



Polio eradication programme continuity: implementation in the context of the COVID-19 pandemic

Interim guide: May 2020 update v2.0

What is new in the guide

On the 25th of March, the GPEI circulated the first update of the interim guide to help ensure continuity of the programme's operations in the context of the COVID-19 pandemic, as well as its support to the pandemic response while also ensuring the safety of its personnel and the communities it works with.

Since then, new evidence has emerged about the characteristics of the pandemic that set pathways for more effective response and adaptation of essential health services and disease control/eradication initiatives such as polio eradication, measles/rubella elimination, and others. The GPEI, in collaboration with partners from other disease initiatives and immunization partners, developed guidance for the implementation of poliovirus surveillance and implementation of the outbreak response and preventive immunization campaigns.

This update synthesizes and references new evidence and recommendation to help orient the GPEI's teams on how to best adapt and manage the polio eradication programme delivery to ensure its alignment with the public health response to COVID-19 at national and sub-national levels, while conducting context-appropriate polio eradication activities.

More specifically, this update builds on the following technical and strategy documents:

1. COVID-19 Strategy Update; 14 April 2020¹
2. Guiding principles for immunization activities during the COVID-19 pandemic²
3. Interim guidance for the polio surveillance network in the context of Coronavirus (COVID-19)³
4. Guidance on implementation of mass vaccination campaigns. A framework for decision-making and Operational Guidance for Maintaining Essential Health Services that are in development jointly with the IVB and HIS teams

An important shift reflected in this edition of the guide is based on better recognition of the dynamics of the pandemic and the short-to-medium term objectives for COVID-19 control.

COVID-19 transmission will likely continue worldwide in multiple, often overlapping waves that will likely continue throughout 2020 and, possibly 2021 until sufficient immunity to the COVID-19 is built either through populations' exposure to the virus or mass vaccination. Until that happens the countries will be aiming at achieving sustainable suppression of transmission at a low level whilst enabling elements of economic and social life.

This makes it imperative for the polio eradication teams at the country, regional and global levels to build and implement robust systems for context and programme monitoring, and to adapt the eradication service delivery strategies to effectively mitigate the polio transmission risks as well as building a platform for full-scale resumption of the polio eradication activities when the situation permits.

This guide explores ways to adapt the programme's strategies to enable resumption and effective implementation of eradication activities in the context of COVID-19 pandemic. It promotes close coordination and, where feasible, integration of design, planning and delivery of polio eradication activities with essential immunization the COVID-19 response and delivery of other essential health services, such as essential immunization.

¹ Link to the document: https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_6

² Link to the document: https://apps.who.int/iris/bitstream/handle/10665/331590/WHO-2019-nCoV-immunization_services-2020.1-eng.pdf?ua=1

³ Link to the document: <http://polioeradication.org/wp-content/uploads/2020/04/Interim-Guidance-Polio-Surveillance-in-the-context-of-COVID19.pdf>

The purpose of this document is to guide polio programme continuity planning in the context of the COVID-19 pandemic. Its intended users are the polio programme planners and managers in the GPEI target countries and regional offices. Considering the global nature of the polio eradication programme, it also provides recommendations for the areas of work relevant to global level planning.

This document summarises guidance available as of the date of its development. It will be revisited and updated regularly as we learn more about the COVID-19 pandemic and polio eradication operations in the context of disruptions caused by it. It complements, and provides links to, more detailed technical guidance published by the GPEI and its partner agencies.

Background and introduction

In just a short time, a localised outbreak of COVID-19 evolved into a global pandemic that caused severe societal and economic disruption. Among others, it had serious implications for the delivery of a range of public health interventions and essential health services, including polio eradication.

The polio eradication programme largely depends on field surveillance and house-to-house supplementary immunization activities (SIAs) along with large-scale community mobilization and engagement. The pandemic heavily affected poliovirus eradication activities, particularly implementation of the outbreak response and preventative SIAs that were suspended in majority of the GPEI target countries. This is largely because of the morbidity caused by COVID-19 and because countries increasingly divert human, logistical and financial resources to respond to the pandemic. The situation is further complicated with the suspension of flights and closure of international borders.

Against this backdrop, it is imperative for the polio eradication programme to strategically plan and repurpose GPEI assets to effectively contribute to the control of COVID-19, whilst also maintaining critical GPEI functions and enabling the full-scale resumption of its activities as the COVID-19 situation evolves.

Objectives and principles

The polio eradication programme continuity plans should pursue the following four objectives:

1. Maximize the contribution of the polio eradication programme to controlling the COVID-19 pandemic. Facilitate whole-of-government and whole-of-society strategic action adapted according to specific national and sub-national situations and capacities in response to this public health crisis.
2. Ensure effective delivery of the core functions of the polio eradication programme tailored to the local epidemiological context and health systems' capacity:
 - a. Coordination and communication.
 - b. AFP and environmental surveillance.
 - c. Vaccine supply and management.
 - d. Supplementary immunization activities.
 - e. Novel OPV introduction.
3. Protect polio eradication programme personnel and the communities targeted by the programme from COVID-19 infection through full implementation of infection prevention and control measures, in keeping with the principles of “duty of care” and “do no harm”.
4. Plan for a phased transition towards full-scale, effective resumption of polio eradication activities, including SIAs, as soon as the public health situation with COVID-19 allows.
5. Develop contingency plans, aligned with national and sub-national COVID-19 pandemic preparedness and response to adapt the programme to potential deterioration of the COVID-19 epidemiological situation and/or subsequent waves of the pandemic.

The following principles should be applied throughout the process of planning and implementation of the programme continuity plans:

1. Tailor response to the specific policy, operational as well as epidemiological (COVID-19 and polio) contexts at the regional, national and sub-national levels. The final decision on how to alter the implementation of polio eradication in the interim period of COVID-19 pandemic rests with the national authorities.
2. Appropriate strategies at the national and sub-national levels must balance measures that address the direct risks attributable to COVID-19, the impact caused by interruption of poliovirus eradication activities and other essential health and social services, and the acute and long-term detrimental effects on health and wellbeing as a consequence of certain response measures.
3. Protect the gains of the polio eradication programme and minimize the risk of implementing poorly planned and executed polio eradication activities resulting in suboptimal use of resources.
4. Observe principles of “duty of care” and “do no harm” to frontline workers and target communities and ensure gender-responsive programming, acknowledging the impact of the pandemic on the health work force, including frontline health workers, particularly women.
5. Maintain stakeholder confidence in the programme and manage expectations by keeping them informed of programmatic and financial impact of COVID-19.
6. Take lessons from the experience of COVID-19/polio eradication synergy to build on innovations and commitment shown by countries to further improve sustainability of polio eradication efforts once campaigns are resumed.

Planning timelines and scenarios

The GPEI is currently recommending that the polio eradication programme continuity plans are designed initially until **the end of June 2020**.

Meanwhile, the new COVID-19 strategy calls for countries to implement National Action Plans based on a whole-of-society approach and a realistic appraisal of what is feasible to achieve; **first, in terms of slowing down transmission and reducing mortality**, and, **subsequently, in terms of sustaining low level transmission while society and economic activity resumes**. Plans must be flexible enough to react to rapidly changing epidemiological situations in different parts of a country and take into account local contexts and capacities.

This implies that the pandemic may evolve as several, potentially overlapping waves and affect differently countries and sub-national areas until sufficient immunity is built either via exposure to COVID-19 or widespread vaccination.

This calls for a more nonlinear and resilient approach to GPEI programme planning for the rest of 2020 and possibly part of 2021.

The polio programme continuity planning should take into account the status of polio transmission (a. endemic countries, b. countries affected by polio outbreaks, c. countries at risk of polio transmission) as well as COVID-19 transmission scenarios (a. no cases, b. sporadic cases, c. clusters of cases, d. community transmission)⁴.

The planning and implementation of the polio eradication programme’s continuity should employ a flexible approach whereby some activities are put on hold as the transmission of COVID-19 intensifies and then

⁴ Critical preparedness, readiness and response actions for COVID-19: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/critical-preparedness-readiness-and-response-actions-for-covid-19>

resumed as the COVID-19 transmission reverses back from community transmission to the interruption of COVID-19 transmission.

The plans should be reviewed and adjusted, in consultation with the WHO regional teams and HQ to align with the changing policy, epidemiological and operational context. These multi-level consultations need to be carried out regularly (fortnightly/monthly depending on the situation) and whenever significant changes occur in the COVID-19, or polio epidemiology, or country readiness to scale-up polio eradication activities.

Key areas of the continuity planning

The polio programme continuity plans should address the below priority areas of work:

I. Programme management and coordination

Under this heading, the plans should describe core management and coordination structures, and activities to be maintained to enable the effective implementation of essential polio eradication activities and earliest resumption of full-scale polio eradication programme operations as soon as the public health situation with COVID-19 allows.

Key Recommendations:

- *! Ensure adequate residual capacity (part- or full-time, depending on context) to manage, implement and regularly⁵ review the polio eradication programme's continuity plan. This should include the capacity to effectively coordinate and oversee polio eradication activities included in the continuity plan as well as the capacities temporarily allocated to respond to the COVID-19 pandemic.*
- *! Advocate with the national authorities and UN Country Team to include the key polio eradication activities and immunization as essential services to be maintained during the response to COVID-19 outbreak.*
- *! Take the opportunity during the interim period to optimize and improve elements of the programme such as strategic planning and performance management processes*
- *! Establish policies and mechanisms to account for and safeguard polio eradication programme funds for suspended activities to ensure that resources are available to resume these when the situation allows.*
- As necessary, adapt the eradication programme protocols and SOPs to achieve synergies with COVID-19 response, delivery of routine immunization and other essential health services.
- Mobilise government, healthcare providers and communities to develop flexible and safe polio eradication programme delivery strategies, aligned with broader immunization services tailored to the local COVID-19 epidemic situation and capacities.
- (Global) advocate to maintain the status of polio transmission as Public Health Emergency of International Concern (PHEIC)

2. Support to the COVID-19 response

The polio eradication programme personnel and assets provide the key capacity to respond to COVID-19 transmission in Nigeria, India, Pakistan, Afghanistan and several other countries where the GPEI operates. This section should lay out support the polio eradication programme provides to COVID-19 response.

⁵ Fortnightly or at every significant change of context

Describe the polio programme assets (technical expertise, surveillance and community networks, and logistics capacity) dedicated to the pandemic response as well as the coordination with the national, regional and country COVID-19 response structures.

Recommendations:

- Ensure full alignment of the polio eradication programme's continuity plan with the sub-national, national, regional and global COVID-19 preparedness and response plans and the relevant national policies on containment and quarantine.
- Establish clear protocols for integrated service delivery for the areas of programme management/coordination, surveillance, immunization activities etc. that enable polio programme contributions to COVID-19 response in a synergistic manner.
- Monitor and record polio eradication programme personnel and other programme assets allocated to support COVID-19 response. As much as possible, use polio eradication assets and resources allocated to maintaining essential health services and COVID-19 response synergistically.
- All the polio personnel should be provided with the necessary briefing on adjustment of their roles in the context of COVID-19 outbreak, ToRs need to be revised accordingly. They should receive training, materials, protective equipment, and logistical support to ensure safe and effective delivery of their duties.
- Utilise the polio surveillance network's operational and technical capacity for development of country COVID-19 systems, communication materials and training of personnel
- Regularly assess and redistribute polio eradication programme assets as the COVID-19 and poliovirus epidemiology changes.

3. Poliovirus surveillance, laboratory capacity⁶ and risk assessment

Describe the minimal polio surveillance and risk assessment activities to be supported for the various scenarios of the COVID-19 transmission and other contingency measures, such as stockpiling laboratory supplies.

Describe the gradual scale-up of the polio surveillance to the target levels outlined in the Global Polio Surveillance Action Plan as soon as the public health situation with COVID-19 allows.

Recommendations:

- To minimize the exposure of personnel and communities to the Coronavirus consider:
 - Prioritizing, cancelling, and delaying in-person trainings/meetings or conducting them remotely if possible.
 - Delay/stop community sampling.
- Establish and implement protocols for joint implementation of polio, VPD and COVID-19 surveillance.
- Maintain AFP detection, reporting and specimen collection. In case of flight cancellation or border closure, store specimens under right condition and ship to laboratory as soon as situation allows, prioritizing the newly collected specimens⁷.

⁶ For details refer to "Interim guidance for the polio surveillance network in the context of Coronavirus (COVID-19)" available at <http://polioeradication.org/wp-content/uploads/2020/04/Interim-Guidance-Polio-Surveillance-in-the-context-of-COVID19.pdf>

⁷ For details refer to: Interim Guidance on Specimen and Samples prioritization in the Context of COVID19 <http://polioeradication.org/wp-content/uploads/2020/04/Interim-Guidance-Polio-Surveillance-in-the-context-of-COVID19.pdf>

- Prioritize sample processing depending on known poliovirus epidemiology and evolving risks.
- Ensure continued functioning of environmental surveillance where possible. Estimate and plan storage capacity for the specimens and isolates that need to be shipped overseas in case of disruption of international freighting.
- Map current levels of laboratory supplies (at laboratory, regional and global levels), and specimen storage capacity, and organize prioritization and distribution of supplies.
- As much as possible and where required, surveillance activities should be paired with COVID-19 surveillance and data systems upgraded to support this expanded portfolio of work.

Risk assessment

- Continue conducting regular risk assessments for new and ongoing poliovirus outbreaks, even in the context of suspended SIAs,
 - All assessments focusing on cVDPV2 risks need to be shared with and, if necessary, discussed with the Advisory Group of GPEI on mOPV2 Vaccine Provision.
- Develop specific plans to mitigate the identified risks, including by implementing critical SIAs (see section 4: Supplementary Immunization Activities).

4. Supplementary Immunization Activities

Implementation of the mass supplementary immunization campaigns carries an inherent risk of facilitating transmission of the COVID-19 in communities and among the polio programme personnel due to physical proximity required to deliver the service. At the same time, these campaigns are amongst the most effective measures protecting the most vulnerable communities and health systems from excess morbidity and mortality associated with polio.

As of the date of updating this guide, following the POB recommendation, all the preventive and outbreak response SIAs had been stopped globally. It is now becoming critical to help the eradication teams explore ways of delivering the polio vaccine safely in the vulnerable communities where the benefits of conducting the campaigns will outweigh risks associated with their implementation.

This section of the programme continuity plan should describe plans for management of polio immunization activities tailored to the specific operational and epidemiological context. For generic guidance on prioritization of SIAs in the context of COVID-19 transmission see [“Guidance on implementation of mass vaccination campaigns. A framework for decision-making”](#) (in development)

Recommendations:

On the 24th of March, the POB recommended that:

- a. All the preventive polio campaigns should be suspended until the second half of 2020. Further postponement of SIAs may be needed if COVID-19 transmission risks are high.
- b. The countries affected by poliovirus outbreaks are advised to postpone all outbreak response rounds until the 1st of June 2020. Countries who still wish to proceed with polio vaccination should do so only after a careful assessment, under the leadership of national authorities in consultation with technical advisory bodies, of the risks of COVID-19 transmission among frontline workers and communities vis-a-vis the risks of continued poliovirus transmission by adhering to the principles of “duty of care” and “do no harm”.

- c. Pakistan and Afghanistan, the two remaining endemic countries, should also pause campaign activities until the 1st of June 2020. In areas of Pakistan and Afghanistan affected by outbreaks of paralytic polio, any immunization activities to control an expanding outbreak should only be implemented after a careful assessment, under leadership of national authorities, of the risks of COVID-19 transmission among frontline workers and communities vis-a-vis the risks of continued poliovirus transmission in keeping with the principles of “duty of care” and “do no harm”.

Based on POB recommendations countries are further advised

- To monitor and re-evaluate at regular intervals the necessity for delaying the SIAs and consider modified and/or targeted approaches to administer polio vaccines. This can be achieved by use of suitable Personal Protective Equipment (PPE) (see Annex 3) by vaccinators, enforcing standard Infection Prevention and Control (IPC) precautions, minimising crowding/physical proximity, measures to avoid dropper contamination, combining polio vaccination with SIAs for other antigens as well context suitable methods of having vaccine administered to children by caregivers under vaccinator supervision.

Involve communities and frontline workers in discussing and operationalizing modifications to the vaccine delivery activities!

- *! When making decisions on conducting a polio campaign consider (annexes 1 and 2)*
 - *the risks and benefits of conducting polio SIA,*
 - *country capacities to conduct the campaign safely while managing COVID-19 transmission, and*
 - *community engagement, as well as their perceptions of the COVID-19 and polio transmission risks.*
- In endemic and outbreak countries, delay of polio immunization campaigns will likely result in an increased geographic spread of the virus and an increase in the number of children paralyzed by wild and circulating vaccine-derived polioviruses. These countries need to plan to be prepared for conducting rapid, large-scale SIAs that correspond to the evolved polio transmission risks, as soon as they are ready to deliver these campaigns safely, tailored to the context of COVID-19 transmission.

5. Vaccine supply

Vaccine supply is a critical function of the polio eradication programme and is one of its largest cost elements. Programme’s ability to effectively mitigate the polio transmission risks and launch large immunization campaigns when the situation with the COVID-19 pandemic allows will, among others, depend on its ability to effectively plan and implement the OPV and IPV supply.

At present, after the deferral of most of the polio SIAs, the global demand for the polio vaccines slowed down. Assuming that (i) no further vaccine shipments go out until the 1st of July, and (ii) that production continues as planned, global stock levels may reach 400 million doses of bOPV and 100 million doses of mOPV2. Some of the vaccine suppliers will experience shortages of cold chain and packaging capacity in the coming months. The international freight of medical supplies, including vaccine, remains heavily affected.

Recommendations:

Global/HQ

- Continue implementation of the Global Stockpile plan and budget as per the SC approved framework; maximise mOPV2 supply in anticipation of large scale cVDPV2 outbreak responses.
- Continue coordination of the tOPV deployment preparedness with the GPEI stakeholders and WHO Pre-Qualification Team, alert potential delays to the GPEI early.
- Liaise with SIA Options Task Team (SIAOTT) to ascertain the impact of the COVID-19 pandemic on the vaccine supply.
- Conduct fortnightly reviews of the polio vaccine supply risks jointly with the Vaccine Supply Task Team (VSTT), Outbreak Response and Preparedness Task Team (OPRTT), SIAOTT.
- Continue close collaboration with vaccine manufacturers to optimize supply to meet GPEI requirements across product portfolio including for restart of activities.
- Continue close collaboration with countries to ensure supply capacity for routine requirements across all vaccines.

Regions/Countries

- Regularly monitor national and sub-national stocks of poliovirus vaccines.
- Establish and implement stringent procedures for safeguarding in-country stocks of polio vaccines through robust management of temperature records, VVM indicators and expiry dates.
- Initiate supply of vaccines for polio eradication activities early, considering disruption of international freight and in-country logistics due to COVID-19.

6. Novel mOPV2 introduction (global)

Preparations for the roll out of Novel mOPV2 are continuing, despite the global COVID-19 situation. Currently efforts remain on track for the initial use of Novel mOPV2 for outbreak response in the second half of 2020, from regulatory, production/manufacturing and country readiness perspectives. A comprehensive risk management plan has been developed which is reviewed and updated monthly, with pre-emptive and reactionary measures to be taken as the situation changes.

Recommendations:

- Continue with preparatory work for Novel OPV2 roll out, including obtaining EUL, developing processes and tools to support smooth introduction, securing necessary policy decisions, developing advocacy and communication products, and planning for trainings.
- Work with regional offices to engage with countries on Novel mOPV2, as the local situation and level of interest allow.
- Explore ways to conduct virtual trainings with regional and country staff, as well as to support country readiness assessments.
- Prepare contingency plans in case of delays in Novel mOPV2 roll out.

7. Risk communications, public and donor engagement

Describe activities to communicate with stakeholders on the polio programme's plans to support the COVID-19 response and ensure long term commitment to polio eradication is maintained and increased once COVID-19 engagement is over.

Explain how the programme will continue to engage communities about the risks of polio and other VPD transmission during COVID-19 response.

Describe activities to ensure that funding flows for long term financial sustainability for GPEI FRRs continue, so that the programme can secure vaccines, finance ongoing costs, and be ready to swiftly scale-up activities once the COVID-19 emergency over.

Recommendations:

- Maintain regular updates to stakeholders through GPEI channels and liaise with POB to ensure we optimize the DG's and POB's voices, as relevant.
- Ensure specific updates to donors through regular calls and technical level interactions at global and country levels.
- Incorporate emergency COVID-19 advocacy and communications plans for polio and broader immunization into overall GPEI advocacy and communications plans.
- Document and amplify work of polio assets contributing to the COVID-19, including through GPEI communications channels.
- Revise and implement community engagement and communications plans in-country, including orienting polio assets to COVID-19 response in the short term (in collaboration with UNICEF).
- Ensure GPEI programme narrative contributes to strengthening public trust in vaccination.
- Clearly communicate which polio-related meetings will be postponed (e.g. PPG) or cancelled and identify virtual alternatives.

8. Protecting polio eradication programme personnel and communities:

The below recommendations are, amongst others, based on the WHO guidance on the rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages,⁸ advice on the use of masks in the context of COVID-19,⁹ and responding to community spread of COVID-19.¹⁰ Readers are encouraged to consult these guidelines for a comprehensive overview of the options for protecting personnel and communities during polio eradication programme activities.

Current information suggests that the two main routes of transmission of the COVID-19 virus are respiratory droplets and contact. Respiratory droplets are generated when an infected person coughs or sneezes. Any person who is in close contact (within 1 metre) with someone who has respiratory symptoms (coughing, sneezing) is at risk of being exposed to potentially infective respiratory droplets. Droplets may also land on surfaces where the virus could remain viable; thus, the immediate environment of an infected individual can serve as a source of transmission (contact transmission). Current evidence suggests that most disease is transmitted by symptomatic laboratory confirmed cases although some data suggests pre-symptomatic (asymptomatic) transmission⁸.

⁸ Link to the document: [https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages)

⁹ Link to the document: <https://apps.who.int/iris/rest/bitstreams/1279750/retrieve>

¹⁰ Link to the document: <https://www.who.int/publications-detail/responding-to-community-spread-of-covid-19>

Recommendations¹¹:

- In all situations, GPEI, government and partner personnel implementing polio eradication activities should be adequately protected (see below) to carry out their duties safely in the context of the COVID-19 pandemic.
- Establish and disseminate IPC guidelines in line with national policies to mitigate the COVID-19 spread in the context of polio eradication activities.
- Ensure that health personnel are fully trained and are aware of infection prevention and control measures. Ensure that managers crosscheck and verify awareness of polio eradication personnel on the COVID-19 infection prevention measures as a part of performance management process.
- Modify SIAs and surveillance operations to minimize exposure to COVID-19 through implementation of appropriate IPC measures: physical distancing, hand hygiene, respiratory etiquette, provision of appropriate PPE¹². Ensure only the physical proximity that is essential/unavoidable for delivering vaccine or specimen collection and handling.
- Supply face masks, gloves, eye protection equipment and other PPE gear appropriate to the risks of COVID-19 exposure (e.g. specimen collection and handling, surveillance in COVID-19 care facilities, SIAs if observing physical distance of at least 1 metre between a vaccinator and community members is not feasible)
- Distribute hand hygiene supplies: e.g. hand sanitizers to the teams interacting with populations. Distribute soap if access to water is guaranteed.

Personnel previously exposed to COVID-19 and their level of protection from the virus

At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an “immunity passport” or “risk-free certificate.” People who assume that they are immune to a second infection because they have received a positive test result may still be vulnerable to infection with COVID-19. The use of such certificates may therefore increase the risks of continued transmission. As new evidence becomes available, WHO will update this scientific brief. (WHO: <https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19>)

Hence the GPEI discourages treating the personnel who recovered from COVID-19 or tested positive for SARS CoV2 IgG as less vulnerable to the virus for the purpose of design and implementation of the programme.

¹¹ General COVID-19 technical guidance on Infection prevention and control is available at the following link: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>

¹² IPPE includes gloves, medical/surgical face masks also referred as “medical masks”, goggles, face shield, and gowns. As delivery of polio eradication services does not involve aerosol generating procedures the PPE in the context of this guide does not include filtering facepiece respirators (i.e. N95 or FFP2 or FFP3 standard or equivalent)

9. Certification of the poliovirus eradication

The below describes the impact of the COVID-19 pandemic on the work done by the national, regional (and global) certification committees, and measures put in place to mitigate.

Recommendations:

- In polio-free regions, face-to-face meetings of National Certification Committees (NCCs) and Regional Certification Commissions (RCCs) should be suspended until mid-2020.
- In the Eastern Mediterranean Region, where regional polio certification is some years away, certification meetings can also be put on hold unless able to be carried out virtually.
- In the African Region, certification activities that can be done without travel should continue. Preparation for regional certification in 2020 must continue.
 - Timing of the RCC meeting and expected declaration of regional polio-free status will need to be in accordance with WHO and relevant national travel and meeting policies as determined by the actual COVID-19 epidemiology.

10. Poliovirus Containment

Global surveys and inventories for PV3, PVI and potentially infectious materials (PIM) are anticipated to be suspended during this time. Most National Authorities for Containment (NACs) are now fully engaged in the COVID-19 response activities within their countries to support quarantine and isolation oversight, and implementation of IPC activities. Global stockouts of PPE have the potential to impact vaccine manufacturers and labs working under Containment. However, despite competing priorities, several containment activities are still implemented, and others should be maintained when possible:

Recommendations

- Inventories of polio material including type 1 and 3 should be conducted and reported through NAC Coordinators/NCCs to RCCs when and as able.
- NACs should continue their dialogue with and oversight of respective PEFs in furthering certification progress.
- NACs and the Containment Working Group of the Global Certification Commission (GCC-CWG) and the Containment Advisory Group exchanges are still encouraged through Secretariat facilitation.

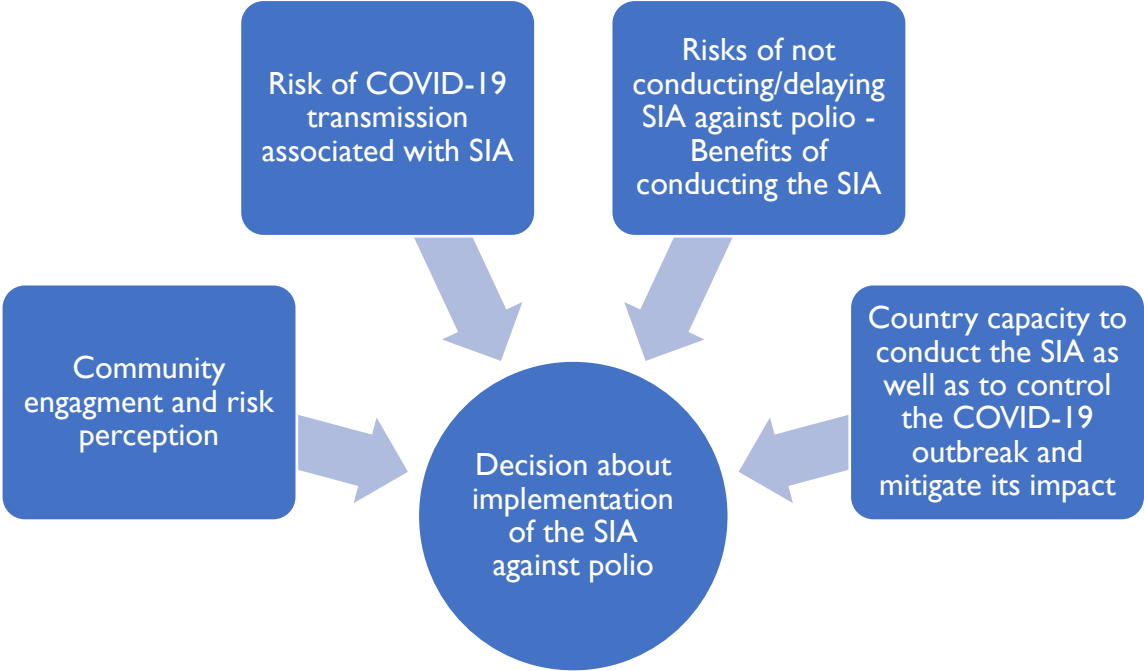
11. Resumption of full-scale polio eradication activities

To resume full-scale polio eradication activities, it will be necessary to describe potential timelines and triggers for resuming full-scale polio eradication activities as soon as the public health situation with COVID-19 allows. Similarly, it is necessary to list activities that will be resumed when the situation reverts from COVID transmission scenario 4 to 3 and from 3 to 2 to scenario 1. Consideration is necessary as to the differences in COVID-19 and polio epidemiology, health system capacity and community engagement in planning resumption of the polio eradication activities. Seek opportunities for alignment and integration of polio eradication activities with routine immunization and other essential health services to achieve programmatic efficiencies.

Recommendations:

- Develop the plans for resumption of the full-scale polio eradication activities, including delivery of polio vaccines through the SIAs and routine immunization, well before the COVID-19 outbreak is over. Revisit the plans on fortnightly basis, to adjust if necessary.
 - GPEI and country programmes should develop a comprehensive set of context-specific epidemiologic metrics and gender-responsive strategies that would help guide countries to resume polio activities, once operationally feasible
- Account for/recuperate polio funds used for the COVID-19 response to ensure polio eradication activities resume effectively once the situation permits.
- Adjust the original polio eradication plans and budgets to factor in potential deterioration of poliovirus epidemiology due to suspension of eradication activities: e.g. outbreak response campaigns, etc.
 - Ensure that the measures to address cross-cutting themes such as gender and environment are appropriately mainstreamed within the eradication plans and budgets.
- Review and adapt the plans for the resumption of full-scale polio eradication activities in the case of major change of context and in case of positive dynamic of the COVID-19 outbreak, e.g. move from scenario 4 to 3 to 2 and to 1.

Annex I: Conceptual framework for decision making on implementation of polio SIA campaign



Annex 2: Model decision making framework for conducting an SIA against polio.

Epidemiological Characteristics of the polio outbreak	COVID-19 Transmission Scenarios			
	No case reported in the country/area	Sporadic cases ¹³	Cluster in the affected area (common source) ¹³	Community transmission
Minimal risk of geographical spread - geographically localized area - environmental and social conditions ¹⁴ not conducive of polio transmission - coverage of type specific polio immunization in U5 population is above 90%	Implement SIA as planned while implementing basic measures to limit the COVID-19 spread ¹⁵	Assess risks and benefits of the SIA (annex I). Introduce modifications to delivery strategies to reduce physical proximity. Implement basic measures to limit the COVID-19 spread ¹⁵	Delay/stop implementation of the polio SIAs. Implement alternative strategies for delivery of polio vaccines. Strengthen polio surveillance. Assess the situation regularly. Plan future SIA.	Delay/stop implementation of the polio SIAs. Implement alternative strategies for delivery of polio vaccines. Strengthen polio surveillance. Assess the situation regularly. Plan future SIA.
Intermediate risk of geographical spread - geographically localized area - environmental and social conditions ¹⁴ moderately conducive of polio transmission - coverage of type specific polio immunization in U5 population is 80%-90%	Implement SIA as planned while implementing basic measures to limit the COVID-19 spread ¹⁵	Implement SIA as planned while implementing basic measures to limit the COVID-19 spread ¹⁵	Assess risks and benefits of the SIA (annex I). Introduce modifications to delivery strategies to reduce physical proximity. Implement basic measures to limit the COVID-19 spread ¹⁵ Distribute suitable PPE ¹⁶	Delay/stop implementation of the polio SIAs. Implement alternative strategies for delivery of polio vaccines. Strengthen polio surveillance. Assess the situation regularly. Plan future SIA.
High risk of geographical spread - rapid progression of cases - history or current evidence of geographical expansion - environmental and social conditions ¹⁴ conducive of polio transmission - coverage of type specific polio immunization in U5 population is below 80%	Implement SIA as planned while implementing basic measures to limit the COVID-19 spread ¹⁵	Implement SIA as planned while implementing basic measures to limit the COVID-19 spread ¹⁵	Implement SIA as planned, exclude locations affected by the COVID-19 clusters, consider modifying delivery strategies. Implement basic measures to limit the COVID-19 spread ¹⁵ Distribute suitable PPE ¹⁶	Decide on whether to conduct or suspend the campaign after thorough analysis of its risks and benefits (Annex I)

¹³ If the COVID-19 surveillance lacks coverage and sensitivity act as described in the “community transmission” column

¹⁴ Water sanitation, individual behaviours, migration patterns etc

¹⁵ Hand hygiene, Physical distancing (not essential for service delivery) Respiratory etiquette, measure for avoiding dropper contamination etc.: (consult the “Supplementary Immunization Activities” and “Protecting polio eradication programme personnel and communities” sections of this guide for more details

¹⁶ Medical masks and consider providing eye protection equipment (see annex 3 for more information on WHO recommendation on the use of eye protection equipment in mass immunization activities)

Annex 3: Recommended PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity

Setting	Target Personnel	Activity	Type of PPE or procedure
Office	Technical, admin and logistic staff	Daily office activities	<ol style="list-style-type: none"> 1. Observe national policies on COVID-19 control and standard infection prevention and control measures¹⁷ 2. No PPE required, unless the national policies explicitly stipulate PPE use in this situation
Community	Technical, admin and logistic staff	General field visits, monitoring	<ol style="list-style-type: none"> 1. Screen for COVID-19 symptoms, prevent field activities of symptomatic personnel (follow national guidelines on diagnosis and management of COVID-19) 2. Observe national policies on COVID-19 control, physical distancing and standard infection prevention and control measures¹⁷ 3. No PPE required, unless the national policies explicitly stipulate PPE use in this situation
		Vaccinators	<ol style="list-style-type: none"> 1. As in case of General field visits, monitoring
	Surveillance officers	SIAs modified to observe physical distance of at least 1m between the polio personnel and community members	<ol style="list-style-type: none"> 1. As in case of General field visits, monitoring
		SIAs not modified to observe physical distance of at least 1m between the polio personnel and community members	<ol style="list-style-type: none"> 1. As in case of General field visits, monitoring 2. Provide medical mask, consider providing eye protection equipment¹⁸
		Sample collection from an individual	<ol style="list-style-type: none"> 1. As in case of General field visits, monitoring 2. Provide medical mask, gloves and eye protection equipment
		ES sample collection	<ol style="list-style-type: none"> 1. As in case of General field visits, monitoring 2. Provide standard protective equipment for ES sample collection
Facility	Technical, admin and logistic staff	General support and monitoring visits	<ol style="list-style-type: none"> 1. Screen for COVID-19 symptoms, prevent field activities of symptomatic personnel (follow

¹⁷ For all, the most effective preventive measures include:

- maintaining physical distance (a minimum of 1 meter) from other individuals.
- performing hand hygiene frequently with an alcohol-based hand rub if available and if your hands are not visibly dirty or with soap and water if hands are dirty.
- avoiding touching your eyes, nose, and mouth.
- practicing respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue.
- in case of symptoms suggestive of or confirmed COVID-19 follow national protocols for diagnosis, isolation and treatment.
- routine cleaning and disinfection of environmental and other frequently touched surfaces.

¹⁸ Subject to national policies and assessment of the COVID-19 transmission risks

			<p>national guidelines on diagnosis and management of COVID-19)</p> <p>2. Observe national policies on COVID-19 control g, physical distancing and standard infection prevention and control measures¹⁷</p> <p>3. No PPE required, unless the national policies explicitly stipulate PPE use in this situation</p>
	Surveillance officers	Sample collection from a patient without respiratory symptoms	<p>1. As during General support and monitoring visits</p> <p>2. Provide medical mask, gloves and eye protection equipment</p>
		Sample collection from a patient with respiratory symptoms / patient with confirmed COVID-19	<p>1. As during General support and monitoring visits</p> <p>2. Provide medical mask, gloves, Gown, Eye protection equipment</p>