

A TRAINING MANUAL FOR SUPERVISORS

POLIO GLOBAL
ERADICATION
INITIATIVE

Introduction of nOPV2 for Polio Outbreak Response

Photo Credit: Pierre Holtz for UNICEF

Preface

Circulating vaccine-derived poliovirus (cVDPV) events and outbreaks are uncommon but emerge when the weakened strain of the poliovirus contained in the oral polio vaccine (OPV) circulates in under-immunized populations over a long period of time. If enough children are not immunized against polio, the weakened virus can spread between individuals and over time, can revert to a form that can cause paralysis.

To better address existing cVDPV transmission, and prevent future outbreaks, a strategy has been developed which includes the introduction of the novel oral polio vaccine type 2 (nOPV2), which is expected to be effective in preventing the paralytic disease and less likely to revert to neurovirulence.

This manual has been developed as part of the preparation process for the initial use of nOPV2 and is to be used as a supplemental package for the initial implementation of nOPV2. The manual will provide training support to countries for outbreak response, and outlines core elements for training front-line health workers (FLWs). It will be reviewed and updated as more data become available.

This manual takes into consideration house-to-house polio vaccination campaigns in the context of the COVID-19 pandemic. This will ensure that community health workers are able to do their work and promote safe techniques to prevent transmission of COVID-19 under the “do no harm” principles. The modules will include effective prevention methods such as physical distancing, wearing of masks, personal hygiene, routine cleaning and disinfection, and practicing healthy habits.

The “interpersonal communication (IPC)” component of the manual will highlight the importance of campaigns, understanding outbreaks, polio basics, and key messages on COVID-19. The “how to vaccinate” component of the manual will cover the differences in the size of the vials, use of vaccine vial monitors (VVMs), and safe administration of the vaccine in the context of COVID-19.

Training guidelines

The modules are designed to be short but effective training sessions, to be used as part of a blended learning approach in which participants acquire skills through

adult learning principles and a mixture of methodologies and group exercises. The facilitator can adapt the training sessions based on the specific gaps that need to be filled and areas that need to be strengthened. They should aim to create a positive environment where participants feel that they are listened to, can share their knowledge and are free to ask questions.

In the context of COVID-19, trainers should set aside additional time in the sessions for COVID-19-related housekeeping and to ensure that the participants understand all the preventive measures.

MODULE 1: PREPARING FOR YOUR TRAINING

- Administration
- Training during COVID-19
- Slide presentation and facilitation guide
- Discussion
- Demonstration

MODULE 2: INTRODUCTION TO POLIO BASICS

- Outbreaks and cVDPVs
- Polio basics and immunization
- OPV and IPV
- Polio basics videos
- Discussion
- Q and A sessions

MODULE 3: INTRODUCTION TO NOPV2

- Key messages on nOPV2
- Discussion

MODULE 4: INTERPERSONAL COMMUNICATION SKILLS (IPC)

- Duty of care and the “do no harm” principles
- Basic COVID-19 messages
- Soft skills
- IPC and COVID-19
- IPC and community engagement during COVID-19
- Discussion
- Role play exercise (in-country local context)
- Including the context of COVID-19
- Personal protective equipment (PPE) demonstration

MODULE 5: HOW TO ADMINISTER THE VACCINE AND USE THE VACCINE VIAL MONITOR (VVM)

- nOPV2 vials
- How to read the vaccine vial monitor
- How to administer the vaccine
- Vaccinating during COVID-19
- Disposal of vials and PPE
- Discussion
- Demonstration
- Use of available in-country tools

A six-step guide on effective facilitation

For effective facilitation, remember to engage the participants: make the learning sessions as interactive as possible. Follow these steps to help you prepare your sessions.

Planning

Make sure you know the training agenda, objectives, methodology, material and time allocated for sessions and breaks. The methodology should be interactive. Think about your target audience. Is it homogeneous or mixed? Are there language barriers or cultural norms to observe? Be prepared to balance culture with interpersonal communication (IPC) skills. Set aside adequate time to plan and seek assistance from co-trainers.

Clarity

Clearly state the expected outcome of your training and how you will evaluate success.

Choose which topic you are going to cover, then present it to your audience in simple terms, breaking down the material into easily understood units. Use numbers and visual aids where possible. Keep presentations short and help participants clarify their contributions.

Engagement

Listen to the participants and pool the knowledge from their field experiences. Explore the use of opportunities for interaction such as role play, demonstration, group work, exercises, icebreakers, field trips and problem-based learning. Respect each participant's opinions and feelings.

Look out for those participants who do not talk or ask questions and who are reluctant to interact. Make a conscious effort to include them, perhaps by giving them a responsibility: for example, leading an activity. Let them present their ideas.

This will help break down any barriers and make them feel more comfortable among the group.

Reinforcement

Use different methods and examples to help participants retain their knowledge, such as problem-based learning activities and sharing experiences. Explore ways to assess participants' knowledge during the training. Try the Visualization in Participatory Programmes (VIPPP) approach: give each participant a card and ask them to write down the key words/lesson. This may differ from the final evaluation that should take place at the end of the training to determine what worked and what did not.

Re-capping

Always re-cap what you have taught, but let the participants give their views and then supplement these with your own. A simple numbered list would do.



Module 1

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Preparing for your training session

INTRODUCTION TO FACILITATION

- Introductions
- Administration

PLANNING FOR TRAINING SESSIONS

- Training during COVID-19

Introductions

1. Official welcome and getting to know the participants.
2. Introducing each other.
3. Opportunity for the trainer to gain an understanding of the language, literacy and numeracy levels of the group.

Administration

In this session, participants should complete any paperwork, find their seats and go through the general housekeeping rules. Establish the ground rules as part of an icebreaker activity. The initial ground rules should be written out by the trainer on flip-chart paper.

Basic ground rules should be identified by the participants, should be displayed somewhere visible and should cover timings, safety, respect, atmosphere and use of mobile phones.

GUIDANCE: Training during COVID-19

1. If any of the participants show any symptoms of COVID-19, they should be sent home and not participate in the training, and the appropriate authorities should be informed.
2. Conduct smaller group trainings to avoid spreading the virus and to protect the participants.
3. Set aside additional time in the training sessions, as they will take more time than usual.
4. Practice social distancing and wear the appropriate PPE.
5. If conducting multiple training sessions on the same day, make sure that all surfaces have been wiped down and disinfected between sessions.
6. Conduct your training sessions outside or in a well-ventilated room with ample social distancing.
7. Practice frequent handwashing with soap and provide an alcohol-based sanitizer for the participants.
8. Avoid congregation outside of the training venue and during lunch breaks.

Module 2

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Introduction to polio basics

INTRODUCTION TO FACILITATION

- Outbreaks and cVDPVs
- Polio basics and immunization
- OPV and IPV

PLANNING FOR TRAINING SESSIONS

- Training during COVID-19

At the start of an outbreak, efforts must be focused on building and rebuilding parents' and caregivers' awareness. The goal is to urgently raise awareness of the outbreak, the disease and the vaccine at the national level and in the highest risk areas as quickly as possible. Health workers need to mobilize communities, create a high demand for immunization and educate caregivers about polio.

To address the evolving risk of circulating vaccine-derived poliovirus type 2 (cVDPV2), Global Polio Eradication Initiative (GPEI) partners and governments are working to deploy additional innovative tools such as the novel oral polio vaccine type 2 (nOPV2) which provides protection against the poliovirus but does not carry the same risk of generating vaccine-derived polioviruses or vaccine-associated paralytic poliomyelitis.

High levels of vaccination coverage must be maintained to stop transmission of polio and to prevent outbreaks from occurring. The programme constantly assesses the different types of vaccine to be used in different parts of the world. The programme uses two types of vaccine to stop polio transmission: inactivated polio vaccine (IPV) and oral polio vaccine (OPV). If enough people in a community are immunized against polio, the virus will die out.

Outbreaks and cVDPVs

QUESTION: What is an endemic country and what is an outbreak country?

ANSWER: "Endemic countries" have never been declared free of the wild poliovirus. "Outbreak countries" are those that were previously declared free of indigenous wild poliovirus but are experiencing reintroduction of the virus through the importation of wild or vaccine-derived poliovirus from another country, or the emergence and circulation of vaccine-derived poliovirus. Therefore, all countries may be at risk of becoming outbreak countries until polio is completely eradicated through strong population immunity, high vaccine coverage, good surveillance and quick response to outbreaks.



QUESTION: Why are there more outbreak countries than endemic countries?

ANSWER: If weak immunization systems persist – which is the case in countries where outbreaks are currently occurring due to low polio vaccination coverage – then we will see more outbreaks. The number of endemic countries has declined because wild polioviruses are almost eradicated globally. As the world nears the global eradication of wild poliovirus, it was always anticipated that the number of cases of cVDPV would at one point overtake the number of wild polio cases. This is now proving to be the case.

QUESTION: How can you stop an outbreak?

ANSWER: You can stop an outbreak by fully implementing international outbreak response guidelines. All countries remain at risk of polio until the disease has been completely eradicated.

QUESTION: What is the best way for countries to minimize the risk and consequences of polio infection?

ANSWER: The best way to minimize the risk of polio infection is to maintain strong population immunity levels through high vaccination coverage and strong disease surveillance to rapidly detect polio.

Countries need to ensure high immunization coverage (more than 80 per cent) of children in the first year of life, with at least three doses of OPV as part of national routine immunization schedules.

QUESTION: How should countries respond to an outbreak?

ANSWER: The GPEI partnership has established timelines for an outbreak response, with actions to stop transmission when the poliovirus spreads to a country. The standard operating procedure summarizes the roles and responsibilities of countries and partners during a polio outbreak. An outbreak will trigger the same response actions, which include investigation, risk assessment, surveillance, strategic advocacy and communication.

QUESTION: What is circulating vaccine-derived poliovirus (cVDPV)?

ANSWER: The OPV is made of a weakened live poliovirus. When polio mass campaigns are poorly conducted, not enough children are reached with the vaccine, resulting in many children being left unprotected against polio. Therefore, once excreted by vaccinated children, the weakened virus can circulate among non- or under-immunized children. If this is allowed to happen for a long period of time, the vaccine virus can grow stronger and stronger until it can cause paralysis, like the wild virus itself. This is a risk, especially in areas where there is poor hygiene and sanitation.

This is a rare phenomenon but can occur as a result of persistent low levels of protection against polio. If a population is optimally immunized with polio vaccines, it will be protected from both wild and vaccine-derived polioviruses.

QUESTION: How can a cVDPV outbreak be stopped?

ANSWER: If an outbreak does occur, immunity levels must be rapidly increased through mass immunization with OPV. To eradicate all forms of polio, countries must prioritize maintaining strong disease surveillance and improving the quality of their immunization campaigns to ensure all children are reached with polio vaccines.

Polio basics and immunization

QUESTION: What is polio?

ANSWER: Poliomyelitis, commonly known as “polio”, is a highly infectious disease that is caused when a person is infected by the polio virus that invades the nervous system. Poliomyelitis can cause paralysis and even death.

QUESTION: Who is most at risk of getting polio?

ANSWER: The poliovirus can affect anyone who has not been fully immunized. However, children under 5 years of age are particularly vulnerable. It can also affect adolescents and adults.

QUESTION: How is polio spread?

ANSWER: The poliovirus enters the body through the mouth when a person eats food or drinks water that is contaminated with faecal matter from a person carrying the poliovirus. The virus multiplies in the intestines, passing through them and ending up in faeces.

To protect yourself and your children, it is important to wash your hands with soap and water before cooking, eating and after using the toilet. Children who have not had routine immunization, including the prescribed doses of OPV and IPV, are more likely to contract polio.

QUESTION: What can happen when someone contracts the poliovirus?

ANSWER: Fever, fatigue, headaches, vomiting, stiffness in the neck, pain in the limbs and weakness in the limbs are common symptoms. In some people, the virus can result in lifelong paralysis. Some even die. Many infected individuals do not show any signs or have any symptoms.

QUESTION: What should I do if I notice someone showing signs of polio?

ANSWER: If a child, adolescent or adult suddenly appears to have a floppy or weak arm or leg, then community leaders, supervisors and health authorities should be informed immediately.



Photo Credit: UN199162

OPV and IPV

QUESTION: Is there a cure for polio?

ANSWER: No, there is no cure for polio.

QUESTION: Can polio be prevented?

ANSWER: Yes, polio can be prevented by immunizing children with polio vaccines. The two vaccinations that are used are:

- **OPV:** Taken orally as drops and easily administered. It does not require a trained health worker to administer it. OPV is still the main preventive measure against polio and has been used in the vast majority of countries to eradicate the disease.
- **IPV:** Given through an injection by a trained health worker. IPV does not replace OPV but is used in combination with OPV to strengthen children's immune systems and protect them from polio.

When a child is born in a health centre, they should be given a dose of the “oral polio vaccine” (OPV) at birth. This is given to all children under 5 years of age in the form of two polio vaccine drops in each campaign and during routine immunization. All children should receive two drops of the polio vaccine each time it is offered. In some countries, children are also vaccinated with an injection (IPV).

QUESTION: What is OPV?

ANSWER: The “oral polio vaccine” (OPV) protects people against the poliovirus that can cause poliomyelitis (polio). OPV is a very safe and effective vaccine, particularly where protecting children is concerned. OPV is the only vaccine through which global polio eradication can be achieved because it is the only vaccine which prevents person-to-person transmission of the virus.

QUESTION: What is IPV?

ANSWER: The “inactivated polio vaccine” (IPV) is a safe and effective vaccine that is administered through an injection. It helps to increase children's immunity, protecting them from paralytic polio. IPV is given as an injection rather than orally and provides an excellent immunity boost, especially when used in combination with OPV.

QUESTION: Is vaccination safe for sick children and newborns?

ANSWER: Yes. Both OPV and IPV are safe for sick children and newborns. In fact, it is very important that sick children and newborns receive the vaccine because their own immunity levels are often lower than average.



Photo Credit: UNI206121

Module 3

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The Novel Oral Polio Vaccine (nOPV2)

INTRODUCTION TO FACILITATION

- nOPV2 basics
- Administration

PLANNING FOR TRAINING SESSIONS

- Training during COVID-19

QUESTION: What is nOPV2?

ANSWER: The novel oral polio vaccine type 2 (nOPV2) is a new oral vaccine developed to build immunity against the most prevalent type of cVDPV. Testing has shown that the nOPV provides comparable protection against the poliovirus. This new vaccine will be introduced in the polio programme as a tool for outbreak response in the same way as new vaccines have been introduced into immunization programmes in the recent past. It has been recommended for use in outbreak response through a World Health Organization Emergency Use Listing. As with any new vaccine, caregivers and/or vaccinees should be encouraged to seek medical attention if they feel unwell after vaccination.

QUESTION: Is the vaccine safe and effective?

ANSWER: nOPV2 has gone through clinical trials, and the data from these trials – which have been reviewed by global authorities – have shown it to be safe and effective in providing immunity against polio. However, vaccines are only as good as the number of children they reach, and its success in effectively stopping circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks will depend on high immunization coverage through high-quality campaigns.

QUESTION: Will nOPV2 be used alongside other polio vaccines?

ANSWER: Initially, use of nOPV2 in countries affected by cVDPV2 will be limited to immunization with nOPV2 only. Following an initial use period of approximately three months, nOPV2 may be administered alongside IPV and OPV in suitable country contexts. IPV and OPV will continue to be used in global routine immunization programmes and in mass vaccination campaigns in countries affected by or at risk of wild poliovirus outbreaks or epidemics. Having a number of vaccine options and use strategies gives us the best chance of achieving and maintaining a polio-free world.

QUESTION: Will repeated doses be necessary during an outbreak response?

ANSWER: Polio outbreak responses require multiple rounds of immunization to stop transmission. Giving repeated doses to targeted populations does not cause harm to those who receive it but rather improves their immune response.

QUESTION: How will nOPV2 be administered?

ANSWER: nOPV2 is an oral vaccine. It is administered as two drops into the mouth of the child. This is the same as for other oral polio vaccines.

Who should NOT be given the vaccine?

ANSWER: nOPV2 should not be administered to pregnant people or to immunocompromised individuals. This is because the vaccine has not yet been administered to these populations, so we don't have sufficient data on how it will affect them.

**ACTION**

The vaccinator must remain in the area for 20 minutes post vaccination. If a complaint is reported to you or you witness an event, On filling in the event form

- contact your supervisor immediately who should be in the area, and
- stay with the vaccine until your supervisor arrives and fill out the event form.

QUESTION: What are the risks at the community level that can affect the successful roll out of nOPV2 and how can FLWs help manage those risks?

ANSWER: Rumours and/or ill-informed media stories, in addition to other past misinformation about polio vaccines, are some of the risks related to the successful roll out of nOPV2.

FLWs must familiarize themselves with the “communication tree”, an organizational tool dividing communication responsibility between a group, with each person being responsible for relaying a message to a particular set of people in the group until everyone is notified. They must keep an ear to the ground to identify and report any incidents, events or rumours that could potentially affect nOPV2 roll out.

FLWs have dedicated many years to building trust in communities. They must make use of their partnerships with local leaders and influencers to help parents and caregivers understand that the new polio vaccine is safe and effective.

QUESTION: What will be the role of FLWs if there is a crisis during a nOPV2 vaccination campaign?

ANSWER: A crisis could be any related or unrelated event, including adverse events following immunization (AEFIs), vaccine-related events (VREs) and the spread of rumours and media stories that result in mass refusals of nOPV2 and community resistance to vaccines in general.

During a crisis:

1. Familiarize yourself with the communication tree and quickly report AEFIs, VREs and any other incidents.
2. Quickly communicate with and engage local leaders and influencers in providing correct and accurate information to parents and caregivers through various communication channels including IPC, group meetings and messaging groups such as WhatsApp.
3. Do not provide any information that has not been verified by the Ministry of Health.

**DISCUSSION**

- OPV is a very safe and effective vaccine, particularly where protecting children is concerned.
- OPV is currently the only vaccine through which global polio eradication can be achieved because it is the only vaccine which prevents person-to-person transmission of the virus.
- FLWs have an important role to play in the event of a crisis, including managing misinformation/disinformation, AEFIs and VREs during the roll out of nOPV2 [key points: accurate information; reporting; engaging community influencers].



Photo Credit: WAS3306

Module 4

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Interpersonal communication skills (IPC)

INTRODUCTION TO FACILITATION

- Duty of care and the “do no harm” principles
- Basic COVID-19 messages
- Soft skills
- IPC and COVID-19
- Protecting yourself and your community

METHODOLOGY

- Discussion
- Role play exercise (in-country local context)
- Use of available in-country tools
- Including the context of COVID-19
- PPE demonstration

Duty of care and the “do no harm” principles in the context of COVID-19



DISCUSSION

Particularly during the COVID-19 pandemic, it is critical that community health workers promote safe techniques regarding prevention of the spread of viruses, while doing no harm to the community. These include promotion of physical distancing, wearing of masks and personal hygiene. It is also important to make sure we protect our community health workers from any additional health risks.

Basic principles for infection prevention and control

1. It is important to know and follow the infection prevention and control measures established by the local and national authorities in your country (these may vary depending on your location).
2. All community health workers must be equipped to perform hand sanitation.
3. Practice frequent and appropriate handwashing with soap and clean water or an alcohol-based hand rub if soap and water are not available.
4. Cover your mouth and nose with a tissue or with your elbow when coughing or sneezing.
5. Use your IPC skills in the community to reduce fear and stigmatization.
6. Avoid any activity that attracts crowds. Adapt community-based services to ensure physical distancing.
7. Only conduct household visits or provide services when advised. Instead of conducting the service inside the house, identify a well-ventilated location, preferably outdoors, using clear instructions on infection control. In areas where lockdowns are in place, community health workers might be among those that continue to be able to access community members.
8. Remember to use protective equipment such as masks and gloves based on the advice of the national and local government.

For outreach activities/campaigns, remember that:

- Direct contact must be avoided at all costs.
- In situations where direct contact is absolutely necessary (i.e. vaccination), you must wear a mask and observe hand hygiene measures between each patient.
- You must stay at least 2 metres away from other people.
- Frequent handwashing must be carried out.



DISCUSSION

Campaign-based activities and “doing no harm”: Basic principles

Immunization delivery strategies, including house-to-house vaccination campaigns, should not aggravate transmission of COVID-19, based on current understanding. If prevention measures such as physical distancing cannot be observed, it is advised to temporarily suspend vaccination campaigns in areas where COVID-19 transmission has begun.

Re-evaluation can be conducted at regular intervals and the situation can be monitored. For vaccine-preventable disease outbreaks, the decision to conduct an outbreak-response mass vaccination campaign will require a risk-benefit assessment that will be conducted on a case-by-case basis. It will factor in the health system’s capacity to conduct a safe and high-quality campaign in the context of COVID-19.



Photo Credit: UNI315079

Basic COVID-19 messages

Ask and listen: What is the coronavirus (COVID-19)?

Coronaviruses are a large family of viruses found in both animals and humans. They can cause illness ranging from a cold to more severe illnesses such as acute respiratory illnesses (ARIs). The 2019 novel coronavirus disease (COVID-19) is a new disease and researchers are still working out how to prevent and cure it.

Ask and listen: How dangerous is COVID-19?

For most people, symptoms are mild and similar to a cold (runny nose, fever, a sore throat or cough). In some people, the symptoms can become more severe (difficulty breathing, or pneumonia), especially in older people or in people who have a weak immune system. The disease can lead to death.

Ask and listen: How does someone get COVID-19 (how does COVID-19 spread)?

A healthy person can get the virus from an infected person. It spreads when droplets of saliva containing the virus (from fluids that come out of the nose and mouth when coughing or exhaling) enter another person’s eyes, nose or mouth.

It can also spread if an infected person coughs or sneezes into their hands and touches a surface or another person. It is usually spread through “close contact” when an infected person is within two metres of someone else and physically touches that person or coughs on them.

Ask and listen: How long is the infection period (incubation period)?

The “incubation period” is the period between becoming infected with the virus and experiencing the first symptoms. Current evidence indicates that the incubation period for COVID-19 is an average of 5–6 days (ranging from 2–14 days).

Ask and listen: Can I get COVID-19 by talking to someone or sitting next to them?

You are unlikely to get COVID-19 by sitting next to or talking with someone who has the virus, as long as you stay two metres apart. However, if a person has the virus and you touch them or they touch you, or if you kiss or hug each other, you are at risk of contracting the virus. That is why it is important to keep at least two metres away from other people and avoid touching them.

Ask and listen: What can you do to protect yourself and your family from COVID-19?

1. Wash your hands frequently with soap and water. If soap is not available, use an alcohol-based hand rub to kill germs, and dry your hands with a single-use clean towel.
2. Always wash your hands after contact with bodily fluids, when in contact with someone who may be sick, and after interaction with touchpoints such as kitchen surfaces, doorknobs, etc.
3. It is important to teach your children how to wash their hands, and how to sneeze into a tissue or their elbow.
4. When sneezing or coughing, cover your nose and mouth with a tissue or with your elbow. Do not sneeze or cough into your hands as you can spread the virus when you touch something.
5. Avoid contact with anyone who is sneezing, coughing or sick, keeping at least two metres away.
6. Avoid touching your eyes, nose, or mouth in case you have touched something contaminated with the virus.
7. Wear a mask when you leave the house if you are coughing, sneezing, or taking care of a person infected with COVID-19. You must also make sure you dispose of your mask correctly.
8. Avoid shaking hands with people because the virus can be passed through shaking hands and touching your eyes, nose and mouth. It is important to avoid physical contact when greeting people.
9. If you have to leave your house, keep at least two metres apart from others, and avoid going to crowded places, events, prayers or parties. Physical distancing rules will vary from country to country, so it is important to get the correct information for your area. By maintaining a physical distance from other people, we can slow down the spread of the virus. Physical distancing can feel lonely, but you can still stay connected with friends and family through other means such as phones and chat groups.
10. Seek help from a health care facility if you have a fever or a persistent cough, if you are frequently sneezing or if you are having difficulty breathing.

Ask and listen: Are some people more vulnerable to COVID-19 than others?

Yes. People living with human immunodeficiency virus (HIV), tuberculosis (TB), high blood pressure, diabetes, cancer or heart disease and people older than 70 years of age are more likely to develop the serious type of COVID-19. They are more likely to have more complications or even die from the disease. This is because their immune systems are not very strong. For this reason, it is particularly important that physical distancing is practiced around them, that they wash their hands frequently and that they stay at home as much as possible.

Ask and listen: Is there a vaccine for COVID-19?

Currently, there is no vaccine to prevent COVID-19. Research is currently being carried out to develop a vaccine or treatment for the disease. Until then, practice good physical distancing and wash your hands as frequently as possible with soap and water.

Ask and listen: What do you do if you or a family member have these symptoms?

If you or a family member have a fever or a cough, it is especially important that you stay at home, keep your distance from other people, and wear a mask. Seek medical care, especially if you have difficulty breathing. Let health staff know if you have travelled to an area where COVID-19 has been reported, or if you have been in contact with someone who has COVID-19.

Other important tips to remember

You are unlikely to catch COVID-19 by talking to people. However, if you have to go to the market or go food shopping, make sure you keep your distance and do not come in close contact with other people, in case they are infected.

In some countries, you will be required to wear a mask when you are in public places. This will prevent the spread of the virus and protect people from contracting the virus.

Interpersonal communication skills

Scenario 1: Introduction to nOPV2

QUESTION: Why is communication important?

ANSWER: Effective communication is important when we visit a house and speak with parents or caregivers. We want them to understand that it is a good idea for them to vaccinate their children. If parents feel confident in the health workers, then they will be more likely to allow them to vaccinate all their children. Communicating well is how we help them to feel confident.

The trainer should now introduce the three main components of communication.

1. **Building rapport and creating a caring environment:** It is important to remember to greet people and to be friendly and patient. Speak clearly. Explain why you are visiting, ask questions and listen attentively.
2. **Gathering information:** Questioning and listening is important because it helps the health workers assess the situation and decide on the most effective way to convince the caregiver.
3. **Counselling and sharing information:** These help parents learn what they need to do to take care of their children and how to provide good health care.



Photo Credit: UNI179728

Ask and listen: What is two-way communication?

“Two-way communication” occurs when two or more people discuss an issue, engage in dialogue and exchange ideas. You should use your listening skills and ask open-ended questions to encourage parents and caregivers to talk more.

DISCUSSION

The importance of IPC

IPC provides a two-way opportunity to exchange information. One person can get clarification or additional information from another. IPC is a more persuasive way of addressing a strongly held practice, attitude, or belief. It provides an opportunity for people to witness people like themselves demonstrating a recommended practice or behaviour in a realistic setting, such as an individual's home or community.

DISCUSSION

Why is empathy important?

Showing empathy and understanding helps us to treat people equally, with respect and kindness. Your understanding allows caregivers to express themselves, to be comfortable and honest with you and to discuss their concerns. This will create a positive environment for them so that they trust health facilities and learn to take care of themselves and their children in the most effective way possible.

Remember: emotions can work in your favour, can be insightful to your work and can make you pro-active. They can be turned into something positive.

Ask and listen: What can happen if people receive too much information?

They may become fearful and mistrust health recommendations. They may ignore life-saving advice, they might refuse help from health workers, and they may mistreat people who seem to be sick, even when they are cured.

QUESTION: What are some of the most important communication skills?

FACIAL APPEARANCE

DO	DON'T
Smile	Frown
Nod in agreement (appear neutral)	Appear as if you disagree
Look interested, honest and reliable	Look distracted or intimidating

CLOTHES AND APPEARANCE

DO	DON'T
Dress cleanly and professionally	Wear strong perfume / natural oils
Be culturally sensitive and well groomed	Wear too much makeup or jewellery

BODY LANGUAGE

DO	DON'T
Look calm and attentive	Appear to be impatient
Look organized and neutral	Do multiple things at the same time (focus on the client)

THINGS TO REMEMBER TO DO BEFORE YOU VISIT A HOUSEHOLD

- Make sure you are dressed appropriately in clean and professional attire and wash your hands with soap
- Review the area you are to visit using your area map and microplan
- Review your guiding messages on polio so that you can answer parental queries confidently
- Make sure you have all the appropriate tools and materials with you, including your tally sheet

Refusals

QUESTION: What is a refusal?

ANSWER: A “refusal” is when the caregiver refuses to have their child vaccinated. In this situation, mark the house as “children are present, but a vaccination has not been given”. Later, a supervisor will return to the house for a second attempt at persuading the caregiver.

QUESTION: What are some of the reasons for refusals?

ANSWER: Sometimes the problem or objection occurs because the caregiver does not understand what a vaccination is. Sometimes the caregiver may wish to vaccinate, but perhaps someone in his/her family objects. In this case, we should help them find ways to convince that family member.

Some examples of the reasons for refusals are:

- Religion
- Political views
- Misconceptions and myths
- Mistrust of health workers
- Too many campaigns in a short period of time
- Concerns about the safety of the vaccine

QUESTION: What if the caregiver says “no”?

ANSWER: This is called a “refusal” or “non-compliance”. Politely discuss with the caregiver and, using your communication skills, try and convince them to change their mind.

QUESTION: What can you do if the caregiver is not sure?

ANSWER: Politely discuss with the caregiver and, using your communication skills, try and convince them to change their mind.

Return

QUESTION: What is a return?

ANSWER: A “return” is when a polio worker or a supervisor goes back to a household for a second attempt at persuading the caregiver to accept the vaccine. Health workers return because the goal is always to have 100-per cent vaccination coverage. The return visit gives polio workers the chance to think of new ways of trying to persuade the reluctant caregiver.

If you are the supervisor who is visiting the household because of a refusal, enquire again as to why the household has chosen not to have their child vaccinated. As you listen to the caregiver, it is very important to try and understand their reasons for non-compliance.

Often, the first objection is not the “real” reason. There may be hidden or unspoken reasons that were not initially shared. Politely probe and use open-ended questions to try and understand the real reason behind the refusal.

Scenario 2: IPC and COVID-19

Discuss the following questions to help participants prepare for house visits during COVID response.

QUESTION: What if my child gets sick or experiences COVID-19 symptoms after you vaccinate them?

ANSWER: The polio vaccine is one of the safest vaccines ever developed and can already be given to newborns and sick children. If your child develops any symptoms of COVID-19, take them to the nearest health facility.

QUESTION: Why have you come to my house to vaccinate my child when we have been told to observe social distancing?

ANSWER: It is important that we continue to protect children against vaccine-preventable diseases to keep them safe while we avoid the spread of COVID-19. This is done by using preventive measures such as wearing a mask, frequent hand washing or use of alcohol-based hand rubs and maintaining social distancing.



Photo Credit: UNI329168

QUESTION: Why have you come to my house with this vaccine but no vaccine for COVID-19?

ANSWER: Currently, there is no vaccine for COVID-19 and the best way to protect yourself is to follow all the preventive measures.

QUESTION: How can you assure me that my child will not get COVID-19 from you?

ANSWER: The vaccinator will take precautionary measures to keep your child safe such as wearing a mask, and the child will be vaccinated in a well-ventilated place, ideally outside.

QUESTION: Why is it important to vaccinate children against polio now?

ANSWER: Polio is a highly infectious disease and children are particularly vulnerable. Therefore, it is important to protect your child from polio with multiple doses each time it is offered.

IPC and community engagement during COVID-19

Ask and listen: What is community engagement?

“Community engagement” involves working in collaboration with the community by targeting audiences to engage in participatory dialogue and addressing issues that impact their well-being.

Ask and listen: Why is community engagement important for health promotion?

Community engagement activities aim to encourage the active participation of the community to create an enabling environment. For the COVID-19 response, community engagement accelerates dissemination and understanding of life-saving information, awareness-raising on health protection measures and stigma, and community preparedness.

DISCUSSION

Who do you engage with in the community?

Guide the participants through the following group exercises. Discuss the following question:

Who are the key stakeholders in your community that you would like to engage with?

For the COVID-19 response, it is also important to remember to engage with:

- Individuals, families and caregivers
- Health workers and service providers
- Children, women (including pregnant women) and young people (including young people with disabilities)
- Families and contacts of affected people
- The media (especially local media)
- Teachers and children in schools
- Local community members and religious leaders
- At-risk communities and people who could potentially be exposed to COVID-19

DISCUSSION

Inclusion of most-at-risk populations

It is important to include women, the elderly, adolescents, people with disabilities, refugees and other groups with the highest degrees of marginalization in your community engagement plan. These populations are a large part of the informal sector. They often live in areas prone to shocks, with inadequate access to social services, influencers, and technology or means to adapt and therefore assisting them should be made a priority.

Ask and listen: Why is it important to include children in your engagement?

It is important to understand children’s concerns, fears and needs. Remember to speak to them in a child-friendly manner while also providing information on psychosocial issues and general hygiene.

DISCUSSION

Tips on engaging with communities

1. When you meet with the community, it is important to tell them who you are, what organization you are from and what you do in the community.
2. Engage in dialogue and listen to what people have to say about COVID-19 before sharing your information.
3. Raise awareness using simple words and language from your key messages.
4. Make sure you address any myths or misconceptions in the community.
5. Encourage peers and leaders to talk, as they will hold people’s attention and you will promote trust and ownership of actions.



Photo Credit: UNI316680

Module 5

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How to administer the vaccine and use the vaccine vial monitor (VVM)

INTRODUCTION TO FACILITATION

- nOPV2 vials
- How to read the vaccine vial monitor
- How to administer the vaccine
- Vaccinating during COVID-19
- Disposal of vials and PPE

METHODOLOGY

- Discussion
- Demonstration
- Use of available in-country tools

nOPV2 vials

The nOPV2 vaccine vial will be larger than a bivalent oral poliovirus vaccine (bOPV) or monovalent type 2 OPV (mOPV2) vaccine vial. It is presented in 50-dose vials, unlike mOPV2, which is presented in 20-dose vials. The labelling of the vial will also be different: it will be marked with “VVM”.

Vaccine vial monitors

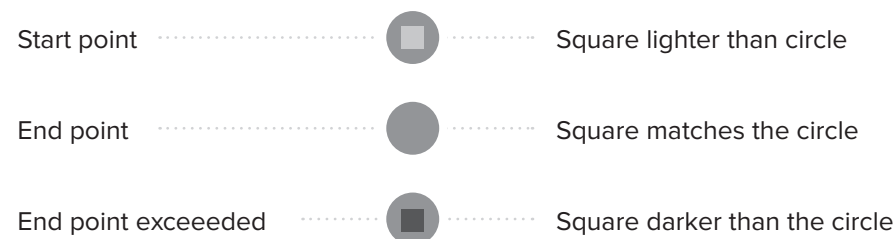
QUESTION: What is a vaccine vial monitor (VVM)?

ANSWER: A “vaccine vial monitor” (VVM) is a label containing a heat-sensitive material which is placed on a vaccine vial to monitor cumulative heat exposure over time. The combined effects of time and temperature cause the inner square of the VVM to darken, gradually and irreversibly. A direct relationship exists between the rate of colour change and temperature:

- The lower the temperature, the slower the colour change.
- The higher the temperature, the faster the colour change.

VVMs are used to determine whether the vaccine inside the vial can be given to a child.

The trainer should show the participants VVM vials at different stages of degradation and allow them to both see and touch them. The trainer should also explain that the higher the temperature, the faster the colour changes.



It is important to remember that the change in the colour of the inner square may occur at a faster rate than bOPV and mOPV2 vaccines. Once the square is darker than the circle, the vaccine cannot be used and should be returned for safe handling.



ACTION

During each day of the immunization campaign, team members should check the VVM on every OPV vial upon receipt, before opening a fresh vial and delivering drops from it.

Basic rules

Rule 1: If the inner square is lighter than the outer circle and the vial is still within its expiry date, the vaccine can be used.

Rule 2: If the inner square is the same colour as – or darker than – the outer circle, the vaccine must not be used.

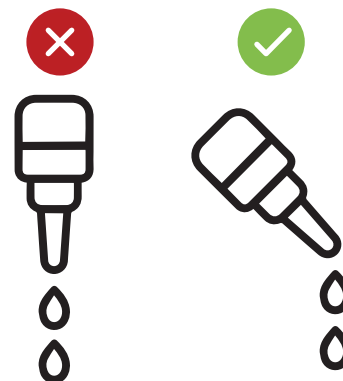
How to maintain the vaccine in the field

Hold the vial up to a light source with the VVM sticker facing the observers. Check the colour of the square inside the blue circle. If there is no colour difference or the colour in the square is darker than the circle, the vaccine must not be used.

The VVM should be checked multiple times: once it has been received from the health facility, before the vial has been opened, and while administering the drops to children.

If a VVM is bad, remove it from the vaccine carrier and store it separately. If possible, mark it with an “X” and record the time and date.

How to administer vaccine drops



1. Only one vial should be open at a time.
2. A new dropper should be used for each vial.
3. The vial should be held at a 45-degree angle to ensure that two drops are administered to the child correctly.
4. Apply gentle pressure to the dropper. Stop squeezing after two drops have been administered.
5. The drops should be administered into the open mouth of the child but do not let the dropper touch the lips or tongue of the child. If this happens, the dropper needs to be replaced before administering OPV to another child. This is especially important in the current context of COVID-19.
6. If a child is vomiting or spitting, the two drops should be administered again after some time, or the next day.



Photo Credit: UN0198278

Review of vaccine administration tips

Review the following tips with the participants.

DO

- Things to remember to do
- Hold the vaccine vial in a vertical position, with the tip of the dropper pointing upward, and remove any air bubbles by slowly and gently applying pressure to the dropper
- Hold the vial at a 45-degree angle with the VVM facing you, so it can be easily seen
- Bring the vial close to the child's mouth
- Slowly and gently apply pressure to the dropper and allow the vaccine to drop into the child's mouth. If a drop misses the child's mouth or the child spits it out, administer the missed drop again after some time
- Ensure that the child swallows the administered OPV before finger marking

DO NOT

- Do not touch the child's lip or mouth with the dropper



Photo Credit: UNI329143

How to assess the age of a child

If a parent says that a child is under 5 years of age, an assessment is not necessary. Take the parent's word and vaccinate the child. If the parent is not sure of the age of the child, but the child looks under 5, no assessment is necessary.

If the parent disputes the age of the child, ask the child to try and hold their left ear with their right hand by bending their arm over their head. If the child is not able to touch their ear, then they are considered to be under 5 years of age. This method is not always accurate as some children look taller than their age. Therefore, rather than assessing their age, do not waste time and administer the drops to the child.

How to manage vaccine waste disposal

1. Keep empty vials separate in a plastic bag or disposable box and have your supervisor send them back to the health facility for safe and proper disposal.
2. Only throw empty vials into health-facility approved receptacles. Throwing them anywhere else could end up harming the environment.
3. Follow national guidelines and any guidelines issued by the health facility/your supervisor.

Vaccinating during COVID-19

(to be completed once guidance documents have been shared on how the child will be vaccinated)

GUIDANCE: Vaccinating during COVID-19

1. During house-to-house visits, physical distance should be observed between the vaccinating team and at households.
2. Have the caretakers bring all the children under 5 years of age out of the house to be vaccinated. Avoid entering the house.
3. Wash your hands as often as possible, even when you change the vial droppers.