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Interim guidance for the poliomyelitis (polio) surveillance network in the context of coronavirus disease (COVID-19)

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Acronyms and abbreviations

AFP	Acute flaccid paralysis
AVADAR	Auto-visual acute flaccid paralysis detection and reporting
bOPV	Bivalent oral poliovirus vaccine
CBS	Community-based surveillance
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
cVDPV3	Circulating vaccine-derived poliovirus type 3
EPI	Expanded Programme on Immunization
ES	Environmental surveillance
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Laboratory Network
GPSAP	Global Polio Surveillance Action Plan
IDP	Internally displaced population
IPV	Inactivated polio vaccine
ITD	Intratypic differentiation
OPV	Oral polio vaccine
PCR	Polymerase chain reaction
PPE	Personal protective equipment
PV	Poliovirus
SARI	Severe acute respiratory illness
SL	Sabin-like virus
SMS	Short message service
STT	Surveillance Task Team
WPV	Wild PoliovIrus

Introduction

The COVID-19 pandemic is an unprecedented global event that has thus far resulted in explosive person-to-person transmission, overwhelmed health care facilities, disrupted transportation and, in some areas, very restrictive movement restrictions and use of public health and social measures of communities. This document aims to provide global guidance on poliomyelitis (polio) surveillance in the context of the COVID-19 pandemic. It comes as a technical complement to *Polio eradication programme continuity (1)* and *Immunization in the context of COVID-19 pandemic frequently asked questions (2),* and is aligned with the Global Polio Eradication Initiative (GPEI) commitment to support the COVID-19 pandemic response *(3).* Further adaptation of the guidance or specific modification for regional or country context may be needed.

The specific objectives of this guidance document are as follows:

- Describe and document the possible contribution of the polio surveillance network to the management of the COVID-19 pandemic.
- Provide a framework to guide the level of activities that the polio surveillance network should maintain.
- Highlight the measures to be put in place to ensure a minimum level of surveillance to detect polioviruses.

The planning principles and timeline remain the same as in the programme continuity plan: the level of support and implementation will vary depending on the epidemiological situation of both polio and COVID-19, and the size of the existing polio surveillance network, in any given country. Furthermore, the plan assumes that a minimal level of polio surveillance can be maintained either as it currently functions or in conjunction with COVID-19-response efforts. Many polio surveillance activities will need to be adjusted in this current context, and feasibility may vary at national and sub-national levels. It is also important to note that polio surveillance supports other activities for the surveillance of vaccine-preventable diseases (including measles and neonatal tetanus) and that such support should continue as far as possible during the pandemic. Plans should be in place to ensure that the programme can be adjusted rapidly in this dynamic situation and be pragmatic in terms of achievable goals.

How can the polio surveillance network support the COVID-19 response?

It will be important to understand current COVID-19 response needs, as well as available COVID-19 guidance and materials, to determine how the polio surveillance structure and resources can best support the COVID-19 response effort, while maintaining core functionality. In general, in countries where polio surveillance personnel and assets have a significant footprint, the following support to COVID-19 should be explored.

Training and guidance

- **Contribute to the development or expansion of country-specific COVID-19 surveillance guidance.** Country-specific guidance can be adapted from global guidance and must clearly describe the overall surveillance structure and polio surveillance officer footprints from the lowest possible administration level(s) to the national level, as well as the specific laboratories and/or sample-testing process within the country. In addition, clear case definitions, instructions on sample collection, storage, packaging, shipment and processing, and clear instructions on data collection, flow, storage and dissemination must be included.
- **Train field public health officers.** Using the acute flaccid paralysis (AFP) surveillance training modalities (e.g. cascade training) and resources, all field surveillance officers and other public health workers can be oriented on surveillance for COVID-19, including surveillance strategies, case management and the use of personal protection equipment (PPE).
- **Sensitize health workers**. Using the existing surveillance network and the model for AFP surveillance sensitization at central, provincial and district levels, all health care workers in all surveillance facilities included in the surveillance network (i.e. public and private/nongovernmental and informal sectors) can be fully sensitized to COVID-19. Each region may decide to extend beyond the active surveillance facilities as desired.
- **Support the development of communication material.** Communication tools for polio vary from inexpensive, local approaches to mass-media activities reaching millions of people. Combined communication materials on both AFP and COVID-19 could be developed and distributed widely.
- **Support training for new COVID-19 laboratories:** Global Polio Laboratory Network (GPLN) staff who are proficient in molecular and serological methods could provide training in newly established COVID-19 laboratories in countries that have opted to decentralize testing.

Surveillance network

- **Active surveillance visits – case notification and reporting.** Using the wide network of active surveillance sites, the polio surveillance network can be utilized to report influenza-like illness (ILI), severe acute respiratory illness (SARI), COVID-19 (confirmed, probable, suspect) cases, outbreaks and deaths. Surveillance officers conducting these activities must adhere to basic personal protective precautions (e.g. handwashing).
- **Case investigation, sampling collection and contact tracing of suspected COVID-19 cases.** These must be conducted by experienced surveillance officers (such as polio surveillance officers) with readily available PPE, and after receiving specific training. All surveillance officers tasked with these activities must be part of the core COVID-19 rapid response teams designated by the responsible health authorities. Considering differences in local context, approval from senior management at national and/or provincial level must be obtained.
- **Potential use of community-based surveillance and community volunteers.** Where community-wide transmission is not yet established, trained community volunteers who are engaged to report suspected AFP cases could be used to sensitize the community to control and prevention measures. Where there are movement restrictions or other outbreak-related

restrictions, these community volunteers can be used as points of first contact: they can support the tracking of illnesses occurring outside the formal health sector, facilitate patient referral to health care facilities and gather data (including mortality data) through verbal autopsy. All activities should be coordinated with their designated focal point. If conducting these activities, community volunteers must be adequately trained and provided with appropriate PPE.

- **Data management at provincial and national level**. Support the development and/or expansion of ILI, SARI and COVID-19 surveillance data management systems. Current poliovirus data reporting occurs on a weekly basis; depending on the data reporting needs for the COVID-19 response, reporting could shift to daily tallies and be distributed to decision-makers on a timely basis. Respiratory-associated morbidity and mortality data can be collected from health care facilities or from the community.
- **Coordination and management.** At provincial/regional and national levels, individuals responsible for the management of the polio surveillance network can provide support to the COVID-19 response. Promote an integrated management structure if it does not already exist.

Decision-making framework to guide the level of polio surveillance activities at country level

Depending on the COVID-19 situation, the scale of the polio surveillance activities that can be conducted may vary. During the active phase of the COVID-19 outbreak, where all resources are needed to support response efforts, the polio programme should prioritize support for COVID-19 over other non-essential activities. However, the programme should endeavour to maintain a minimum level of polio surveillance so that at no point is the programme completely blind to the polio situation and epidemiology in a country. If support to the COVID-19 response is provided by polio personnel, a back-up should be assigned to critical roles (e.g. surveillance focal persons) to maintain continuity of polio surveillance functions wherever possible. Furthermore, the programme must not compromise the safety and security of health care workers and should adhere to the principles of “do no harm” and “duty of care” by limiting direct contact with patients/individuals, maintaining appropriate physical distancing and ensuring that all health care workers are fully trained and have appropriate PPE *(4, 5).*

The following table outlines polio surveillance strategies that may be implemented, modified or stopped, depending on COVID-19 disease transmission patterns *(6)* at national and sub-national levels.

Polio surveillance activities	Polio surveillance with sporadic/cluster(s) of COVID-19 cases	Polio surveillance with community transmission of COVID-19	Polio and COVID-19 surveillance combined
Objective	**Limit outreach of polio surveillance; encourage facility-based activities**	**Conduct minimum level of polio surveillance; facility-based only**	**Maintain polio surveillance; support COVID-19 surveillance**

Active acute flaccid paralysis (AFP) surveillance (see Annex 1)	If possible, maintain active surveillance visits in all priority reporting sites	If possible, maintain active surveillance visits in priority one sites (high, highest priority) only or in main hospitals As far as possible conduct active surveillance visits in person; if unable to do so, consider using communication technologies where available	Active surveillance in all active surveillance sites for both COVID-19 and polio
Environmental surveillance (ES) (see Annex 2)	Maintain ES, monthly sample collection frequency only Implement ad hoc ES site if feasible	Maintain ES, monthly sample collection frequency only Establish ad hoc ES site if feasible	Maintain ES, monthly sample collection frequency only Establish ad hoc ES site if feasible
Community-based surveillance (CBS) (see Annex 3)	Implement	No in-person or group sensitization through CBS; if informants hear of a suspicious polio-related case, report and advise individual to go to a health care facility	CBS for COVID-19 and polio in specific areas where stay at home orders or other movement restrictions are in place or for community sensitization
Case investigation			
AFP case investigation (see Annex 4)	Implement	Implement only in health care facilities (no case investigations to be conducted at the home)	AFP and COVID-19 case investigation, contact tracing, specimen collection
Stool sampling from AFP Cases	Collect stool specimens as per GPEI guidance *(7)*	Collect stool specimens as per GPEI guidance *(7)*, at health care facilities	Collect stool specimens as per GPEI guidance *(7)*, at health care facilities
Detailed case investigation (confirmed polio case) (see Annex 5)	Implement	Implement for selected cases in new geographical areas	Implement for selected cases in new geographical areas