannot leave the site immediately. <ul style="list-style-type: none"> ○ Please refer to the section on “Administration of NTD medicines, examination and interview of COVID-19 patients and other people excluded from the NTD activity”.
3.7. Cleaning, disinfection and replenishment of consumables	<p>Establish schedules for regular cleaning and disinfection of the venue, especially if it is indoors, with special attention to most-attended areas and frequently-touched surfaces.^{4,10}</p> <ul style="list-style-type: none"> • Surfaces (tables, chairs, walls, light switches and computer peripherals, electronic equipment, sinks, toilets as well as the surfaces of non-critical medical equipment) should be cleaned with water and soap or a detergent, followed by a disinfectant, at least twice daily; safe waste management protocols must be followed. • For disinfection, use 70-90% ethanol (ethyl alcohol) for equipment and sodium hypochlorite at 0.1% (equivalent to 1000 ppm) for surfaces. <p>Establish schedules to replenish consumables for cleaning and disinfection, and for hand hygiene, as relevant: soap, water, hand sanitizer.</p>

Area	Considerations
3.8. Drinking water	<ul style="list-style-type: none"> • Ensure availability of safe drinking-water to swallow or chew NTD medicines or to quench thirst, e.g. while queuing; water should be provided by the health services or by the target population. • Encourage the target population to bring their own cup or flask, or ensure availability of single-use cups to be disposed of after use. • Ensure that communal cups are not used or shared for drinking.
3.9. Waste collection and management	<ul style="list-style-type: none"> • Ensure safe collection (e.g. in open-lid bins or closed containers) and adequate packing (e.g. in strong, leak-proof, closed bags) of any waste generated by the planned NTD activity, and its safe disposal according to national/local rules and regulations.¹⁴

Table 4. Precautionary measures for health staff and community health workers

Area	Considerations
4.1. Selection of health staff and community health workers	<ul style="list-style-type: none"> • Do not involve in the planned NTD activity any health staff or community health workers who belong to groups at higher risk of transmitting COVID-19:^{3,4} <ul style="list-style-type: none"> ○ People at higher risk of transmitting COVID-19 include COVID-19 cases, people with symptoms suggestive of COVID-19, and their contacts (e.g. those living in their same household); in the case of activities implemented in areas without known/suspected community transmission, also people coming from countries or areas with known/suspected community transmission of COVID-19 less than 14 days before may be added. • Consider excluding from the planned NTD activity any health staff or community health workers who belong to groups at higher risk of developing severe illness from COVID-19:⁴ <ul style="list-style-type: none"> ○ People at higher risk of developing severe illness from COVID-19 include those aged ≥60 years or with pre-existing medical conditions (such as diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, chronic kidney disease, immunosuppression and cancer).⁹ • Consider daily health checks or self-checks of health staff and community health workers. Advise those with symptoms suggestive of COVID-19 to follow the relevant national/local guidance on COVID-19; encourage self-reporting of health staff/community health workers who feel unwell. • Reduce unnecessary movement of health staff/community health workers within the target area by assigning them to activity sites close to their place of residence. • Limit the presence of personnel to those who are strictly necessary.
4.2. Hand hygiene	<ul style="list-style-type: none"> • Perform hand hygiene often, even in the absence of any physical contact with persons or surfaces. • Always clean hands before and after physical contact with any individuals, after exposure to body fluids and after interactions with the surrounding environment (e.g. after touching surfaces).³ • Use soap and water, liquid soap solution or hand sanitizer containing 60–80% alcohol. If needed, dry hands with a single-use paper towel or a clean cloth towel. Ensure proper disposal of any waste.
4.3. Personal protective equipment	<p>Follow guidance issued by relevant national/local authorities. In its absence, refer to WHO recommendations, as below:</p> <p>For masks:¹²</p> <ul style="list-style-type: none"> • In areas <u>without</u> community transmission, use of masks is generally not required, provided a distance of at least 1 metre (3.3 feet) can be maintained and there is no direct contact with patients. • In areas <u>with</u> known or suspected community transmission, consider recommending that health staff/community health workers should wear a medical mask.

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