Coverage represents the proportion of the population of interest (target population) that is included in the surveillance activity.

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	Surveillance design step	Advice for improvement of COVERAGE
1	**Surveillance system**	
1.1	**Hazard**	
1.2	**Surv. Objective**	
1.3	**Geographical area covered**	
1.4	**Susceptible species**	You can improve coverage by including components targeting additional hosts, which have not yet been covered by any surveillance component, but are considered relevant for the hazard of interest.
1.5	**Risk characteristics**	
2	**Components overview**	
3	**Target population**	
3.1	**Target species**	
3.2	**Target sector**	
3.3	**Sectors missed**	
3.4	**Geographical area covered**	
3.5	**Target criteria**	
3.6	**Percentage covered**	
4	**Disease suspicion**	
4.1	**Definition**	
4.2	**Obligations**	
4.3	**Notification procedures**	Ensure all sectors and populations have access to the necessary means for reporting. For example if considering more modern reporting methods eg websites, mobile phones, email, ensure all potential observers have access to these or supply alternatives.
4.4	**Actions upon suspicions**	
4.5	**Actions upon confirmation**	
5	**Enhancements**	
6	**Testing protocol**	In case costs are not (fully) subsidised, the cost of testing may deter animal owners from participating in the surveillance system, leading to sub-optimal coverage. In this case, consider choosing a cheaper test, subsidizing testing costs, running public awareness campaigns or providing specific veterinary advice to illustrate benefits of testing the animals.
6.1	**Type of test to be carried out**	

6.2	**Type of sample to be collected**	Consider sample types that allows for a good coverage. If the chosen sample type only allows targeting part of the target population (e.g. semen, milk), ensure that you create other components that cover the remainder of the target population.
6.3	**Pooling**	
6.4	**Screening/first test**	
6.5	**Confirmatory/ second test**	
6.6	**Further details**	
7	**Study design**	If your aim is to improve coverage, consider choosing a study design which allows you to cover a large proportion of the target population.
7.1	**Point of sample collection**	The sampling point determines which individuals of the target population are eligible to be selected for surveillance. You can increase coverage by selecting a sampling point that provides you access to a larger part of the target population. Once a sampling point has been chosen, carefully check the sampling frame that it is up to date and complete to allow good coverage.
7.2	**Selection of units**	Consider choosing a census as a selection option or well designed sampling strategy.
7.3	**Target unit**	
7.4	**Sampling unit**	
7.5	**Sampling design**	
7.6	**Number of units in the target population**	
7.7	**Sensitivity of the testing protocol**	
7.8	**Specificity of the testing protocol**	
8	**Sampling strategy**	
8.1	**Sampling at the primary sampling unit (PSU) level:**	
8.2	**Sampling at the secondary sampling unit (SSU) level:**	
8.3	**Selection criteria WITHIN the population**	
8.4	**Risk-based allocation**	
8.5	**Sample size calculation**	
8.6	**Sample allocation at the primary level**	
8.7	**Sample allocation at the Secondary level**	
8.8	**Sample collection timeline**	
9	**Data Generation/ Sampling collection process**	
9.1	**WHO will collect the samples?**	
9.2	**HOW will samples be collected?**	
9.3	**WHEN/HOW OFTEN will samples be collected?**	
9.4	**Training**	

9.5	**Follow-up**	If lack of follow up means we will not be able to fulfil our sampling plan, so that the samples we get are from the same place, or too few, this will influence coverage
10	**Transfer means**	
10.1	**HOW will samples be transferred?**	
10.2	**WHEN/HOW OFTEN will samples be collected?**	
10.3	**Training**	
11	**Data Translation/ sample analyses process**	
11.1	**WHO will perform the analyses?**	
11.2	**HOW will samples be analysed**	
11.3	**WHEN/HOW OFTEN will samples be collected?**	
11.4	**Expected LOAD**	
11.5	**Training**	
11.6	**Follow-up**	
12	**Epidemiological analyses**	
12.1	**Are there any epidemiological DATA that need to be collected?**	
12.2	**WHO will perform the analyses?**	
12.3	**HOW will epidemiological analyses be performed?**	
12.4	**WHEN/HOW OFTEN?**	
12.5	**Training**	
12.6	**Data management needs**	
12.7	**Software needs**	
13	**Dissemination of results**	
13.1	**WHO will disseminate the results?**	
13.2	**WHO is the TARGET of dissemination?**	
13.3	**HOW will results be disseminated?**	
13.4	**WHEN/HOW OFTEN?**	
14	**Surveillance review**	
14.1	**Who**	
14.2	**When**	
14.3	**How often**	



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Surveillance RE-design main page

Multi-hazard surveillance



Excel Design framework

Examples

Guided tours

Glossary

References