



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 personto-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	Conduct minimum level of	Maintain polio
	surveillance; encourage	polio surveillance; facility-	surveillance; support
	facility-based activities	based only	COVID-19 surveillance

Active acute flaccid	If possible, maintain active	If possible, maintain active	Active surveillance in all
paralysis (AFP)	surveillance visits in all	surveillance visits in	active surveillance sites for
surveillance	priority reporting sites	priority one sites (high	both COVID-19 and polio
(see Annex 1)	p	highest priority) only or in	
(5000 / 41110/ 2)		main hospitals	
		As far as possible conduct	
		active surveillance visits in	
		person: if unable to do so.	
		consider using	
		communication	
		technologies where	
		available	
Environmental	Maintain ES, monthly	Maintain ES, monthly	Maintain ES, monthly
surveillance (ES)	sample collection	sample collection	sample collection
(see Annex 2)	frequency only	frequency only	frequency only
	Implement ad hoc ES site if	Establish ad hoc ES site if	Establish ad hoc ES site if
	feasible	feasible	feasible
Community-based	Implement	No in-person or group	CBS for COVID-19 and polio
surveillance (CBS)		sensitization through CBS;	in specific areas where stay
(see Annex 3)		if informants hear of a	at home orders or other
		suspicious polio-related	movement restrictions are
		case, report and advise	in place or for community
		individual to go to a health	sensitization
		care facility	
Case investigation			
AFP case	Implement	Implement only in health	AFP and COVID-19 case
investigation		care facilities (no case	investigation, contact
(see Annex 4)		investigations to be	tracing, specimen
		conducted at the home)	collection
Stool sampling from	Collect stool specimens as	Collect stool specimens as	Collect stool specimens as
AFP Cases	per GPEI guidance (7)	per GPEI guidance (7), at	per GPEI guidance (7), at
		health care facilities	health care facilities
Detailed case	Implement	Implement for selected	Implement for selected
investigation		cases in new geographical	cases in new geographical
(confirmed polio		areas	areas
case)			
(see Annex 5)			

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