World Health Organization
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COVID-19 RESPONSE

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East and South African Region (ESA)

Harmonized strategy for PoEs surveillance, laboratory testing, and transnational response to COVID-19 for Cross border truck drivers

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Background

One of the key measures undertaken by Member States (MS) in the subregion to mitigate the spread of COVID-19 is the restriction of movement. However, international cargo movements have been spared, as they provide essential services required for day-to-day life and ensure the delivery of essential supplies including medicines. As a result, truck drivers and their assistants continue to commute across borders to deliver essential goods. Recent reports have highlighted the fact that although movement is permitted, there have been considerable delays at certain border crossings due to health screening and certification procedures introduced since the COVID-19 epidemic began. To address the potential transmission of COVID-19 across borders, the Eastern and Southern African subregion has developed a strategy for containing/mitigating the transmission of COVID-19 especially by long-distance truck drivers.

One of the key interventions identified in this strategy is the need for harmonization of surveillance, testing and a transnational response to COVID-19 across borders, specifically at POEs. This document has been prepared to address this critical intervention among countries in the subregion.

Status of current intervention

POE surveillance

- All countries have intensified surveillance at POEs to some degree using their IDSR strategy and the WHO guidance on surveillance for COVID-19[1]
- Slightly different case definitions are in use to identify suspected cases; in some countries, all truck drivers crossing the borders are tested for COVID-19 irrespective of whether they are symptomatic or not. Most of the truck drivers and their crew/assistants who tested positive were reported to be asymptomatic at the time the sample was collected.
- Travel restrictions are in place except for essential travel and cargo movements.

However, capacity, intersectoral collaboration and information exchange across borders remain weak in spite of the progress made and the work done following the EVD outbreak in the DRC.

[1] Global surveillance for COVID-19 caused by human infection with COVID-19 virus: https://www.who.int/publications-detail/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance.

Laboratory testing for COVID-19

A few countries have started testing truck drivers for COVID-19 and it can be expected that others will follow suit. However, the methodology used for testing might vary from one country to another.

- Uganda has initiated testing for COVID-19 for all truck drivers entering the country.
- Rwanda has initiated testing for COVID-19 for all truck drivers.
- Kenya has finalized the protocol for exit testing. Testing of outbound truck drivers was yet to commence at the time of development of this strategy.
- South Sudan has started testing drivers and passengers entering through the Nimule Crossing from Uganda.

Transnational management of COVID-19

The transnational management of COVID-19 by Member States (MS) in the subregion varies from one country to another. Some countries prefer to isolate and refer the confirmed case to their country of nationality while others isolate and provide both options for the affected person to decide (whether to get treatment in his/her own country or the country where the confirmation was made). During the recent EAC meeting, it was reported that the MS had agreed that all confirmed cases should be treated in the country where testing is performed.

Harmonized strategies for ESA

POE surveillance

Surveillance at PoEs is based on WHO recommendations[2] on surveillance at POEs and national guidelines on surveillance at PoEs.

Each Member State's laboratory testing strategy applies to its side of the border crossing and defines who will be tested and the testing method to be used. Particular attention must be paid to ensuring the existence of agreements and standard operating procedures between countries and districts located along international borders so as to harmonize testing methodology, surveillance methods, and implementation sites, including the designated PoEs and testing laboratories.

To address the risk of missing cases, the testing should use approved NAAT testing methods (EIA or antigen detection, specifically a reverse-transcriptase PCR). However, the strategy should be updated based on new evidence and information as they are made available during the course of the pandemic.

[2] Global surveillance for COVID-19 caused by human infection with COVID-19 virus: https://www.who.int/publications-detail/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance

The key reference documents used in the implementation of surveillance at POEs are provided in the reference section.

Objectives

- Ensure a harmonized approach to COVID-19 surveillance and contact tracing at POEs with a special focus on long-distance truck drivers and their crew/assistants;
- Improve early detection of COVID-19 cases through screening and testing at the point of origin/departure of cross-border truck drivers and their crew/assistants, isolate as early as possible and facilitate appropriate treatment in accordance with the International Health Regulations (IHR, 2005) and relevant country regulations, and conduct contact tracing along travel routes;
- Provide epidemiological information on COVID-19 to cross-border truck drivers and their crew/assistants to guide preparedness and response measures. This includes risk communication among truck drivers and their associations or groups and community engagement at designated stopover areas;
- Enhance public health measures, including performing hand hygiene and practising social/physical distancing among truck drivers and their crew/assistants.

Key activities at POEs

With the establishment of contacts among IHR National Focal Points (NFP) of the neighbouring countries and identification of facilities for surveillance, laboratory testing and case management, the following measures will be implemented:

- Establishing a local joint committee among neighbouring States for providing oversight;
- Agreeing on a list of contacts both for internal partners and the IHR NFP at POEs in both countries including the national task force chairpersons and the incident managers of both countries;
- Establishing an approved information exchange mechanism to facilitate information exchange and coordination;
- Establishing a protocol on translation, in the event there are different working languages in the neighbouring countries, and IEC materials shall be available in the relevant languages most commonly used by the truck drivers and their crew/assistants;
- Developing a joint framework for action with a detailed plan of action indicating which facilities are to be used for testing, isolation and treatment;
- Identifying sources of funding for the facilities that might be used by both countries.

Screening

All truck drivers and their crew/assistants will be screened at PoEs and tested for COVID-19 unless they have been tested within 14 days prior to their arrival at PoEs and they are able to provide evidence to that effect.

The following are the key requirements for screening at PoEs:

Personnel with the capacity, knowledge, and authority to:

- Interview persons suspected or confirmed to have COVID-19
- Conduct triage of suspected COVID-19 cases and contacts and referral to a health care facility for care depending on clinical condition
- Collect respiratory specimens from suspected COVID-19 cases
- Recommend and implement measures to prevent further transmission including isolation of the suspected/confirmed case, transport to the nearest treatment facility for further investigation and appropriate management
- Apply the standard IPC precaution measures as prescribed in the national guidelines for IPC in the management of confirmed and suspected COVID-19 cases
- Ensure that all members of the investigation team are trained in IPC measures specific to COVID-19.

Tools:

- Sufficient and appropriate PPE as per the national IPC guidelines
- Biological specimen collection materials, transport containers with viral transport media, labels, bags, coolers, and cold packs
- National standard case definition, case investigation protocols, questionnaires, contact tracing and monitoring tools
- Standard operating procedures (SoPs) for managing a suspected or confirmed case and contact tracing.

Investigation

- Inspect the truck and the individuals therein for compliance with IPC protocol (refer to the IPC guidance)
- Determine whether the individual meets the case definitions for cases or contacts for the purpose of investigation.

Contact tracing

- Ensure that the proper forms are completed for all individuals screened
- Once the case is confirmed as positive, use the tools developed for contact tracing and ensure all contacts are listed and followed
- Share all information with the neighbouring country counterparts
- Inform the national officials and the neighbouring countries, providing detailed information, whenever there is a missing contact.

Risk Communication

- Ensure proper IEC materials are available in languages that are commonly used by the truck drivers, their crew/assistants and the local community
- Assess the level of awareness of the truck drivers and their crew/assistants of

COVID-19 using standard checklists whenever required to generate evidence for decision-making
- Based on the assessment of their understanding and the inspection by the surveillance team for IPC compliance, provide additional information and IEC materials
- Record and report key findings for analysis and generation of evidence for action by all levels and partners.

Target population
- All truck drivers and their crew/assistants crossing borders, whether they are symptomatic or asymptomatic, and the communities they come in contact with.

Case definition

It is proposed that all countries use a harmonized standard case definition. The proposed standard case definition is found in Annex I.

Documentation and reporting:

- In order to ensure proper documentation, analysis and evidence generation, all information will be recorded using a standard format which can be adapted from the generic one available in Annex II;
- This information will be entered into the electronic data based developed for that purpose;
- The electronic data base will be linked to the DHIS2 to facilitate timely information sharing with the other Member States and partners.

Laboratory testing for COVID-19

Objective
- To provide a harmonized approach to laboratory diagnostic and testing protocols for truck drivers and their crew/assistants when they are crossing borders
- To ensure early detection, confirmation and referral of COVID 19 cases among cross-border truck drivers
- To generate evidence for risk management of COVID-19 across borders.

The references to be used to guide the laboratory testing of long-distance truck drivers at PoEs and points of departure are listed under the reference section.

Target population

- All truck drivers and their crew/assistants.

Designated laboratories for SAR-CoV-2

- Each country will identify a designated laboratory for SAR-CoV-2 testing where truck drivers shall have a fast track procedure. The laboratory shall be placed either at POEs or at the point of departure and along the travel corridors, i.e. at the point of control (POC)
- The designated laboratory and the contact information of at least two officials will be communicated to the other Member States sharing a common border
- If the designated laboratory is not in the proximity of the PoE or other strategic location, a means of transporting the specimens shall be provided to ensure the most rapid delivery.

Laboratory testing

- Laboratories undertaking testing for SAR-CoV-2 should adhere strictly to appropriate biosafety practices.
- Routine confirmation of positive cases of SAR-CoV-2 is based on detection of unique sequences of virus RNA by NAAT such as real-time reverse-transcription polymerase chain reaction (rRT-PCR) with confirmation by nucleic acid sequencing when necessary. With the limited data now available, WHO does not currently recommend the use of antigen-detecting rapid diagnostic tests for patient care, although research into their performance and potential diagnostic utility is highly encouraged.[3]
- Testing methods could be changed and adapted with the quickly evolving availability of novel methods, so that more persons can be tested in a shorter time.

Quality control and confirmation

Cross-border COVID-19 detection sites will participate in the WHO external quality assessment (EQA) programme for COVID-19 diagnosis through the national reference laboratory, which can also implement a proper national EQA.

[3] WHO advice on the use of point-of-care immunodiagnostic tests for COVID-19: https://www.who.int/news-room/commentaries/detail/advice-on-the-use-of-point-of-care-immunodiagnostic-tests-for-covid-19

Specimen collection, storage and sample transportation

In the best-case scenario, testing sites will be at cross-border level. In case they are located farther away, sample collection teams will be deployed to the sites to collect samples, safely pack and transport them to the laboratory following biosafety collection and transportation measures. The staff should be trained in the relevant technical and safety procedures. National guidelines on laboratory biosafety should be followed in all circumstances. The same teams could be responsible for bringing back the test results. The sample collection procedure should allow enough time for collecting the sample and providing the results before the truck drivers and their crew/assistants commence their travel.

Providing feedback on test results

The test results will be provided to the truck drivers and their crew/assistants within 24 hours. Drivers and crew/assistants who are negative will be provided with a certificate whose validity will not exceed two weeks.

Truck drivers and their crew/assistants will not be required to undergo another test within a period of two weeks.

Reporting of confirmed cases

The laboratory will immediately report confirmed cases as per the national guidelines. The IHR FP at the MoH will then forward the result to the country of origin and to WHO following the information sharing protocol of the ESA subregional strategy. The case will be reported using the national guidelines for surveillance and reporting.

Transnational management of confirmed COVID-19 cases

Management of confirmed COVID-19 cases will adhere to the WHO recommendations on case management and follow the guidance adapted by the respective countries managing the confirmed case. The key reference documents used in the development of this strategy are listed under the reference section.

Objectives

- To harmonize the management of confirmed cases among truck drivers crossing borders in line with the IHR 2005 recommendations
- To ensure isolation and appropriate treatment of confirmed cases at the earliest time possible.

Designation of PoEs and routes for trucks crossing borders

- Member States in consultation with truck drivers' associations will determine the designated PoEs and the routes to be followed by truck drivers during their movements;

- All designated PoEs will be provided with facilities and personnel to manage the screening, identification, isolation and referral of confirmed cases.

Management of suspected or confirmed cases

The management of confirmed cases will be based on the national guidelines for the management of COVID-19.

It is advised that the driver or crew/assistants who test positive be retained and treated in the country where the test is performed, while repatriation is discouraged to avoid further spread of the epidemic. The information should be immediately reported to the country of origin for surveillance purposes.

If one only person (the driver or a member of the crew) is found positive for SAR-CoV-2, the others shall be retained in quarantine for observation for 14 days in the same country where they are tested. The company shall provide a replacement driver and the truck shall be allowed to continue the travel only after decontamination.

References

- Biosafety practices in the laboratory: Specimen handling for molecular testing would require BSL-2 or equivalent facilities: https://www.who.int/publications-detail/laboratory-biosafety- guidance-related-to-coronavirus-disease-2019-(covid-19)
- EAC 'EAC administrative guideline to facilitate movement of goods and services during COVID- 19" file:///C:/Users/mmartini/Downloads/EAC%20ADMINISTRATIVE%20GUIDELINES%20TO%20FACILITATE%20MOVEMENT%20OF%20GOODS%20SERVICES%20DURING%20THE%20COVID-19%20PANDEMIC%20signed-pages-57-22.pdf
- Global surveillance for COVID-19 caused by human infection with COVID-19 virus: https://www.who.int/publications-detail/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance
- Interim guidance for management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19 https://apps.who.int/iris/bitstream/handle/10665/331512/WHO-2019-nCoV-POEmgmt-2020.2-eng.pdf
- IOM 2020 'Standard Operating procedures for frontline border official at PoE in response to covid-19 outbreak"
- Laboratory testing for 2019 novel coronavirus (2019-nCOV) in suspected human cases should be implemented for testing on clinical specimens from patients meeting the suspected case definition and performed in appropriately equipped laboratories https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117
- Laboratory testing for coronavirus disease(COVID-19) in suspected human cases https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117
- Management of ill travellers at Points of Entry (international airports, seaports, and ground crossings) in the context of COVID-19 file:///C:/Users/woldetsadiks/Desktop/Corona%20virus/POE/WHO-2019-nCoV-POEmgmt- 2020.2-eng%20(1).pdf
- Operational considerations for managing COVID-19 cases or outbreak in aviation: https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-or-outbreak-in-aviation-interim-guidance
- Operational considerations for managing COVID-19 cases or outbreak in aviation https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-or-outbreak-in-aviation-interim-guidance
- Operational considerations for managing COVID-19 cases or outbreak on board ships https://www.who.int/publications-detail/operational-considerations-for-managing-covid- 19-cases-or-outbreaks-on-board-ships-interim-guidance

Annex I: Case definitions

The following case definition is used to determine confirmed cases (both asymptomatic and symptomatic), probable cases, suspect cases and contacts

Suspect case

A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;

OR

A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset;

OR

A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; AND requiring hospitalization) AND in the absence of an alternative diagnosis that fully explains the clinical presentation.

Probable case

A suspect case for whom testing for the COVID-19 virus is inconclusive.

OR

A suspect case for whom testing could not be performed for any reason.

Confirmed case

A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

Contact

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minutes; OR
- Direct physical contact with a probable or confirmed case; OR
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment; OR
- Other situations as indicated by local risk assessments.

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Annex II: POE surveillance data record form

Name of the POE site			**Date**		
Unique case identification umber					
1. Current status	☐ Alive	☐ Dead			
2. Data collector	Name	Institution	Tel	Email	
	First Name	Family Name	Sex	Date of Birth	Age
	Mobile No.	Email	Country of residence	Address	National ID No.
3. Case identification	Case status:	☐Not a case	☐ Suspected	☐Probable	☐ Confirmed
	☐ Other (specify) _____				
4. Patient Symptoms	Date of first symptom onset	☐No symptoms ☐ Unknown	☐Fever (≥38 °C) or history of fever	☐ Sore throat	☐Runny nose
	☐Cough	☐Shortness of breath	☐Vomiting	☐Nausea	☐ Diarrhoea
	☐ Loss of smell or taste	☐Others (specify) _____	☐ Others (specify) _____	☐ Others (specify) _____	☐ Others (specify)
5. Initial sample collection	Date respiratory sample collected	Type of respiratory sample collected	☐Nasal swab ☐ Throat swab	☐Nasopharyngeal swab ☐ Other, specify	
	Were other samples collected?	☐ Yes ☐ Unknown	☐No	If Yes, which sample _____	
6. Human exposure	Travel in the last 14 days	☐ Yes ☐No ☐ Unknown	If Yes	Cities/villages visited_____	
	Contact with suspected or confirmed COVID-19 case	☐ Yes ☐ Unknown	☐No	If Yes, dates of last contact_____	
	Attended festival or mass gathering in the past 14 days	☐ Yes ☐ Unknown	☐No	If Yes, specify:	
	Patient exposed to person with similar illness in the past 14 days	☐ Yes ☐ Unknown	☐No	If yes Location of exposure	
7. Other actions required or taken	☐ Isolation		☐ Quarantine	☐ Medical evacuation	