

## POLIO ERADICATION IN THE CONTEXT OF THE COVID-19 PANDEMIC

### Updated urgent country and regional recommendations

COVID-19 continues to have an unprecedented impact on daily life, including access to and demand for essential health services. On March 24, the Polio Oversight Board (POB) of GPEI made [recommendations](#) related to polio eradication efforts for countries and regions in the context of the COVID-19 pandemic<sup>1</sup>.

Since the recommendations were issued, thousands of polio workers have assisted in the COVID-19 response, and polio as well as other vaccine-preventable disease campaigns have been halted. COVID-19 related disruptions to polio programs have resulted in expanding transmission of poliovirus, further compounded by disruption to essential immunization and other essential health services. This is particularly of concern in polio-endemic countries affected by outbreaks of both wild and vaccine-derived polioviruses, where the circulation of polioviruses is expected to increase exponentially during the upcoming high transmission season. Other countries affected by outbreaks of vaccine-derived polioviruses are also expected to see increase in transmission. GPEI recommended that surveillance for polioviruses should continue, however, maintaining quality surveillance has proven difficult, leading to possible knowledge gaps on the extent of polio virus transmission.

GPEI reaffirmed unwavering commitment to polio eradication, and a regular review of the situation. Looking forward, the pandemic will evolve and affect regions, countries and sub-national areas in different ways and in different stages. Similarly, countries and subnational regions will be in different stages of restriction on movement and population contact rates. In the context of the ongoing pandemic and the resumption of vaccination campaigns, GPEI will support countries to make decisions on when and where to implement polio vaccination campaigns, based on national risk assessments in close collaboration with national immunization and other health programmes. This will require innovative and adaptive strategies to engage communities.

GPEI has made available detailed guidance on [Polio Eradication programme continuity](#)<sup>2</sup> and has updated the Polio Oversight Board recommendations as follows:

- 1. Critical functions related to Acute Flaccid Paralysis and Environmental Surveillance should remain a priority to be strengthened.** Governments and GPEI partners should strive for the maintenance of adequate polio surveillance, with gradual scale up, in line with [GPEI guidance](#)<sup>3</sup>. As

<sup>1</sup> Polio Eradication in the Context of the COVID-19 Pandemic: Summary of urgent country and regional recommendations from the Polio Oversight Board meeting of March 24, 2020 [www.polioeradication.org](http://www.polioeradication.org)

<sup>2</sup> Polio eradication programme continuity: implementation in the context of the COVID-19 pandemic: Interim guide: May 2020 update. [www.polioeradication.org](http://www.polioeradication.org)

<sup>3</sup> Interim guidance for the polio surveillance network in the context of Coronavirus (COVID-19) Version: April 6, 2020 [www.polioeradication.org](http://www.polioeradication.org)

much as possible, and where required in the local context, these surveillance activities should be conducted with COVID-19 surveillance, and country polio data systems should be upgraded to support this expanded portfolio of work. The provision of appropriate personal protective equipment (PPE) and training on infection prevention and control (IPC) for surveillance personnel must be ensured.

## 2. Strategic considerations for resumption of Supplementary Immunization Activities (SIAs):

- i. All countries with active polio transmission should plan to implement response campaigns after assessing risk of expansion of polio transmission and risk of COVID-19 transmission among frontline workers and communities and ensure that the benefits of carrying out the activity outweigh the risks. Programmes should refer to the "[WHO Framework to support decision making on how to safely resume vaccination activities, and at what scale](#)"<sup>4</sup> and the "[Guiding principles for immunization activities during the COVID-19 pandemic](#)".<sup>5</sup>
- ii. **The safety of health workers and communities is paramount.** Primary consideration should be given to adapt campaign implementation and tactics to ensure physical distancing and protect front line workers and communities with reference to the relevant guidance.<sup>6</sup>
- iii. **Resumption of SIAs in endemic and outbreak countries:** Polio transmission in endemic and outbreak countries poses a high- risk for international

spread and risk of progression to uncontrolled multi-country outbreaks. The national governments of endemic and outbreak countries should, after a careful risk-benefit analysis, resume polio immunization activities, as soon as conditions are in place to do so safely and adequately.

- iv. **Resumption of SIAs in polio-free countries.** GPEI continues to recommend that all non-endemic and non-outbreak countries continue the suspension of preventive polio campaigns until the local situation permits safe and effective resumption. Countries should start now to plan safe resumption of campaigns, and should continue risk assessments, particularly in the context of disruption to polio vaccination, potential gaps in surveillance, and the current COVID-19 epidemiology.
- v. **All efforts should be made to closely coordinate with all potential stakeholders due to the pandemic's multiple health impacts on communities.** This joint planning will explore the delivery of other health and relief services to the most vulnerable and underserved communities, through an integrated approach taking advantage of the opportunity of polio campaigns. The approach may differ from place to place depending on community needs and availability of resources. Options could include, but are not limited to, distribution of COVID-19 educational or protective material or vaccination campaigns which include other antigens.

<sup>4</sup> Framework for Decision-Making: Implementation of Mass Vaccination Campaigns during COVID-19 Pandemic, May 2020 [www.who.int](http://www.who.int).

<sup>5</sup> Guiding principles for immunization activities during the COVID-19 pandemic: interim guidance, 26 March 2020 [www.who.int](http://www.who.int) and [Frequently Asked Questions: Immunization in the context of COVID-19 pandemic WHO and UNICEF April 26 2020](#)

<sup>6</sup> Continuity of essential health services during an outbreak: expanded operational guidance (forthcoming)

**vi. Communication:** In view of public concerns and circulation of misinformation and rumours in many communities, robust and effective communications and community engagement will be a critical element of campaigns. Plans should be developed early to engage with communities. Communications should be synchronised with the essential immunization programme, particularly in the context of increased vaccination misinformation during the COVID-19 pandemic.

**vii. Vaccine supply:** While global OPV supplies remain sufficient, there has been disruption to vaccine freight. Therefore, countries should make vaccine requests well in advance of planned campaigns, and carefully monitor cold chain capacity. In addition, those countries that have had to fill gaps in vaccine supply by using OPV destined for campaigns should work to ensure that these are replaced as soon as possible<sup>7</sup>.

### **3. All polio eradication country programmes should continue to support the response to COVID-19 until COVID-19 is no longer**

**considered a national public health emergency.** At the same time, and to the extent possible, care should be taken to ensure that essential polio programme activities, are maintained at adequate levels and that sufficient personnel are available for safe and quality resumed campaigns.

**4. Efforts to obtain an Emergency Use Listing recommendation for novel Oral Polio Vaccine type 2 (nOPV2), must continue at full speed.** The preparation for nOPV2 roll-out, across the range of technical, communications, policy and manufacturing activities should also continue. Engagement with countries around initial use of nOPV2 will continue, as appropriate to their specific COVID-19 situation, with the goal of deploying nOPV2 for outbreak response during the second half of 2020.

These recommendations will be reviewed and updated by the GPEI Strategy Committee as needed, including when additional evidence becomes available.

Revised and additional technical and operational guidance will be made available on [www.polioeradication.org](http://www.polioeradication.org).

<sup>7</sup> Use of bi-valent Oral Polio Vaccine supplied for polio Supplementary Immunization Activities in Routine Immunization activities

