EXERCISE PanStop

PANDEMIC PREPAREDNESS
RAPID CONTAINMENT EXERCISE

Hanoi, Viet Nam
15-16 January 2013
EXERCISE PANSTOP 2013

EXERCISE EVALUATION REPORT

A rapid containment exercise on pandemic influenza
of World Health Organization,
in collaboration with
Ministry of Health in Viet Nam

Hanoi, Viet Nam
15-16 January 2013

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NOTE

The views expressed in this report are those participants in the Exercise PanStop and do not necessarily reflect the policies of the World Health Organization.

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SUMMARY

On 15 and 16 January 2013, the Ministry of Health, Viet Nam, in conjunction with the World Health Organization (WHO), conducted a national pandemic preparedness exercise. The purpose of the exercise was to practice and strengthen processes within the Ministry of Health in Viet Nam required prior to a decision to initiate a rapid containment (RC) operation with the intention of stopping or slowing the spread of an outbreak of influenza with pandemic potential.

The exercise involved a scenario of a fictional outbreak of a disease of unknown etiology in a northern province in Viet Nam, with consequent opportunities to contain the outbreak by utilizing a range of non-pharmaceutical interventions and stockpiles of antiviral medication. The scope of the exercise was limited to the national level with lower administrative levels being simulated during the exercise. It did not involve any movement of personnel or resources.

Exercise PanStop 2013 had five objectives associated with:

• timely risk assessment;
• decision-making processes;
• risk communications;
• procedures for mobilization of national and ASEAN stockpiles; and
• verification of coordination and communication arrangements with all levels of health infrastructure, including WHO.

To varying degrees, all the exercise objectives were achieved.

Two external agencies were involved as players; WHO in its support role to the Ministry of Health, and the Japan International Cooperation System (JICS) for a required notification to facilitate access to the Association of Southeast Asian Nations (ASEAN) and Asia-Europe Foundation (ASEF) Regional stockpiles of personal protective equipment and pharmaceuticals. In addition, the WHO Country Office for Viet Nam assisted with facilitation during the exercise, JICS participated in evaluation and the United States Centre for Disease Control (US CDC) provided simulation of external agencies during the exercise. The exercise was conducted at the Ministry of Health over one and a half days, simulating events over nine days in real time.

Players engaged in the exercise with visible enthusiasm and were determined to accurately analyse situations and provide appropriate reactions. Organizational leaders at the table from the Ministry of Health were accommodating and consistent in providing opportunities for departments and subcommittees to contribute their views on the next steps in their responses to exercise messages.

Throughout the exercise, players were focused on ensuring that their reactions to the incoming information were appropriate and proportionate to any perceived threat. Exercise evaluators noted that while the technical discussions and reactions were sound, there was less proactive planning than expected to address a possible escalation of a situation. As pressure increased to deal with international media, responses became reticent to the point where the international media would have strongly pressed for answers in a real situation. While the communications team worked on messaging, an overall communications strategy was not defined. The need for an overall messaging strategy was acknowledged.
Once it became clear that the outbreak was a considerable threat, players were slow to transition, in terms of exercise time, to a more concentrated rapid assessment routine. Players were still operating in real time (minutes) while the exercise clock advanced rapidly (days). This tends to happen in these types of exercise, particularly during the first exercise round.

By the end of the exercise, the required critical decisions had been made with the guidance and support of WHO.

As a result of the exercise, the following recommendations are made:

**Recommendation 1**

The Ministry of Health, in consultation with local and provincial officials and WHO, may consider developing a simple decision-making tool for rapid containment that maps the required processes, planning steps, notifications and decisions from first detection of a potential pandemic event to initiation of rapid containment.

**Recommendation 2**

Additionally, in consultation with local and provincial officials and WHO, the Ministry of Health is encouraged to develop guidelines on the consideration of rapid containment, including those who should be involved in the decision-making process.

**Recommendation 3**

The Ministry of Health may enlist the assistance of WHO to develop and deliver a comprehensive training package for rapid containment suitable for all levels of staff in the public health system.

**Recommendation 4**

The Ministry of Health, in consultation with WHO, is encouraged to develop a strategic plan for risk communications that includes messaging in the context of rapid containment and considers the use of all available media and the information needs of specific and special interest audiences.

**Recommendation 5**

The Ministry of Health, with the support of WHO, may also develop a logistics plan that addresses the issues of storage and rapid distribution so that required materials can be provided where they are needed within a matter of hours, and that processes for clearing drugs, equipment, and supplies into the country are expedited.

**Recommendation 6**

The Ministry of Health is encouraged to conduct more focused exercises to smaller groups of staff to orient and train them, as well as explore issues and opportunities related to risk communications, logistics planning for a containment zone and coordination with other ministries, provincial officials and external partners such as WHO.
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**Keywords**

Pandemics – prevention and control / Influenza, Human / Disease outbreaks / Risk management / Health personnel - education
1. INTRODUCTION

The PanStop exercises are an initiative of the WHO Regional Office for the Western Pacific designed to practice, validate and strengthen various aspects of and procedures related to communication, coordination and decision-making to help the Government determine whether initiation of a rapid containment operation is necessary to stop or slow the spread of an outbreak of influenza with pandemic potential. PanStop 2013 was the sixth such exercise and was conducted by the Ministry of Health, Viet Nam, on Tuesday, 15 January and Wednesday, 16 January 2013, in collaboration with the WHO.

The exercise involved WHO and functional units of the Ministry of Health, in particular the five subcommittees of the National Steering Committee for Prevention and Response to Severe and Emerging Infectious Diseases:

- subcommittee for surveillance and response, whose members are from the General Department of Preventive Medicine's (GDPM) Center for Infectious Disease Control division (CDC) and National Institute of Hygiene and Epidemiology (NIHE);
- subcommittee for treatment, whose members are mainly from Administration of Medical Services;
- subcommittee for logistic, whose members are mainly from the Department of Planning and Finance and the Ministry of Health;
- subcommittee for communication, whose members are mainly from the Department of Communication, Ministry of Health and GDPM (communication unit under division support lower level of GDPM); and
- subcommittee for international cooperation, whose members are mainly from the Department of International Cooperation and the Ministry of Health.

The exercise scenario (Annex 1) involved a disease outbreak of unknown etiology in a northern province in Viet Nam. The exercise reviewed the capacity of Viet Nam to respond to, implement and manage a rapid containment operation utilizing a range of traditional and extraordinary non-pharmaceutical interventions and stockpiles of antiviral medication.

The exercise had five objectives:

1. to assess capacity to conduct timely risk assessment;
2. to validate established decision-making processes;
3. to practice development and implementation of risk communications;
4. to ensure understanding of procedures for mobilization of national and ASEAN stockpiles; and
2.1 Scope

The focus of the exercise was on identifying strengths and opportunities to improve planning and operational capabilities particularly for: (i) decision-making processes, (ii) risk communications during a routine rapid response, and (iii) risk assessment to determine whether to initiate a rapid containment operation. Two external agencies were also involved as players; WHO in its support role to the Ministry of Health, and the Japan International Cooperation System (JICS) to facilitate access to the ASEAN/ASEF regional stockpile of personal protective equipment and pharmaceuticals. In addition, the WHO Country Office for Viet Nam assisted with facilitation during the exercise, JICS participated in the exercise evaluation, and the United States Centers for Disease Control and Prevention (US CDC) provided simulation of external agencies during the exercise. The exercise lasted for one and a half days and simulated events over nine days in real time.

2.2 Type of Exercise

The exercise was a modified functional exercise, which means:

- The scenario was fully simulated by a team working in the GDPM situation room and under instructions from controllers the exercise management team.
- Players operated out of the GDPM meeting room, which was the designated control point for event management.
- No actual movement of human or physical resources was required.

Functional exercises are normally used to test and evaluate operational procedures. Even if they are simulated, the environment is stressful as real time is compressed into much shorter exercise time. When modified as in PanStop 2013, the exercise framework is adjusted to accommodate real-time discussion elements of a table-top exercise into the compressed-time framework of a functional exercise. This will often introduce, as it did in PanStop 2013, additional pressures in the exercise process for both players and exercise managers as the concept of time changes frequently between real and exercise time.
2.3 Exercise Management Team

The exercise was managed by a director, controlled by exercise controllers and simulators, and evaluated by evaluators (see Figure 1). Controllers and simulators were responsible for maintaining the timing and inputs of events during the exercise. Administrative support, including interpretation and translation, was provided by the WHO Country Office staff. Members of the exercise management team are listed in Table 1. The primary responsibilities of the exercise management team were to monitor, manage, and control exercise activity to achieve the objectives and evaluate the achievements. Guidance for the exercise was provided through a Master Sequence Event List (Annex 2). Specific responsibilities of management team and player’s functions are identified in the players’ handbook (Annex 3), and the evaluators were guided by an evaluator’s handbook (Annex 4).

Figure 1: Organization of Exercise Management Team

Table 1: Exercise Management Team Members

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director and Lead Controller</td>
<td>Dr Satoko Otsu</td>
<td>GDPM Meeting Room</td>
</tr>
<tr>
<td>Controllers</td>
<td>Dr Ruth Foxwell</td>
<td>GDPM Meeting Room</td>
</tr>
<tr>
<td></td>
<td>Dr Phuc Thi Nguyen</td>
<td></td>
</tr>
<tr>
<td>Simulators</td>
<td>Dr Jeffrey Partridge</td>
<td>GDPM Situation Room</td>
</tr>
<tr>
<td></td>
<td>Mr Didier Tiberghien</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr Vu Quang Hieu</td>
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<td></td>
<td>Dr Do Thuy Trang</td>
<td></td>
</tr>
<tr>
<td>Evaluators</td>
<td>Mr Bill Douglas</td>
<td>GDPM Meeting Room</td>
</tr>
<tr>
<td></td>
<td>Dr Le Van Tuan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ms Naoko Ochiai</td>
<td></td>
</tr>
</tbody>
</table>
2.4 Exercise Conduct and Participation

Day 1, 15 January 2013: The exercise ran from 08:30 to 16:30. A briefing on the exercise was held the day before so that activities could commence at 08:30 on 15 January 2013. The exercise was scheduled to conclude by 16:00 but was extended slightly to make up for time lost over the lunch break. At the conclusion of the exercise, a debriefing session for the team was held. It was decided for the following day to intensify the facilitation activities undertaken by the WHO players and provide an extra briefing on rapid containment.
Day 2 – 16 January 2013: The exercise ran from 08:30 to 11:30. The morning started with a briefing on the prerequisites of rapid containment. At the end of the exercise, a short debriefing was held for all participants, followed by separate debriefings for the exercise management team, evaluation team and WHO Country Office. The purpose of the debriefings was to recognize and reinforce the teamwork necessary in undertaking decision making for rapid containment and participating in an exercise such as PanStop 2013. The debriefings also provided an initial opportunity to discuss lessons learnt and consolidate information to support the exercise evaluation.

Players engaged in the exercise with visible enthusiasm and were determined to accurately analyse situations and provide appropriate reactions. Organizational leaders at the table were accommodating and consistent in providing opportunities for departments and subcommittees to contribute their views on the next steps in their responses to exercise messages.

2.5 Feedback and Evaluation Process

This report is based on information from player and exercise team debriefings, observations made by the evaluators during the exercise and evaluation forms which were required for participants to complete at the end of the exercise. The evaluation is inclusive, as it considered the views of all exercise participants. Evaluators had full access to all exercise documentation including the Master Scenario Events List (MSEL), the scenario details and all the prepared and ad-hoc injects. Since each inject provides a point of review for evaluators, the MSEL was combined with a checklist of expected activities related to each inject, organized according to the three dominant exercise objectives (risk assessment, decision-making and risk communications). Participant documentation of activities and challenges during the exercise was less informative due
to the use of email for injects and the requirement to copy all actions to a common mailbox, which effectively rendered action logs obsolete.

3. FINDINGS

3.1 Overall observations

Evaluation forms indicated that players experienced a high level of engagement. This is consistent with observations from the exercise team that the players were fully and enthusiastically involved and that discussions were lively, respectful and inclusive. Throughout the exercise, players were focused on reacting appropriately to incoming information on perceived threats. Exercise simulators and evaluators noted that while the technical discussions and reactions were sound, there was less proactive planning than expected to address a possible escalation of a situation. Participants from the Ministry of Health performed well during the early injects pertaining to outbreak response, as they have had experience in this area historically, in real-life events.

Once it became clear that the outbreak was a considerable threat, it was observed that players were slow to transition, in terms of exercise time, to a more concentrated rapid assessment routine. Players were still operating in real time (minutes) while the exercise clock advanced rapidly (days).

Evaluators and the Country Office facilitators noted that the environment of simulation forced players to deal with all information as a group, sitting together at one management table. This environment was inefficient and caused people to become distracted. It is expected that in a real situation, a lot of the work would be done outside the room and in subcommittees before presentation at the joint management table at prescribed times.

As the exercise progressed, simulators and evaluators noted hesitation by players to commit the Ministry to decide on rapid containment. This would have involved identifying a possible containment zone and enlisting WHO to help conduct a feasibility assessment. It emerged that the players were waiting for a formal declaration of an outbreak from the affected provincial jurisdiction, an event which did not have an inject. WHO advised the players to assume a declaration had been made, which effectively refocused players on aspects of the rapid containment decision process. Subsequent prolonged discussions about the location and size of a proposed containment zone indicated that a briefing on the requirements of rapid containment would be helpful for participants. This briefing was held prior to the second day of the exercise activities and was effective in helping the exercise move forward.
3.2 Observations related to exercise objectives

3.2.1 Assess capacity to conduct a timely risk assessment

Initial reaction and response to the outbreak was professionally sound and timely. Discussions on some of the technical aspects of the outbreak were unnecessarily lengthy in terms of exercise time. Time for these discussions need to be considered in real time. Also important to consider are reaching out to animal health authorities to help minimize human infections through contact with sick animals, expediting laboratory confirmation and developing appropriate risk messaging.

As the exercise progressed, the Ministry’s real-time discussions fell progressively behind the exercise schedule, delaying responses to injects (in terms of exercise time). There were also delays in decision-making, assessment of risks and communications to media and to WHO. Delays were in part a result of real-time discussion requirements conflicting with the pressures of exercise time and the need to deal with multiple inputs from injects at once, with all participants sitting at one large management table. To some extent, this was resolved later in the exercise when the simulators provided ad-hoc injects that allowed players to assume some discussions had already taken place so they could move on to the next set of decisions.

The routine risk assessment process seemed to become entangled with the rapid containment feasibility assessment. Due to some ambiguity in decision-making, the expected decisive risk assessment, event notification and request for WHO support were delayed. Nevertheless, by the end of the exercise, the risk was fully appreciated, evaluated and reflected in a feasibility assessment and rapid containment recommendation.

3.2.2 Validate established decision-making processes

Decision making processes observed during the exercise appeared to be essentially standard for the Ministry’s routine business. There was no evidence of references to extraordinary or emergency operating procedures during the exercise, though it was acknowledged that the pandemic preparedness plan should be reviewed. This observation respects the fact that the exercise environment is artificial and that it is unlikely that the Ministry would manage an outbreak response with all the teams and subcommittees around a table in a real-time situation.

A rapid containment decision, due to critical timing considerations, needs to be authoritative and assertive once the threat is understood. The inclusive and consensus-building leadership observed during the exercise may be ideal for programme management, but is not optimal during an emergency situation or in a high-risk environment. This does not suggest that the leadership needs to change. It means that the organization needs to adapt to decision requirements during a high-risk public health emergency. If required operating procedures are established and staff is suitably trained,
rapid decision-making can be achieved. To assist in developing such an approach the following are recommended:

Recommendation 1

The Ministry of Health, in consultation with local and provincial officials and WHO, may consider developing a simple decision-making tool for rapid containment that maps the required processes, planning steps, notifications and decisions from first detection of a potential pandemic event to initiation of rapid containment.

Recommendation 2

Additionally, in consultation with local and provincial officials and WHO, the Ministry of Health is encouraged to develop guidelines on the consideration of rapid containment, including those who should be involved in the decision-making process.

A briefing on rapid containment on the second morning of the exercise aimed to prepare all the players for the decision requirements they would face that day. This briefing visibly impacted players’ engagement. There was considerable discussion about the size of the proposed containment zone, confirming that the Ministry is accustomed to dealing with local outbreaks on a small scale. With guidance from WHO, participants were able to recalibrate their thinking and consider the entire district as the containment zone. By the end of the exercise, the required critical decisions had been made with guidance and support from WHO. Given the likely incomplete understanding of rapid containment of a potential pandemic throughout the public health system, a third recommendation is proposed.

Recommendation 3

The Ministry of Health may enlist the assistance of WHO to develop and deliver a comprehensive training package for rapid containment suitable for all levels of staff in the public health system.

3.2.3 Development and implementation of risk communications

Ten out of the 30 exercise injects had media implications, requiring the development of a relatively high-level, large-scale risk communications strategy. The Ministry’s initial approach to the injects was essentially traditional. This included providing important information through an enhanced hotline, informing local media, and publishing a website about risk management, outbreak management initiatives, avoiding dead fowl, hygiene and seeking health care early. As pressure to deal with international media increased, responses from the Ministry were limited and media took extreme measures to obtain comments and interviews. The communications team worked on messaging, but an overall strategy was not defined. The need for an overall messaging strategy was acknowledged.
Risk communications is a powerful tool for public health officials in dealing with outbreak management. The Ministry has historically employed traditional media, usually at the local level, to deliver messages to local residents. However this is becoming only marginally effective due to the globalization of media, proliferation of social media and and a global interdependence in matters of public health. In public health emergencies, while the media generally tries to be helpful, they may quickly become adversarial if they suspect critical information is being withheld.

The exercise injects were intended to motivate the Ministry to contemplate a risk communications strategy that addressed the information needs of different target audiences and embraced the full spectrum of media options including traditional print, radio, television, internet, local and global social media and blogs. For very remote and disconnected communities, the use of local messengers may need to be included. The communications strategy would also need to include media monitoring, press conferences, daily briefings and update management to ensure that as new information becomes available, public information is updated close to real time. As this is a significant undertaking and is not fully achievable beyond a conceptual or descriptive level during the exercise. It may be considered for the longer-term.

Recommendation 4

The Ministry of Health, in consultation with WHO, is encouraged to develop a strategic plan for risk communications that includes messaging in the context of rapid containment and considers the use of all available media and the information needs of specific and special interest audiences.

3.2.4 Ensure understanding of procedures for mobilization of national and ASEAN Stockpiles

Early discussion on pharmaceutical and personal protective equipment (PPE) stockpile focused on using national resources as part of a routine response. Initial discussions about the size of the containment zone could have resulted in national resources being sufficient for the zone but not for containment because the zone was too small. The decision to make the administrative district the containment zone immediately called for more than a million courses of medication. This requirement could be met by the ASEAN/ASEF regional stockpile held in Singapore. Some players seemed unaware that the purpose of this stockpile is to support rapid containment so that a country does not have to exhaust its own resources in the event of an in-country pandemic.

Once the containment zone population was known and the number of antiviral courses and PPE requirement calculated, a request was sent to JICS. JICS were able to respond quickly with arrival times in Hanoi of specific quantities of materials and a request for confirmation of the consignee.
After a discussion about the many geographic barriers the district terrain provided, there did not seem to be a resolution on the most effective method for distributing pharmaceuticals to district residents.

Recommendation 5

The Ministry of Health, with the support of WHO, may also develop a logistics plan that addresses the issues of storage and rapid distribution so that required materials can be provided where they are needed within a matter of hours, and that processes for clearing drugs, equipment, and supplies into the country are expedited.

3.2.5 Verify established coordination and communication arrangements with all levels of health infrastructure, and with WHO.

The lively technical discussions at the Ministry table between programmes and subcommittees throughout the exercise were presumably reflective of information exchanges that would occur in reality. Similar exchanges with the affected province would likely have occurred, but the exercise only allowed for telephone simulation; the full extent of potential provincial-national level communication is unknown. In an actual event, much dialogue and information sharing with WHO would normally be expected, consistent with established working arrangements, International Health Regulation (IHR) requirements and the rapid containment protocol. During the exercise, this type of interaction was not very evident despite escalating pressure from WHO to provide an event notification, share information about the evolving outbreak, engage them in developing common communications materials, etc. It was observed that players were highly focused on technical discussions and being absolutely correct in what they communicate to WHO. Their credible work could have been enhanced by the involvement of WHO staff. Consequently, a fifth recommendation is provided.

Recommendation 5

The Ministry of Health, with the support of WHO, may also develop a logistics plan that addresses the issues of storage and rapid distribution so that required materials can be provided where they are needed within a matter of hours, and that processes for clearing drugs, equipment, and supplies into the country are expedited.

4. EVALUATION OF THE EXERCISE PROCESS

PanStop 2013 was pulled together in record time. It was a productive, engaging exercise with relatively few problems due to generosity and cooperation of the Ministry of Health, the experience of the exercise management team and the assistance of the WHO Country Office staff. The control and simulation functions performed seamlessly, all communications facilities were operational, and the space provided was ample. As the exercise was conducted in Vietnamese, interpretation services were provided for the
exercise team. The interpretation was sufficient but not ideal, since the interpreters did not understand the context. Simultaneous translation would have been closer to the ideal of a fully bilingual exercise management team.

The exercise was not without some issues. From a planning perspective, the groundwork of determining objectives, scope and players, which are defined within a directive from the sponsoring organization, should have occurred two to three months prior to the exercise. Exercise designers would have also benefitted from a knowledgeable and trusted staff member from the sponsoring organization providing guidance and advice during the preparation period.

Player responses were delayed from the start of the exercise, and players spent the rest of exercise trying to catch up. This reflects a known problem with the modified functional exercise format, which has become the standard for exercises conducted by the WHO Regional Office for the Western Pacific. Most often the functional format is modified in the direction of a table-top, which means additional stress is introduced in the exercise due to players discussing and attempting to resolve issues in real time, instead of exercise time. A modified table-top, with some functional aspects such as interesting simulation and facilitator control instead of scenario-driven time constraints, could provide a more productive and less stressful format, particularly for in-house training exercises within the Ministry of Health.

5. PARTICIPANT EVALUATION FORMS

Ministry of Health players and the exercise team, including staff from the WHO Country Office, submitted evaluation forms. Answers to questions on the form are compiled below with a synopsis of participants’ comments following each question.

1. I RECEIVED information that I needed to engage with my colleagues regarding a rapid containment decision.

   Average 8.5

   Not much Sufficient

2. I was able to PROVIDE critical information that my colleagues would need during a rapid containment decision.

   Average 8.2

   Not much Sufficient
3. The Ministry’s policies and procedures are sufficient to support a rapid assessment of an outbreak.

*Yes.* 18 *No.* 2

Comments from participants:

- The Ministry responded quickly but decision-making was quite slow and information should have been shared with WHO.
- There is a lack of knowledge about the concept of rapid assessment and containment since it is new so policies and procedures do not cover it.

4. The Ministry has access to sufficient capacity to develop a range of risk communications products for a variety of audiences during an outbreak involving a potential containment operation.

*Yes.* 16 *No.* 6

Comment from participants:

- Internal capacity is not sufficient to handle a range of products for various media. The Ministry needs to partner with international organizations for training, simulations and policies to deal with social media as messages may spin out of control very easily.

5. The Ministry’s policies and procedures are sufficient to support a timely rapid containment decision

*Yes.* 14 *No.* 7

Comments from participants:

- Since the concept is new, there is a lack of knowledge and, from what I understand, there are no policies about rapid containment.
- Considering how long it took to determine the containment zone, the Ministry should have better policies and procedures in proceeding with rapid containment.

6. Did the exercise scenario provide sufficient opportunity to understand the strengths and weaknesses in readiness and capability to implement rapid containment?

*Yes.* 22 *No.* 0

- No comments from participants.

7. Are there any issues about a rapid containment decision that the exercise did not provide an opportunity to explore?

- It is important to plan for boundary control in outbreak area, logistics and provision of food and supplies in control zone and management of dead bodies.
The exercise missed the involvement of the Minister of Health, as well as officials from related ministries, provinces and communities.

• The role of local authorities in mobilization of community resources was not mentioned.

• The implications of social media, as the stream of information cannot be controlled.

8. Do you have any recommendations or suggestions for future exercises?

• There is a need to train and practice risk communications, logistics, multi-ministry and multi-agency collaboration.

• More exercises should be conducted annually to address different potential public health emergency events involving different levels of government administration and locations.

• The subcommittees that participated in the exercise should develop and present more detailed plans.

• Participants should be provided with the objectives in advance; the exercise should be longer to allow for more discussion and input at the provincial level.

• Ministry of Health leaders should be invited so that they can participate in decision-making.

• Training for preventive medicine staff at different levels should be provided to expand response capacity.

6. CONCLUSION AND RECOMMENDATIONS

Exercise PanStop 2013 had five objectives associated with risk assessment, decision-making, risk communications, mobilization of national and ASEAN stockpiles, and coordination and communication arrangements with all levels of health infrastructure, and with WHO.

To varying degrees all the exercise objectives were achieved.

Events that would potentially trigger consideration of a large-scale rapid containment operation should be sufficiently rare that maintaining awareness of the associated concepts and protocols may be challenging. Recognizing this, a simple decision-making tool may be included in future briefing and orientation materials and would assist with long-term knowledge transfer. Such a tool would describe the preconditions, data, planning and decision requirements for rapid containment.
To strengthen communication, coordination, decision-making, risk assessment and procedures required to support a decision by the Government of Viet Nam to launch a rapid containment to stop or slow the spread of an outbreak of influenza with pandemic potential, the following recommendations are provided.

Recommendation 1

The Ministry of Health, in consultation with local and provincial officials and WHO, may consider developing a simple decision-making tool for rapid containment that maps the required processes, planning steps, notifications and decisions from first detection of a potential pandemic event to initiation of rapid containment.

Recommendation 2

Additionally, in consultation with local and provincial officials and WHO, the Ministry of Health is encouraged to develop guidelines on the consideration of rapid containment, including those who should be involved in the decision-making process.

Rapid containment is a relatively new and untested concept based on a theory derived from mathematical modeling. Consequently, knowledge of this concept is not widespread. The procedures involved are fundamental to routine public health communicable disease detection and response. The challenge for practitioners at all levels is to distinguish the single critical event that will signal the consideration of rapid containment with all of the associated extraordinary measures. Exercise observations confirm that orientation and training is necessary for all levels of the system. When participants were briefed on the rapid containment issues and required decisions, they were immediately able to move the exercise forward.

Recommendation 3

The Ministry of Health may enlist the assistance of WHO to develop and deliver a comprehensive training package for rapid containment suitable for all levels of staff in the public health system.

The field of public communication is in the midst of revolutionary change, given the exponential growth in new media. It is now possible to quickly reach large groups of people in real time via mobile devices. Risk communicators are faced with both new opportunities and formidable challenges in managing public messaging. A plan which recognizes the strategic issues and opportunities and provides guidance for engaging new media is necessary.
Recommendation 4

The Ministry of Health, in consultation with WHO, is encouraged to develop a strategic plan for risk communications that includes messaging in the context of rapid containment and considers the use of all available media and the information needs of specific and special interest audiences.

Exercises provide opportunities to practice, learn, test, evaluate and validate. When well-conceived and conducted they can be a lot fun for participants.

Exercise PanStop 2013 did not provide much opportunity to explore in detail issues such as risk communications, logistics planning for a containment zone, multi-ministry and multi-agency collaboration, and coordination with provincial officials and services. Most of these issues have all-hazards elements and based on participant comments, the Ministry would benefit from smaller exercises to explore these issues.

Recommendation 5

The Ministry of Health, with the support of WHO, may also develop a logistics plan that addresses the issues of storage and rapid distribution so that required materials can be provided where they are needed within a matter of hours, and that processes for clearing drugs, equipment, and supplies into the country are expedited.

Recommendation 6

The Ministry of Health is encouraged to conduct more focused exercises to smaller groups of staff to orient and train them, as well as explore issues and opportunities related to risk communications, logistics planning for a containment zone and coordination with other ministries, provincial officials and external partners such as WHO.
SCENARIO  Panstop 2013: Viet Nam Ministry of Health & WHO

Background
Since 2003, the H5N1 influenza virus subtype has been found throughout the world in migratory birds and has caused outbreaks in poultry in Europe, Africa, the Middle East and Asia. The virus continues to cross the species barrier and infect humans. To date 610 cases, including 360 fatalities have been reported from 15 countries, and in 2012 a total of 32 cases, among which 20 died, from 6 countries. Nearly all cases have reported being in close contact with infected birds but there are cases in which human to human transmission cannot be ruled out. In 2009, the world experienced the first pandemic of the 21st Century as a result of the rapid spread of the novel pandemic influenza A (H1N1) pdm09 virus. Lessons learned from the response to the recent pandemic included, the need to maintain vigilance and strengthen surveillance, preparedness and response to future pandemics.

In Viet Nam, H5N1 continues to be endemic in poultry with differing sub-types of the virus occurring over time. Between 2003 and March 2012, 123 human H5N1 cases were reported to the World Health Organization (WHO) of which 61 died. This includes 2 human cases with 1 death in Tuyen Quang, a province in Northern Viet Nam.

EXERCISE
Initial Outbreak
In early December 2012, domestic poultry from several backyard farms were reported to have died of suspected avian influenza in Van Son Commune. Specimens were sent for laboratory confirmation, and confirmed as H5N1 in mid-December. Outbreak investigation was conducted by the Sub Department of Animal Health and the Department of Animal Health (DAH) Ministry of Agriculture and Rural Development (MARD). Numerous domestic poultry tested positive for H5N1 with a 60-70% fatality rate. Responses for the outbreak of H5N1 in poultry in the area were initiated. The Department of Animal Health informed the Centre for Communicable Disease Control (CDC) in the General Department of Preventive Medicine (GDPM) Ministry of Health daily about the outbreak by fax. No human disease was reported at the end of December. Media reports the AI outbreak situation. After 21 days no new outbreak in poultry was reported and the Department Animal Health announced that the outbreak was over.
On 11 January, the "Tien Phong" newspaper carries a report about a 'mysterious, acute diarrhea illness in Van Son Commune' (See News Report 1). WHO's event-based surveillance system picks this up and WHO requests further information from MOH.

NEWS REPORT 1

11 January 2013 – At least five people came down with a mystery acute illness in Van Son Commune, with three deaths over the past month. The patients were reported to have suffered from diarrhea, fever, muscle pain, fatigue, conjunctivitis and seizures. Van Son commune suffered H5N1 outbreak in poultry in mid December-2012 with no human cases.

Dr. Nguyen Van Huu at the Son Duong District Hospital said that "this combination of symptoms was unusual and that cause of illness was undetermined at this point in time. Patients blood samples are being tested to determine the cause of illness." A local villager who had close contact with one of the patients said "We are concerned how quickly these people became severely ill and it worries us that we don't know the cause of the disease. We think it could be due to contaminated food or water."

It is not clear what is the cause of this disease, but there are reasons for some concern.

On Day 1  (January 15)

Three villagers visit Van Son Commune Health Station complaining of cough, fever (>38C) and sore throat. According to the Head of the commune Health Station, two cases (Cases 1 and 2) complain that their symptoms did not get better after self-treating at home for three days, which started on 10 and 11 January respectively. Family members are very worried and claimed that they should be treated in the Provincial Hospital. Case 3 had been at home with mild fever since 11 January. On arrival at the Health Station, Case 3 was having difficulty breathing and her condition was worsening. All three cases are transferred to Tuyen Quang Province Hospital on January 15th.

A doctor in the Van Son Commune Health Station, recalled that the commune had an Avian Influenza poultry outbreak in the last month, asked animal contact history from the three cases before referring them to Tuyen Quang Province Hospital. Case 1 had contact with dead backyard chickens in the Van Son commune in the middle of December and Case 2 is his brother. It is not clear if Case 3 had contact with sick or dead chickens.
On DAY 2  (January 16)
Case 3 dies soon after transfer to the Tuyen Quang Provincial Hospital.

Local provincial news writes story that gets picked up by national wire: Viet Nam Now Agency.

Samples from Cases 1 and 2 are taken and sent to NIHE for confirmation in the morning. As Case 3 dies soon after transfer to the Tuyen Quang Provincial Hospital, samples cannot be taken.

The head of the commune health station reports the cases to the District Health Center (DHC), Provincial Center for Preventive Medicine (PCPM), and GDPM/CDC and NIHE by fax/phone as "severe acute respiratory infection (SARI)" after contacting with dead chickens.

On DAY 3  (January 17)
The result of specimens taken from Case 1 is RT-PCR positive for H5N1 Influenza and case 2 is negative. No sample has been taken for Case 3. NIHE plans to send sample for further confirmation to Japan National Institute of Infectious Diseases.

Following the result, a National steering committee meeting chaired by Deputy Health Minister is convened. In Tuyen Quang the Provincial steering committee is also activated. The rapid response team from NIHE/ Provincial Center of Preventive Medicine (PCPM) is deployed to the commune. Provincial Center of Preventive Medicine (PCPM), and PCPM reports information to GDPM/NIHE, and GDPM reports to National Steering meeting.

WHO has been requesting GDPM/MOH to provide information about the outbreak and to offer technical support. WHO advise GDPM to ask the International Health Regulations (IHR) National Focal Point (NFP) to report to WHO DON via notify WHO IHR that there has been a confirmed positive human case of H5N1.

International news agency Associate Press picks up news story and the outbreak becomes international news. MOH makes the first statement that one person has tested positive for H5N1. MOH starts closely monitoring the situation and prepares to
alert the public as soon as more information is available.

On DAY 4 (January 18)
The rapid response team from NIHE/ Provincial Center of Preventive Medicine (PCPM) starts conducting field investigation in the commune.

Three new cases in the village with mild symptoms of ILI (fever, dry cough and sore throat) are identified by the NIHE/PCPM rapid response team through contact tracing. These are:
- Cases 4 & 5, who are sons of the dead case (Case 3) and have no known contact with sick or dead chickens.
- Case 4 & 5 live different house each other.
- Case 3 had earlier on visited her son (case 4) on 4 January.
- Both cases 4 & 5 have mild symptoms and do not need to be transferred to the district hospital.
- Case 6 is the wife of Case 1. She has been suffering from a chronic heart disease for many years. She has had no contact with sick or dead chickens. Case 6 complains of shortness of breath and vomiting. She is transferred to the district hospital and dies later due to heart failure.

Samples from all cases are taken and transported to NIHE in evening.
GDPM receives information from the NIHE/PCPM field team, and reports to the National Steering Committee regularly.
GDPM notify IHR and WHO CO support EIS posting.
WHO requests further updates about the situation from MOH and offers to send a WHO team to support the country. WHO prepare a team to send to Viet Nam while awaiting approval.

Local and international media reports are increasing about the “mystery disease outbreak”. Journalists are requesting access to Van Son commune to interview provincial medical staff and local villagers. International media is reporting that “mystery disease outbreak comes one month after AI outbreak in the commune.”.

International and national media tries to contact WHO, MOH and the provincial health authorities to get as much information as possible. MOH prepares talking points and makes daily statements to the media.
On DAY 5 January 19
RT-PCR results show that Cases 4 & 5 are positive and Case 6 is negative for H5N1.

The local internet media "Tein phong ONLINE" report the news of more cases as a follow-up from the first news report of the mystery diseases (see News report 2).

NEWS REPORT 2
19 January 2013—At least six more cases of human H5N1 influenza were reported from Van Son today. Patients suffered from fatigue, muscle pain and fever. Two of the cases died and one is in a severe condition.

Two of the new patients were sons of one the deceased cases. It was reported that the dead patient had previously eaten sick chicken.

An on-site investigation revealed that villagers were showing great concern over this outbreak. The number of villagers who are showing up at the Health Station is increasing day by day. People are complaining of discomfort and flu-like illness. Most are healthy but worried that they might have come into contact with an ill person or sick or dead chickens.

Doctors reported that the District Hospital was also full of visitors complaining of flu-like illness, most of them were healthy but worried. Hospital staff are worried as they do not have enough infection control materials to protect themselves from infection.

Later in the day, another case (Case 7) is reported from the rapid response team in Van Son commune.

- Case 7 is a friend of Case 5 and they have worked together as carpenters since 5 January. Case 7 shows symptoms of fever and myalgia but does not need to be transferred to the district hospital.

All updated information is shared with GDPM and the National steering committee. Epidemiological analysis of the line list suggests that the outbreak may be the result of human-to-human transmission. The National Steering committee starts considering implementing a Rapid Containment operation.

WHO offers to assist MOH in assessing the feasibility of conducting a Rapid Containment operation. This will require more experts in addition to the rapid response team already on the ground.
On DAY 6 January 20

News of more cases becomes front page news in the international media which is reporting on the situation in Van Son commune. Inquiries received by MOH regarding the possibility of an outbreak of pandemic influenza have overwhelmed the GDPM telephone line. People are asking where they can obtain antivirals, how to protect family from the disease.

As a result of contact tracing by the rapid response team, five new cases (Cases 8, 9, 10, 11 & 12) with ILL are identified.

- Cases 8, 9 and 10 attended the funeral of Case 3 on 17 January (Day 3).
- Case 11 is one of the district hospital's healthcare workers and is a friend of Case 6.
- Case 12 was serving food at the reception during the funeral of Case 3.

The National Steering Committee discusses the feasibility of conducting a Rapid Containment operation with advice from WHO. WHO strongly recommends that a WHO team be in Viet Nam to support the feasibility assessment for a Rapid Containment operation. Later, GDPM approves the arrival of the WHO team in the country to assess together the feasibility of a Rapid Containment operation.

MOH ask WHO about the Singapore stockpile deployment.

The Japanese government calls Viet Nam government expressing great concern about the event.

The WHO team arrives to assess the feasibility of conducting a Rapid Containment operation in coordination with MOH Viet Nam.

Other commune health stations nearby report that individuals who are essentially well but concerned that they might have influenza, are visiting the commune health center. In addition, it is observed that some district hospital workers are not following appropriate infection control measures.

International and local media requests to MOH are increasing rapidly as are news reports about the possibility of an human H5N1 pandemic.
The National steering committee keeps discussing about whether to conduct a Rapid Containment operation or not. The Containment zone is almost defined by MOH in coordination with WHO. MOH in coordination with WHO discusses the activities to be conducted in the containment zone.

WHO advise JICS of the approximate quantities of antivirals and PPE required.

(Suspension of exercise Day 1)
(Resume of exercise Day 2)

On DAY 7 (Exercise Day 2) (January 21)

The RT-PCR laboratory results for Cases 7, 8, 9, 10, 11 & 12 are returned from NIHE, and all are positive for H5N1 except Case 11. A further 3 cases are reported through contact tracing (Cases 13, 14 & 15).

- Case 13 is a district hospital nurse and takes care of Case 8.
- Case 14 is an 8 year old boy attending primary school in Van Son commune where Case 10 is teaching.
- Case 15, who has been hiding as she fears she may be infected, is a girlfriend of Case 5.

Items from the Singapore stockpile arrive at the airport in Ha Noi airport.

Inquiries about Tamiflu side effects are posted from some media. Many IHR NFPs inquire whether WHO has placed a travel restrictions for visitors to and from Viet Nam.

The National Steering Committee makes a decision to launch Rapid Containment and briefs the Health Minister, who then reports to the Prime Minister. WHO DG is also briefed by WHO team in coordination with MOH that RC is launched. The National Steering Committee is requested GDPM to prepare the draft speech for the Prime Minister.

On DAY 8 (January 22)
An additional three cases are reported by the rapid response team (Cases 16, 17 & 18).

- Case 17 is a 3 year old boy in a severe condition (fever 40 degrees, tachypnea,
tachycardia, delirium) and is sent to the Provincial hospital.

- Others are all showing mild symptoms of ILI.
- The NIHE results show Cases 13, 14 &15 are positive.
- Field investigation reports that movement of Cases 1-15 has basically been limited to Van Son commune for the last 2 weeks.

The USA offers to donate 25,000 free courses of Tamiflu to Viet Nam. Many international and local NGOs offer support for the outbreak response.

Reports about the start of an H5N1 pandemic are headline news in the international and local media. The most popular hashtag on twitter is now “birdflupandemicvietnam” The story has gone viral on blogs and other social media sites such as facebook and Zing Me (Vietnamese local social media site that is popular amongst teenagers).

The Health Minister prepares to announce the Rapid Containment operation to the media.

On DAY 9 (January 23)
Two more cases (total 20 cases) are reported from field report.
- Case 19 is a international journalist who interviewed villagers.
- Case 20 is a mother of a secondary school student.
## Annex 2

### EXERAPID CONTAINMENTISE

**PanStop 2013 Master Sequence Event List and Controller Actions**

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Hanoi time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message From Simulator</th>
<th>To</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
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<tbody>
<tr>
<td>1-0</td>
<td>800</td>
<td></td>
<td>Local news picks up mysterious diarrheal disease in Van Son Commune</td>
<td>Local News</td>
<td>ALL</td>
<td>Handout to ALL</td>
<td>Risk assessment</td>
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<td>- Monitor media reports/social media for any mention of cases</td>
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<td>GDPM (CDC division)</td>
<td>Tel: Dr Long, Email: Dr Long, CC Dr Duong</td>
<td>Risk assessment</td>
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<td>- ask more information from PCPM, try to get more information</td>
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<td>- Monitor media reports/social media for any mention of the cases</td>
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<td>GDPM (CDC division)</td>
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<td>Decision making:</td>
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<td>- Briefed from GDPM about ILI report</td>
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<td>- Communicate with MOH to gather information</td>
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<td>- Facilitate to communicate with simulator cell</td>
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<td>GDPM (CDC division)</td>
<td>Tel &amp; Email</td>
<td>Total 3 cases</td>
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<td>Cases 1 and 2 report onset of symptoms on 10 and 11 Jan 2013 respectively. Case 3 has been at home with mild fever since 11 Jan. Case 3 shows difficulty breathing when she visits the health station, and becomes sicker after her arrival.</td>
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<td>The Tuyen Quang Province Center for Preventive Medicine reports the cases to GDPM as: &quot;severe acute respiratory infection (SARI)&quot;: In the report it is mentioned that Case 1 has had contact with live sick chickens and consumed it, Case 2 is his brother, Case 3 has had no contact with birds. Family worried and all were transferred by ambulance to Tuyen Quang Provincial Hospital. Case 3 died after transferring. So sample were taken from 3 cases and sent NIHE for confirmation. cannot be taken.</td>
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Date: 14 January, 2013
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<tbody>
<tr>
<td>1-2</td>
<td></td>
<td>0850</td>
<td>Day 2 (Jan 16)</td>
<td>Local provincial news story picked up by national wire, VNA requests more information about cases with MOH and WHO</td>
<td>Viet Nam News Agency (VNA)</td>
<td>ALL</td>
<td>Email</td>
<td>Risk assessment Risk Com: Continue to monitor media reports and social media. MOH makes statement that they are investigating the situation but have no confirmed information about the cases yet. Assure media that a statement will be made once the information is confirmed Decision making:</td>
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<td>1-3</td>
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<td>0900</td>
<td>Day 2 (Jan 16)</td>
<td>A report from provincial hospital &quot;Case 3 died&quot; Samples from Case 1 and 2 are taken and sent to NIHE</td>
<td>PCPM</td>
<td>GDPM Tel: Dr Dong, Email: Dr Duong, CC Dr Long</td>
<td>Tel &amp; email</td>
<td>Risk assessment - try to get more information, - Start preparing sending a rapid response team Risk Com: - continue to monitor media reports and social media. Start thinking about communications plans for possible outbreak. Decision making: - get a briefing from GDPM/CDC</td>
<td>Case 3 dies immediately after transfer to the hospital and samples</td>
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<tr>
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<td>1-4</td>
<td>1</td>
<td>0920</td>
<td>Day 3 (Jan 17)</td>
<td>The result of specimens from Case 1 is RT-PCR positive for H5N1 influenza. Inquire for approval to send sample for further confirmation.</td>
<td>NIHE</td>
<td>GDPM (Dr Long, CC Dr Duong)</td>
<td>Tel &amp; E-mail (with attachment)</td>
<td>Risk assessment team - Send a rapid response team - develop a line list Risk communication - Update talking points based on confirmed information. - Risk communication plan should indentify official spokesperson and should include provincial hospital/ MOH staff so that everyone knows their role when speaking to the media. Decision making: - Get a briefing from GDPM/CDC - National Steering committee meeting initiated - Situation report to Health minister via National Steering Committee - notify WHO CO for posting IHR WHO CO - urge NFP IHR notification, notify RO and support IIS posting</td>
<td>Case 1 is positive H5N1, Case 2 is negative, Case 3 no sample Rapid Response start A rapid response team is deployed</td>
</tr>
<tr>
<td>1-5</td>
<td>1</td>
<td>0945</td>
<td>Day 3 (Jan 17)</td>
<td>International news agency Associate Press picks up news story and the outbreak becomes international news WHO and MOH are inundated with media requests for</td>
<td>Associate Press</td>
<td>ALL</td>
<td>E-mail</td>
<td>Risk communication - MOH makes first statement that one person has tested positive for H5N1. Statement should also include precautionary measures for the public - starts closely monitoring the situation and prepares to alert the public as soon as more information is available.</td>
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14 January, 2013
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<tr>
<td>1.6</td>
<td></td>
<td>0950</td>
<td>Day 3 (Jan 17)</td>
<td>WPRO request the H5N1 case be reported to WHO</td>
<td>WPRO (CK)</td>
<td>WHO CO</td>
<td>Tel</td>
<td>- advice MOH and request EIS posting to WHO if not done</td>
<td>Total 6 cases: 3 new cases with mild symptoms of ILI (fever, dry cough and throat irritation) are reported from the field team through contact tracing. Cases 4 and 5 are sons of Case 3 and have had no contact with migratory birds. Cases 4 and 5 live apart, and Case 3 had a visit from Case 4 on 4 Jan. Case 4 &amp; 5 have mild symptoms and there is no need to transfer them to the hospital. Case 6 is the wife of Case 1, has suffered a chronic heart disease for many years. She has had no contact with chicken. Case 6 complains of shortness of breath and vomiting and is transferred to the District hospital. She dies later due to heart failure. All case samples are taken and sent to the NIHE.</td>
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<tr>
<td>1.7</td>
<td></td>
<td>1010</td>
<td>Day 4 (Jan 18)</td>
<td>Another report of 3 cases with ILI from the rapid response team</td>
<td>NIHE/PCPM</td>
<td>GDPM Dr Long, CC Dr Duong</td>
<td>E-mail (with attachment)</td>
<td>Risk assessment - GDPM request a field team for further information of the cases. - develop a list - GDPM notifies to National Steering Committee. Decision making - NFP IHR notification, and develop EIS posting. - National stockpile mobilization should be discussed - consider initiating RAPID CONTAINMENT and plan for RAPID CONTAINMENT feasibility assessment - discuss WHO team to conduct RAPID CONTAINMENT feasibility assessment - consider requesting GOARN deployment from HQ if there is not enough staff to cover the team - WHO CO - shares information with WPRO on a regular basis.</td>
<td>Simulator Assumption: All patients will be sent to District hospital (severe) or health station (mild cases) ONLY. Provincial hospital and national level support health workers (Dr, Ns...) to District level, in order not to spread infection.</td>
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<td>I-8</td>
<td>1</td>
<td>Day 4 (Jan 18)</td>
<td>International and local media continue to request media interviews</td>
<td>Local media</td>
<td>All</td>
<td>E-mail</td>
<td>Risk communication</td>
<td>MOH request to begin daily briefings to keep media and public informed. Fact sheet on H5N1 is posted on MOH and WHO website.</td>
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<tr>
<td>I-9</td>
<td>2</td>
<td>Day 4 (Jan 18)</td>
<td>same as above (I-8)</td>
<td>CNN</td>
<td>Spokes person Dr. Duong</td>
<td>Tel</td>
<td>Risk assessment</td>
<td>- provide update info</td>
<td></td>
</tr>
<tr>
<td>I-10</td>
<td>3</td>
<td>Day 5 (Jan 19)</td>
<td>RT-PCR result of Cases 4-6 returns</td>
<td>GDPM Dr. Long,</td>
<td>CC Dr. Duong</td>
<td>Email (with attachment)</td>
<td>Risk assessment</td>
<td>- ask for further information on the cases to the field team. - GDPM notify National Steering Committee. - analyze a line list</td>
<td></td>
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</table>

RT-PCR results show Cases 4 & 5 are positive and Case 6 is negative for H5N1. (Not yet I-H information confirmation)
<table>
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<tr>
<td>11</td>
<td>1120</td>
<td>Day 5 (Jan 19)</td>
<td></td>
<td>Health Clinic reports it is full with worried well. Some staff are not familiar with PPE. Hospital also report the situation</td>
<td>Provincial hospital</td>
<td>ALL</td>
<td>Email: GDPM Clinical person (TBD)</td>
<td>Email</td>
<td>Risk assessment - inform to National Steering Committee Risk communication - update talking points - make daily statements to the media - update fact sheet on H5N1 Continue to monitor social media and media reports Decision making - discuss infectious control measure in the health facilities and the hospital, and to confirm the</td>
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</table>
**PanStop 2013 Master Sequence Event List and Controller Actions**

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**LUNCH BREAK**

- Summary of the morning exercise
  - Show video clip

**Exercise Time:** 1300 (Jan 19)

- Another one case is reported from a rapid response team
  - (WHO CO offer RAPID CONTAINMENT feasibility assessment and request approval for a WHO team for RAPID CONTAINMENT assessment)
  - NIHE/PCPM
  - Tel Dr Duong
  - Email Dr Duong
  - CC Dr Long

**Method:** GDPM Tel & Email with attatchments

**Expected Action**

- **Risk assessment**
  - reports to National Steering Committee
  - update a line list
- **Risk communication**
  - update talking points
  - make daily statements to the media
  - update fact sheet on H5N1
  - continue to monitor social media and media reports
- **Decision making**
  - decide to initiate feasibility assessment for RAPID CONTAINMENT
  - discuss antivirals logistic plan
  - inform ASEAN/ASEF secretariat of the initiation of risk assessment (If not, by WHO remind)
  - WHO CO
  - offer RAPID CONTAINMENT

**Total 7 cases**

Case 7 is a friend of Case 5 and has worked together as a carpenter since 5 (H-H confirmed, Rapid Containment feasibility assessment be initiated)

Simulation

- RAPID CONTAINMENT feasibility information should be provided
  - (Containment zone information should be all shared)
- Confirm WHO CO that MOH approved WHO team to come VNM

**Comment**

- proper use of PPE. Non Pharmaceutical Intervention should be enforced
  - Required amount of PPE kits are counted
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Hanoi time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message From Simulator</th>
<th>To</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-14</td>
<td>1320</td>
<td>Day 6 (Jan 20)</td>
<td>Local and international media inquire the situation, MOH telephone line is overwhelmed</td>
<td>Local media/international media</td>
<td>ALL</td>
<td>Email</td>
<td>Risk assessment</td>
<td>feasibility assessment and get approval for a WHO team for RAPID CONTAINMENT assessment</td>
<td></td>
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<td></td>
<td>- inform WPRO to inform feasibility assessment initiated, ask for ASEAN/ASEF stockpile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I-15</td>
<td>1320</td>
<td>Day 6 (Jan 20)</td>
<td>Five new ILI cases are reported</td>
<td>NIHE/PCPM</td>
<td>GDPM Dr Duong CC Dr Long</td>
<td>Email (with attachment)</td>
<td>Risk assessment</td>
<td>Risk assessment</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>- reports to National Steering Committee</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>- update a line list</td>
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<td></td>
<td></td>
<td>Risk communication</td>
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<td></td>
<td></td>
<td>Decision making</td>
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<td></td>
<td></td>
<td></td>
<td>- initiate feasibility assessment for RAPID CONTAINMENT</td>
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<tr>
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<td></td>
<td></td>
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<td></td>
<td>- request further information to</td>
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<td>Logistics</td>
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<td></td>
<td>(This is not scope of the exercise!!)</td>
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</table>

Total 12 cases
Cases 8, 9 & 10 attended the funeral of Case 3 (Day 3). Case 11 is one of District Hospital’s healthcare workers and is a friend of Case 6. Case 12 is the owner of the shops next to where the funeral was held.
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
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<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-16</td>
<td>1350</td>
<td>Day 6 (Jan 20)</td>
<td>Japan government expresses great concern about the event</td>
<td>ICD Doan Phuong Thao CO Dr Long</td>
<td>Email</td>
<td>Decision making</td>
<td>discuss border control travel issues</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Risk communication</td>
<td>prepare talking point for RAPID CONTAINMENT</td>
</tr>
<tr>
<td>I-17</td>
<td>1415</td>
<td>Day 6 (Jan 20)</td>
<td>WHO team arrived in VNM, ask WHO CO( &amp; MOH) for briefing</td>
<td>WHO assessment team, Team leader</td>
<td>Telephon</td>
<td>Risk assessment</td>
<td>gather information and share</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Risk communication</td>
<td>prepare talking point for RAPID CONTAINMENT</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Decision making</td>
<td>discuss feasibility of RAPID CONTAINMENT, containment zone and RAPID CONTAINMENT operation</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>WHO CO</td>
<td>inform (confirm) role of WHO RAPID CONTAINMENT assessment team.</td>
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<td></td>
<td></td>
<td>request MOH to provide</td>
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</tr>
</tbody>
</table>

Feasibility assessment for RAPID CONTAINMENT

Simulation
WHO Team (consisted with epi, medical, log, lab) inquires about Rvapid containment feasibility, especially where is possible Containment Zone, antivirals distribution plan, plan to support people in the CONTAINMENT ZONE, and risk communication strategy

- Provide information to make a decision of CONTAINMENT ZONE (Map, population, security, ... info...) if not yet requested.
<table>
<thead>
<tr>
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<th>Priority</th>
<th>Inject Time (Hanoi time)</th>
<th>Exercise Time</th>
<th>Event</th>
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<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-18</td>
<td>1500</td>
<td>Day 6 (Jan 20)</td>
<td>International media request interview to MOH</td>
<td>Fox</td>
<td>On the spot interview</td>
<td>Dr Duong</td>
<td>Information (facilitate containment zone discussion, planning for operation) - inform HQ about possibility of RAPID CONTAINMENT - Contact WPRO to mobilize the regional stockpile (warning order)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-19</td>
<td>1530</td>
<td>Day 7 (Jan 21)</td>
<td>The lab result of Case 7-12 returned from NIHE The lab result of Case 1,4,5 returned from Japan NIID</td>
<td>NIHE</td>
<td>Email with attachments</td>
<td>GDPM</td>
<td>Risk assessment - inform National Steering Committee of the situation, Risk communication - develop a draft for the interview Decision making - discusses media release and risk communication and develop a plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-20</td>
<td>1550</td>
<td>Day 7 (Jan 21)</td>
<td>WHO requests information from MOH about RAPID CONTAINMENT</td>
<td>WPRO</td>
<td></td>
<td>WHO CO Babatunde</td>
<td>TEL</td>
<td>Risk assessment - analyze a line list - share information Risk communication Decision making - discusses rapid containment Simulators - Confirm to continue field investigation (routine response) and risk assessment of RAPID CONTAINMENT. - Inform WHO CO to have a T/C in the morning of Day 2 about the summary of containment zone and planning.</td>
<td></td>
</tr>
</tbody>
</table>

14 January, 2013
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Hanoi time)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CONTAINMENT ZONE</td>
<td></td>
<td></td>
<td></td>
<td>zone Decision making - have telephone conference to share RAPID CONTAINMENT risk assessment result - if not yet ready to share information, continue discussion about containment zone and planning</td>
<td></td>
</tr>
<tr>
<td>I-21</td>
<td>0830 0845 0920</td>
<td>Day7 (Jan 21)</td>
<td>Show Video clip 2 (UNCT 2)</td>
<td>WHO CO request summary from MOH</td>
<td>WHO CO request summary from MOH</td>
<td></td>
<td></td>
<td>This is a summary of Day1 situation</td>
<td></td>
</tr>
<tr>
<td>I-22</td>
<td>0845</td>
<td>Day7 (Jan 21)</td>
<td>Another new 3 cases withILI reported through contact from Field Team</td>
<td>NIHE/PCPM</td>
<td>GDPM Dr Duong CC Dr Long</td>
<td>Email (with attachment)</td>
<td>Risk assessment - analyze a line list - share information Risk communication Decision making - decide CONTAINMENT ZONE zone, RAPID CONTAINMENT operation planning</td>
<td>Total 15 cases Case 13 is a community nurse and takes care of Case 8. Case 14 is 8 yo boy attending primary school with Case 10. Case 15 is a girlfriend of Case 5. She has been hiding as she fears she may be infected Simulation: WHO team reports that movement of Cases 1– 5 has basically been limited to commune for last 2 weeks.</td>
<td></td>
</tr>
<tr>
<td>I-23</td>
<td>0920</td>
<td>Day 7 (Jan 21)</td>
<td>Singapore regional stockpile arrives</td>
<td>JICS</td>
<td>ICD (Consignee) Doan Phuong</td>
<td>Tel/Email</td>
<td>Decision making - discuss logistic plan WHO CO</td>
<td>Logistics - inform team of discussions made re: airport transport to store/transport repackaging to support RAPID</td>
<td></td>
</tr>
<tr>
<td>#</td>
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<tr>
<td>I-24</td>
<td></td>
<td>0940</td>
<td>Day 7 (Jan 21)</td>
<td>In Hanoi</td>
<td>WPRO IHR</td>
<td>Thao</td>
<td>Email</td>
<td>- inform WPRO about the arrival of the stockpile.</td>
<td>CONTAINMENT/ store/remaining stockpile</td>
</tr>
<tr>
<td>I-25</td>
<td></td>
<td>1000</td>
<td>Day 8 (Jan 22)</td>
<td>Field Team reports additional 3 cases with some more field information.</td>
<td>NIHE/PCPM</td>
<td>GDPM Dr Duong CC Dr Long</td>
<td>Email (with attachment)</td>
<td>Risk assessment - analyze a line list - share information</td>
<td>Risk communication - discuss and provide the talking point. - start summarizing and preparing an announcement by the MOH to launch the RAPID CONTAINMENT operation</td>
</tr>
<tr>
<td>I-26</td>
<td></td>
<td>1010</td>
<td>Day 8 (Jan 22)</td>
<td>Reports about the start of an H5N1 pandemic are headline news in the</td>
<td>Social media sites</td>
<td>ALL</td>
<td>On the spot update</td>
<td>Total 18 cases Case 17 is 3 yo boy in severe condition (fever of 40 degrees, tachypnea, tachycardia, delirium) and is sent to the Province hospital. Others all show mild symptoms of ILI. <strong>RT-PCR</strong> Cases 13, 14 &amp; 15 are positive</td>
<td>Risk communication</td>
</tr>
<tr>
<td>#</td>
<td>Priority</td>
<td>Inject Time (Hanoi)</td>
<td>Exercise Time</td>
<td>Event</td>
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<tr>
<td>I-27</td>
<td></td>
<td>1010</td>
<td>Day 8 (Jan 22)</td>
<td>US offers to donate Tamiflu, PPE and personnel</td>
<td>US Gov</td>
<td>IDC Doan Phuong Thao</td>
<td>Email</td>
<td>Decision making - discuss coordination plan for resources, potential refusal, as quantity is more than needed. Any appreciation of convergence issues. - Plan coordination with other agencies</td>
<td></td>
</tr>
<tr>
<td>I-28</td>
<td></td>
<td>1030</td>
<td>Day 8 (Jan 22)</td>
<td>WHO request MOH comments on launching RAPID CONTAINMENT Request sharing informally draft planning document</td>
<td>WPRO</td>
<td>WHO CO Babatunde</td>
<td>Telcon</td>
<td>All -Summary RAPID CONTAINMENT feasibility and epi data to suggest that RAPID CONTAINMENT is feasible - Determine how to terminate RAPID CONTAINMENT - If not ready, tell 1 hours for summary</td>
<td></td>
</tr>
<tr>
<td>I-29</td>
<td></td>
<td>1050</td>
<td>Day 9 (Jan 29)</td>
<td>2 more cases (Total 20 cases) reported from the Field Team</td>
<td>MIHE/PCPM</td>
<td>GDPM Dr Duong CC Dr Long</td>
<td>E-mail with attachments</td>
<td>Risk assessment - update a line list</td>
<td></td>
</tr>
<tr>
<td>I-30</td>
<td></td>
<td>1120</td>
<td>Day 9</td>
<td>On behalf of Dr Duong</td>
<td>ALL</td>
<td>On the</td>
<td>Exercise end</td>
<td>Risk communication - recommends that Health Minister announce to the media a decision to launch RAPID CONTAINMENT Decision making - consider border control, foreigners issues - prepare informing Health Minister/Prime Minister</td>
<td></td>
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</tbody>
</table>

Case 19 is a Journalist interviewing the villagers. Case 20 is a mother of a secondary school child.
<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Jan 23)</td>
<td></td>
<td>MOH, Dr Duong Deputy Director of GDMP announce to launch RAPID CONTAINMENT</td>
<td>spot update</td>
<td></td>
<td></td>
<td>exercise</td>
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</table>

END of EXERAPID CONTAINMENTISE
EXERCISE PANSTOP 2013

PANDEMIC PREPAREDNESS
Rapid Containment Exercise
Tuesday 15 – Wednesday 16 January 2013

PLAYERS’ HANDBOOK

A pandemic preparedness, rapid containment exercise conducted jointly by the Ministry of Health Viet Nam and the World Health Organization
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Introduction

Exercise PANSTOP 2013 is an exercise designed to strengthen the processes required to initiate a rapid containment (RC) operation with the intention of stopping or slowing the spread of an outbreak of influenza with pandemic potential. The exercise will be held in the Ministry of Health, Viet Nam Tuesday 15 January and Wednesday 16 January 2013 as a collaboration between the Ministry of Health in Viet Nam and the World Health Organization (WHO).

The exercise will be based around a fictional scenario of an outbreak of a disease in a Northern Province in Viet Nam, with consequent opportunities to contain the outbreak by utilizing non-pharmaceutical interventions and stockpiles of antiviral medication.

This handbook provides exercise participants (players, controllers, evaluators) with the information needed to participate in the exercise.

Questions concerning participant roles and responsibilities and the rules of exercise play may be directed in advance to the Exercise Director at panstopcontrol@wpro.who.int or during the exercise to controllers at panstopcontrol@wpro.who.int.

Purpose, Scope and Objectives

Purpose
The purpose of the exercise is to practice and assess the preparedness of Viet Nam to initiate a rapid containment operation with the intention of stopping or slowing the spread of a potential pandemic influenza virus.

Scope
The exercise will be a modified functional exercise, which means that:

- The exercise is based on a fictional scenario;
- It will be interactive, requiring participants to respond to each other in the roles designated for them in their normal work duty statements;
- It will be conducted under time constraints that will be similar to, or even more challenging, than a real event;
- Exercise players will be required to work from their designated operations centre and should be guided by their existing plans and procedures where appropriate.

- No actual movement of human or physical resources will be required.

The exercise will last for one and a half days and exercise play will be controlled by the input of messages and requests for information by the exercise management team.
Objectives

The exercise objectives are to:

- To assess capacity to conduct timely risk assessment
- To validate established decision-making processes
- To practice development and implementation of risk communications
- To ensure understanding of procedures for mobilization of national and ASEAN stockpiles
- To verify established coordination, communication arrangements with all levels of health, and with WHO

Exercise Participants and Locations

The exercise will include the Ministry of Health Viet Nam (players), the WHO Country Office in Viet Nam (players and exercise management) and WHO Regional Office (exercise management).

The exercise will be held in GDPM. Two rooms (Meeting room & Situation room) will be utilized for the exercise.

Exercise Conduct

Day 1: Registration will be at the location at 0800. Participants are then requested to be seated in their respective locations and ready to start by 0830. Play will be suspended until the next day by 1630.

Day 2: Participants are requested to be seated in their respective locations and ready to start again by 0830. At the conclusion of exercise play (approximately 1130) there will be a debriefing and evaluation session until 12:30.

The exercise may end before this if the exercise director determines that all objectives and anticipated actions have been sufficiently addressed and that evaluators can complete their assessments. The purpose of the debriefing is to collect information to support the exercise evaluation. Following the exercise all players are requested to submit their documentation (action logs, problem logs and evaluation sheets by 16:30, 16 January 2013.

Exercise Assumptions

The following assumptions have been made in order to ensure that the exercise is as realistic as possible. It is intended that exercise events progress in a logical and realistic manner and that all exercise objectives be achieved during the exercise play.

1. Exercise players are knowledgeable about organization response plans and procedures and their assigned roles and responsibilities within them.
2. Controllers and simulators will use simulated (artificial) data and information support sources.
3. Players will respond in accordance with existing procedures, plans and policies. In the absence of appropriate written instructions, players should use and document their own initiative to satisfy response requirements. All actions should be recorded in an action log. (Annex 1)
Exercise Artificialities

Players will encounter a few artificialities and constraints that result from the simulated scenario. Exercise players should accept these artificialities as they are necessary for achievement of the exercise objectives.

- The exercise will be played in compressed time. Over the 1½ day period of the exercise the events in the scenario will depict nine days of real activity. This will have an effect on the amount of time allowed for decision making and is accounted for in the evaluation process.

- Because of the limited time available in which to conduct the exercise, 'time jumps' will occur. This means that the exercise elapsed time between consecutive events may represent several hours, or even days. At various times exercise time will slow to allow for more time for discussion and decision making. Exercise controllers will ensure that all players are aware of a change in exercise time.

- Responses obtained by players from simulations (both verbal and written) may not be of the quality or detail available from the real organization or individual.

- During the exercise, some actions may normally require deployment of personnel or resources; however no live movement of personnel or material is required.

Exercise Simulation

Simulation (artificial representations of reality) will occur during the exercise to compensate for non-participating individuals or organizations including WHO headquarters, relevant government authorization, external organizations, citizens of the community and any other relevant people and agencies.

The success of any exercise relies in large part on the willingness of participants to focus on the scope and objectives, accepting the artificialities and pressures involved. Success relies on enthusiasm, teamwork and a good sense of humor from all involved.
Safety and Security

Given the nature of this exercise, there are no anticipated personnel safety or security issues of concern. However, it is important that all messages and correspondence be clearly marked “This is an EXERCISE message”.

Emergency Suspension or Termination of the Exercise

The Exercise Director may unilaterally suspend play or end the exercise at any time when it appears that a real-world emergency may hamper exercise play or jeopardize the safety of exercise participants.

If required, the Exercise Director will announce the decision to suspend or terminate exercise play and an “EMERGENCY EXERCISE SUSPENSION / TERMINATION” message will be transmitted to all participants.

Exercise Management

Exercise Management Team

The exercise will be managed by an Exercise Director and controlled by an exercise controller and simulation team. The primary responsibility of the exercise management team is to monitor, manage, and control exercise activity to achieve the exercise objectives.

Roles and Responsibilities of Participants

Players

☐ React and respond as you would during a real event
☐ Explain actions and decisions to other players, simulators, evaluators, as required
☐ Document all actions that would be taken, challenges and problems
☐ Be creative but realistic when planning and responding to the events
☐ Be aware that simulators represent all non-playing resources, people and agencies that you would contact in a real situation

☐ Participate in exercise debriefings and provide a written evaluation as required
☐ Submit action logs, problem logs, and evaluation sheet by 16:30 16 January.
☐ Ensure all exercise correspondence is clearly marked “This is an EXERCISE message” or “EXERCISE PANSTOP 2013”

Simulators

☐ Send pre-scripted messages at specific time and in specific sequence to proper player.
☐ Respond to players' requests by simulating the various roles, agencies and resources that are required.
☐ Respond creatively to anticipated actions by players with spontaneous messages and inform the Controller of any issues that may disrupt the flow of the exercise.
☐ Report any deviations or exercise problems and concerns to the Controller.
Participate in exercise debriefings and provide a written evaluation as required
Submit action logs, problem logs, and evaluation sheet by 16:30 16 January.
Ensure all exercise correspondence is clearly marked “EXERCISE” or “EXERCISE PANSTOP 2013”.

Evaluators
- Monitor the exercise to observe whether objectives are achieved
- Evaluate the actions and decisions of the players, not the players themselves
- Inform the controller during the exercise of any problems
- Participate in exercise debriefing
- Provide verbal and written feedback of observations and recommendations made during the exercise
- Provide an evaluation report based on debriefing and outcome from players after the exercise

Controllers
- Monitor and control sequence of events, flow, pace of injects and overall conduct of the exercise.
- Make decisions regarding unanticipated actions or resource requirements made by players.
- Assist players, providing advice and guidance as necessary.

Exercise Director
- Overall responsibility for the planning, conduct and evaluation of the exercise.

Communications

Players are required to be available in their designated location with their own e-mail inbox open on 15 January 2013 during the hours 08:30 to 16:30, and on 16 January 2013 during the hours 08:30 to 12:30.

Not all players will be active during the entire exercise as the initial scenario and subsequent events require a staged response, requiring more communication and coordination as the events unfold.

Players, Controllers and Simulators should use the PANSTOP 2013 contact list (Annex 3) for communication.

Controllers and simulators use panstopcontrol@wpro.who.int. All messages MUST BE MARKED “This is an EXERCISE message”.

All e-mail exchanges should be copied to Panstopcontrol@wpro.who.int. This is a simulator/control mail box. All messages or questions to organizations or people that are not in the contact list should be sent to panstopcontrol@wpro.who.int.
Players are requested to record all **significant activities** and **actions taken** on an exercise log sheet (Annex 1) and submit it to exercise control at the end of the exercise.

**Reporting**

Completed documentation, action logs/reports, notes from meetings, and telephone conversation records, etc. should be submitted to PanStop Exercise Control panstopcontrol@wpro.who.int.

All participants should use the Problem Log (Annex 2) to record problems encountered during the exercise, particularly those that reveal potential weaknesses in the response to a pandemic threat.

All participants are requested to attend the after action debriefing session at the close of exercise play. Controllers will chair the debriefing session. Additionally, all participants will be required to complete a written evaluation sheet (Annex 4). The information produced from participants' feedback, both verbal and written, will form the basis for the PanStop 2013 Evaluation Report.

**Annexes:**

1. Players' Action Log
2. Problem Log
3. Contact List
4. Participants' Exercise Evaluation
### Layer Action Log

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

Place the log into the bag at 10:30 a.m. on May 1, 2013.
Annex 3: PANSTOP 2013 Contact List

| Location | Name | Role | Mobile Telephone | Email | Website/Twitter/All
|----------|------|------|------------------|-------|-------------------|
| Panama | Tana | CDO | 5012233222 | TanaCDO | TanaCDO
| Panama | Tana | CTO | 5012233222 | TanaCTO | TanaCTO
| Panama | Tana | CFO | 5012233222 | TanaCFO | TanaCFO
| Panama | Tana | COO | 5012233222 | TanaCOO | TanaCOO
| Panama | Tana | CEO | 5012233222 | TanaCEO | TanaCEO
| Panama | Tana | CIO | 5012233222 | TanaCIO | TanaCIO
| Panama | Tana | CPO | 5012233222 | TanaCPO | TanaCPO
| Panama | Tana | CPO | 5012233222 | TanaCPO | TanaCPO

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RESTRICTED DISTRIBUTION

8/1/2013
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The Exercise Management Team
A pandemic preparedness, rapid containment exercise conducted jointly by the Ministry of Health Viet Nam and the World Health Organization
Exercise PANSTOP 2013 is an exercise designed to assess Viet Nam’s preparedness to conduct a rapid containment (RC) operation with the intention of stopping or slowing the spread of an Influenza outbreak with pandemic potential. The exercise will be held in Ministry of Health facilities in Ha Noi on 15 and 16 January 2013 and will be conducted with Ministry of Health (MOH) Viet Nam in collaboration with the World Health Organization (WHO).

This will be a modified functional exercise. The scenario for the exercise depicts an outbreak of influenza in a Northern District in Viet Nam with consequent opportunities to contain the outbreak by utilizing non-pharmaceutical interventions and stockpiles of antiviral medication. The focus will be on the MOH and WHO decision-making, risk assessment and risk communication activities during a routine rapid response and prior to initiating a rapid containment operation.

This handbook comprises the evaluation plan for the exercise and provides exercise evaluators with additional information needed to effectively observe and evaluate the exercise and is supplementary to the Exercise Players’ Handbook, which was distributed to all participants (players, controllers and evaluators).

Exercise Management Team Contact Details
Exercise management team contact details are attached in Annex 1.

Management Team

Controllers are responsible for managing and directing all control and simulation functions at their respective locations during the exercise including:

- Time-keeping—ensuring players are aware of exercise time which will differ from real time.
- Directing corrective actions to exercise play, if required.
- Conducting a debriefing of the exercise.

Simulators are responsible for providing the interface between non-participating individuals or organizations and exercise players. Specific simulator responsibilities include:

- Representing the “outside world”—other organizations, agency, citizens, the media, etc.—by responding to players’ inquiries and requests.
- Answering inquiries from players directed to non-participating organizations and individuals for general information or information concerning exercise events already injected into play and recording each of these inquiries on a simulator log.

Evaluators

Evaluator roles and responsibilities
Evaluators should be familiar with the Players’ Handbook, this supplement and the exercise scenario as detailed in the Master Scenario Events List (MSEL).
The roles and responsibilities of the exercise evaluators are to:
- Monitor exercise progress
- Observe whether the exercise has achieved its objectives
- Evaluate the actions and decisions of the players, not the players themselves
- Inform controller during the exercise of any problems
- Participate in exercise debriefing
- Provide verbal and written feedback of observations and recommendations made during the exercise
- Remain discreet and not engage players directly

Evaluation methodology
The primary purpose of evaluation is to identify whether the exercise achieved the intended objectives through the actions taken by players in response to exercise events. The focus of PanStop 2013 will be on the MOH and WHO decision-making, risk assessment and risk communication activities during a routine rapid response and prior to initiating a rapid containment operation. A secondary purpose of evaluation is to make suggestions for the improvement of exercise planning and execution.

Evaluators should always ensure that:
- the process is inclusive and all exercise participants are allowed to express opinions about the exercise planning and execution process;
- the processes of observation and evaluation minimally impact the exercise;
- recommendations are reasonable, practical, and can be implemented; and
- There is no perception of evaluator bias

Evaluation framework
The evaluation framework consists of:
- Exercise objectives
- Performance indicators as evidenced by expected actions in response to event injects

The exercise objectives and the corresponding performance indicators are the foundation of the evaluation process. Evaluators should relate all activities and issues raised during the exercise to the evaluation framework. The evaluators will be provided with a copy of the exercise objectives, the performance indicators the Master Scenario Events List (MSEL) and the injects. The MSEL includes a short description of simulated events and the expected or possible actions resulting from them. The injects provide details of the events to the players.

Evaluation tools
There are five tools available to support evaluation of the exercise: performance indicators, evaluator response form, player action logs, problem logs and participants’ evaluation forms.
- **Performance Indicators**
  Each exercise objective has one or more identified expected or possible actions (performance indicators) for the evaluator to use in assessing the degree to which
Exercise objectives have been met. A checklist of exercise events and performance indicators is attached in Annex 2.

- **Evaluator Response Form**
  This form is used to identify specific issues and recommended actions to improve performance in the future. It is the primary means of reporting and evaluating situations arising during the exercise. Observations should, where possible, refer to an objective and/or an event on the MSEL. It includes provision for recommendations on corrective action. A copy is in Annex 3.

- **Player Action Logs**
  Player action logs are used by players to record actions taken, significant activities and telephone conversations which occur during the exercise. It is often helpful if a record keeper is appointed for this purpose as players often forget to log their actions. See Annex 1 of the Players' Handbook for the Players' Action Log.

- **Problem logs**
  Problem logs are used by all participants, including evaluators, to record problems encountered during the conduct of the exercise. The problem log allows evaluators to document any observed action that creates a problem. Keep in mind that what may seem to be a problem with a plan or procedure, may actually be a player or simulator error or a flaw in the exercise design. Problems encountered will be reviewed after the exercise to determine their source(s) (plan, preparedness, training, or simulation) and whether they are sufficiently serious to require corrective action. A copy is provided in the Players' Handbook.

- **Participants' evaluation forms**
  Participants' evaluation forms will be completed by all participants at the conclusion of the exercise. A copy is provided in the Players' Handbook.

**Observation process**

Evaluators should be positioned so that they can monitor exercise play and observe the conduct of the control and simulation functions. Observations are to be recorded on the Exercise Events and Performance Indicators Checklist and the Evaluator Response Form. Problems encountered are to be recorded on the problem log. Evaluators will have copies of the injects (Annex 5) MSEL (Annex 4). Evaluators will need to be alert to unanticipated spontaneous or improvised actions that may arise during the exercise as these may signal policy or procedural issues for which players are compensating.

**Evaluator guidelines**

- Be seated in a location where observations can be made but which does not interfere with exercise play
- Note event injects as they occur and the expected actions from the MSEL
- Relate outcomes to objectives and performance indicators
- Complete evaluator response form and problem log as appropriate
Exercise debriefings
Immediately following the end of exercise play on the second day, while events are still fresh in people’s minds, there will be a short ‘Hot Wash’ debriefing that includes all exercise participants.

After action debriefing

An After Action Debriefing for the Exercise Management Team will be held (tentatively) at 14:30 16 January 2013 WHO office in Hanoi (It will be noticed later). The purpose of this session is to provide immediate feedback on the exercise, whether or not the objectives were met, and to identify areas that will require attention, areas that met or exceeded expectations, problems encountered, opportunities for improvement etc. The debriefing will be chaired by the Exercise Director.

All control team members and simulators should prepare for the debriefing by compiling their logs, report forms, event injects, ad hoc injects, participation observation/comment forms, and any other notes. The debriefing will focus on collecting the following information.

- Were actions or decisions made that were not consistent with plans or procedures?
- Were there actions or decisions that exceeded requirements or expectations?
- Were there expected actions or decisions that could be improved?
- Were there any major problems that would affect the ability to protect the public?
- Are there any recommendations for improving exercise control?
- Was there sufficient exercise play?

Evaluation Report

The Lead Evaluator is responsible for preparation of a comprehensive Evaluation Report for the Ministry of Health following the Exercise. The report will provide an analysis of observations and records from the exercise evaluation, indicate whether the objectives of the exercise were achieved, make an overall assessment of the capacity of the Ministry to respond to a pandemic outbreak and where appropriate, recommend areas for improvement.

Annexes:
1. Exercise Management Team Contact Details
2. Exercise Events and Performance Indicators Checklist
3. Evaluator Response Form
4. Master Scenario Events List (MSEL)
5. Injects (will be shared on the day)
# Annex 1: Exercise Management Team Contact Details (will be updated)

<table>
<thead>
<tr>
<th>Locations</th>
<th>Name</th>
<th>Role</th>
<th>Mobile Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>GDPM situation room</td>
<td>WHO HQ, CDC, ASEF, JICS</td>
<td>Simulator</td>
<td>+64 1278355944</td>
<td><a href="mailto:panstopcontrol@wpro.who.int">panstopcontrol@wpro.who.int</a></td>
</tr>
<tr>
<td></td>
<td>All other International agencies</td>
<td>Simulator</td>
<td>+64 1278355944</td>
<td><a href="mailto:panstopcontrol@wpro.who.int">panstopcontrol@wpro.who.int</a></td>
</tr>
<tr>
<td></td>
<td>All other national ministries</td>
<td>Simulator</td>
<td>new SIM</td>
<td><a href="mailto:panstopcontrol@wpro.who.int">panstopcontrol@wpro.who.int</a></td>
</tr>
<tr>
<td></td>
<td>POPM and other Provincial level</td>
<td>Simulator</td>
<td>new SIM</td>
<td><a href="mailto:panstopcontrol@wpro.who.int">panstopcontrol@wpro.who.int</a></td>
</tr>
<tr>
<td></td>
<td>District level</td>
<td>Simulator</td>
<td>new SIM</td>
<td><a href="mailto:panstopcontrol@wpro.who.int">panstopcontrol@wpro.who.int</a></td>
</tr>
<tr>
<td>GDPM meeting room</td>
<td>WHO HQ</td>
<td>Player</td>
<td>+64 916895919</td>
<td><a href="mailto:tranthanhduc@gmail.com">tranthanhduc@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Nguyen Dinh Anh</td>
<td>Player</td>
<td>+64 912068757</td>
<td>anh.tlbest@<a href="mailto:v@.yahoocom">v@.yahoocom</a></td>
</tr>
<tr>
<td></td>
<td>Vu Ngoc Long (GDPM)</td>
<td>Player</td>
<td>+84 903050965</td>
<td><a href="mailto:lntoduy@gmail.com">lntoduy@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Le Xuan Thuy (GDPM risk com)</td>
<td>Player</td>
<td>+84 988493333</td>
<td><a href="mailto:lnhnyd@gmail.com">lnhnyd@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Nguyen Phuong Dong</td>
<td>Player</td>
<td>+84 912530171</td>
<td><a href="mailto:ndongpoc@gmail.com">ndongpoc@gmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Doan Phuong Theo (JICS Consigree)</td>
<td>Player</td>
<td>+84 983972489</td>
<td><a href="mailto:dphanhhuongha@femail.com">dphanhhuongha@femail.com</a></td>
</tr>
<tr>
<td></td>
<td>Le Thanh Cong</td>
<td>Player</td>
<td>+84 983055688</td>
<td><a href="mailto:sonandiso@yhotmail.com">sonandiso@yhotmail.com</a></td>
</tr>
<tr>
<td></td>
<td>Hoang Van Tan (NIHE epi)</td>
<td>Player</td>
<td>+84 912009711</td>
<td>lueditc@<a href="mailto:y@ail.com">y@ail.com</a></td>
</tr>
<tr>
<td></td>
<td>Ha Huy Toan (NFP)</td>
<td>Player</td>
<td>+84 912535527</td>
<td>toanhuyv@y@@ail.com</td>
</tr>
<tr>
<td></td>
<td>Cao Duc Phuong</td>
<td>Player</td>
<td>+84 943273333</td>
<td>nhuppen@<a href="mailto:produc@yail.com">produc@yail.com</a></td>
</tr>
<tr>
<td>WHO</td>
<td>Babinunde Olowokure</td>
<td>Player</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Topi (Nguyen Tran Minh)</td>
<td>Player</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exercise Management</td>
<td>Controller</td>
<td>Lead Controller</td>
<td>(64) 1252308606</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td>Controller</td>
<td>WHO Viet Nam COPhuc Nguyen Thi</td>
<td>Controller</td>
<td>new SIM</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td></td>
<td>Interpreter (Interpreter)</td>
<td>Simulator</td>
<td>+64 983082483</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td>Simulator</td>
<td>US CDC</td>
<td>Lead Simulator</td>
<td>+64 904894183</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td></td>
<td>US CDC</td>
<td>Simulator</td>
<td>Number</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td></td>
<td>WHO Viet Nam COPhuc Vu</td>
<td>Simulator</td>
<td>Number</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td></td>
<td>WHO Viet Nam CDCDidier Tiberghien</td>
<td>Simulator</td>
<td>+64 1278355944</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td>Evaluator</td>
<td>WPRO</td>
<td>Evaluator</td>
<td>new SIM</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
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<td>Evaluator</td>
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<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
<tr>
<td></td>
<td>WHO Viet Nam COPhuc Vu</td>
<td>Evaluator</td>
<td>+84 903176862</td>
<td><a href="mailto:panstopcontrol@wprc.who.int">panstopcontrol@wprc.who.int</a></td>
</tr>
</tbody>
</table>

**Note:** Email addresses and contact numbers are for reference only and may change. All contact details are subject to update. 27/12/2012
Annex 2: Exercise Events and Performance Indicators

<table>
<thead>
<tr>
<th>I #</th>
<th>Time</th>
<th>Event/Point of Observation</th>
<th>Message From</th>
<th>Expected and Possible Actions</th>
<th>Evaluator Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-0</td>
<td>0830</td>
<td>Local News picks up mysterious diarrheal disease in Van Son Commune</td>
<td>WHO surveillance team</td>
<td>Risk assessment: Seek additional and clarify information Look for case-related information Decision making: Consider preparation of briefing material</td>
<td>Startex. Set up the operations centre and practice/test communications</td>
</tr>
<tr>
<td>1-1</td>
<td>0830-40 Day 1</td>
<td>A report from provincial hospital &quot;3 people Van Son Commune showed SARILI&quot;</td>
<td>Provincial Centre for Preventive Medicine (PCPM)</td>
<td>Risk assessment: Seek additional and clarify information from PCPM Risk Com: Develop and refine messages for public and professional audiences Monitor media/social media for mention of cases Decision making: Brief GDPM Re: ILI report</td>
<td></td>
</tr>
<tr>
<td>1-2</td>
<td>0850 Day 2</td>
<td>Local provincial news story picked up by national wire. (VNA) requests more information about cases from MoH and WHO</td>
<td>Viet Nam News Agency (VNA)</td>
<td>Risk Assessment: Risk Com: Sustain/expand monitoring of traditional and social media Collaborate with WHO about messaging and issue press release Decision Making:</td>
<td></td>
</tr>
<tr>
<td>1-3</td>
<td>0920 Day 2</td>
<td>A report from provincial hospital &quot;Case 3 died&quot; Samples from Case 1 and 2 are taken and sent to NIHE</td>
<td>PCPM</td>
<td>Risk assessment: Get more information about exact cause of death Start preparing to send a rapid response team Risk Com: Consider refining messages based on outbreak scenario</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Case</td>
<td>Day</td>
<td>Event</td>
<td>National</td>
<td>City</td>
</tr>
<tr>
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<td>----------</td>
<td>------</td>
</tr>
<tr>
<td>0920</td>
<td>1-4</td>
<td>3</td>
<td>The result of specimens from Case 1 is RT-PCR positive for HSN1 influenza. Inquire for approval to send sample for further confirmation.</td>
<td>NIHE</td>
<td>GDPM</td>
</tr>
<tr>
<td>0940</td>
<td>1-5</td>
<td>3</td>
<td>International news agency Associate Press picks up news story and the outbreak becomes international news. WHO and MoH are inundated with media requests for interviews.</td>
<td>Associated Press</td>
<td>ALL</td>
</tr>
<tr>
<td>0950</td>
<td>1-6</td>
<td>3</td>
<td>WPRO request the HSN1 case be reported to WHO DON</td>
<td>WPRO</td>
<td>WHO CO</td>
</tr>
</tbody>
</table>

**WHO CO:**
- Advise MOH and request EIS posting to WHO if not already done.
<table>
<thead>
<tr>
<th>Time</th>
<th>Action Description</th>
<th>Responsible Party(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-7</td>
<td>Another report of 3 cases with ILI from the rapid response team</td>
<td>NIHE/PCPM</td>
</tr>
<tr>
<td></td>
<td>Samples from all cases are taken and transported to NIHE</td>
<td>GDPM</td>
</tr>
<tr>
<td></td>
<td>(WHO CO offer MoH a team for Rapid Containment feasibility assessment)</td>
<td></td>
</tr>
<tr>
<td>I-8</td>
<td>International and local media continue to request interviews</td>
<td>Media</td>
</tr>
<tr>
<td></td>
<td>Risk communication</td>
<td>All</td>
</tr>
</tbody>
</table>

**Risk assessment:**
- GDPM request a field team to assist with case investigation and risk assessment and set up daily briefing with Steering Committee.
- GDPM briefs National Steering Committee.

**Decision making:**
- NFP IHR notification, and develop EIS posting. (if not done in response to I-6)
- Discuss utilization/mobilization of National stockpile.
- Consider RAPID CONTAINMENT feasibility assessment.
- Discuss with CO deployment of a WHO team to support RAPID CONTAINMENT feasibility assessment.
- Consider requesting GOARN deployment from WHO HQ if RO advises there is not enough staff to cover the team.

**WHO CO:**
- Shares information with and transmits requests for assistance to RO if not already done.
- Facilitate EIS posting if not already done.
- Offer MoH a WHO team to send for RAPID CONTAINMENT feasibility assessment consisting of virology, lab, physicians, and logisticians.

**Risk communication:**
- Prepare/update speaking points, prepare and post fact sheets for media and websites.
- Arrange daily or routine briefings for media.
- Prepare and release messages to different audiences using different media/means.
<table>
<thead>
<tr>
<th>Time</th>
<th>Task Description</th>
<th>Responsible Party</th>
<th>Risk Assessment</th>
<th>Risk Communication</th>
<th>Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9</td>
<td>International media (CNN) request interview with MOH</td>
<td>CNN</td>
<td>Update information</td>
<td></td>
<td>Decide if spokesperson for international media is a bureaucrat or a politician and arrange interview</td>
</tr>
<tr>
<td>1-10</td>
<td>RT-PCR result of Cases 4-6 returns (Not yet confirmed H+H transmission)</td>
<td>NIHE</td>
<td>Seek additional and clarify information from the field team</td>
<td></td>
<td>Evaluate new information (no confirmation yet of sustained H+H transmission)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GDPM</td>
<td></td>
<td>Update materials with new info</td>
<td>Send samples to WHO collaboration centre (NIID Japan) for further confirmation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GDPM</td>
<td></td>
<td>Continue all monitoring</td>
<td>Assemble information about outbreak area to support discussion of possible RAPID CONTAINMENT</td>
</tr>
<tr>
<td>1-11</td>
<td>Health Clinic reports it is full with worried well. Some staff are not familiar with PPE Hospital advises similar situation</td>
<td>Tien Phong ONLINE &amp; Provincial Hospital</td>
<td>Evaluate availability of PPE and necessity for training in its use</td>
<td>Provide information about infection control measure in the health care facilities and homes; including proper use of PPE</td>
<td>inform National Steering Committee</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GDPM clinical respondent</td>
<td></td>
<td>Continue monitoring various media and update materials</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
<td>Description</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>----------</td>
<td>-------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1245</td>
<td>Summary of the morning exercise</td>
<td>- Show video clip-1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1300</td>
<td>Risk assessment:</td>
<td>Update National Steering Committee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk communication:</td>
<td>Update existing materials and continue media briefings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Decision making:</td>
<td>Decide to initiate feasibility assessment for rapid containment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss antivirals logistic plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inform ASEAN secretariat of the initiation of risk assessment. (If not, CO to remind)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHO CO:</td>
<td>Offer RAPID CONTAINMENT feasibility assessment and request approval for a WHO rapid assessment team.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advise MOH to inform ASEAN (simulator) as required by protocol.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td>If National Steering Committee is not familiar with necessary information for feasibility of RAPID CONTAINMENT, a facilitator should provide guidance.</td>
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<td></td>
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<td>(WHO CO offer RAPID CONTAINMENT feasibility assessment and request).</td>
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<tr>
<td>Exercise PANSTOP 2013 Viet Nam</td>
<td>RESTRICTED DISTRIBUTION Evaluators' Handbook</td>
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<tr>
<td>I-14 1320 Day 6</td>
<td>Local and international media inquire about the situation, MOH telephone line is overwhelmed</td>
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<tr>
<td>Local and international media</td>
<td>ALL</td>
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<td>Risk assessment: inform National Steering Committee</td>
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<td>Risk communication: Review/revise talking points/messages Review media management (press releases, briefings, press conferences)</td>
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<tr>
<td>Decision Making: Consider alternatives to existing telephone system for public information Discuss cooperation with local authorities and police to improve security</td>
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<tr>
<td>I-15 1340 Day 6</td>
<td>Five new ILI cases are reported</td>
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<td>NIHE/PCPM</td>
<td>GDPM</td>
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<tr>
<td>Risk Assessment: inform National Steering Committee Review epi links and status of existing cases</td>
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<td>Risk Communications: Consider communications issues involved in rapid containment. (movement restrictions, uncertainty of duration, mandatory medication etc)</td>
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<td>Decision Making: initiate feasibility assessment for rapid containment discuss operational aspects of rapid containment. ( movement restrictions, border controls etc) Develop communications and antivirals logistics plans Seek further information for deciding containment zone.</td>
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<td>No.</td>
<td>I-16</td>
<td>1350</td>
<td>Day 6</td>
<td>Government of Japan expresses great concern about the event</td>
<td>Decision making: discuss border control and travel restrictions and develop a plan consistent with IHR principles</td>
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<td></td>
<td>I-17</td>
<td>1115</td>
<td>Day 6</td>
<td>WHO team arrived in VNM and request MOH briefing; inquires about rapid containment feasibility, possible Containment Zone, antivirals distribution plan in containment zone, support for people in the containment zone, and risk communication strategy</td>
<td>Risk assessment: ensure information is up-to-date</td>
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<td>RAPID CONTAINMENT feasibility discussion (What to check) WHO Simulator advises JICS of the approximate quantities of antivirals and PPE required</td>
<td>Country Office: Request information from MoH to facilitate discussion with assessment team. WHO CO to facilitate rapid containment assessment and ensure role of assessment team is clear</td>
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<td>WHO assessment team, Team leader</td>
<td>Risk communication: Refine rapid containment talking points based on new information and decisions</td>
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<tr>
<td></td>
<td>I-18</td>
<td>1500</td>
<td>Day 6</td>
<td>International media request interview to MOH</td>
<td>Risk assessment: Provide analysis of any changes in the information to date</td>
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</tbody>
</table>

11/01/2013
<table>
<thead>
<tr>
<th>Time</th>
<th>Day</th>
<th>Activity</th>
<th>Responsible Party</th>
<th>Other Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>1530</td>
<td>Day 7</td>
<td>The lab result of Case 7-12 returned from NIHE</td>
<td>NIHE</td>
<td>GDPM</td>
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<tr>
<td>1550</td>
<td>Day 7</td>
<td>WHO requests MOH to discuss RAPID CONTAINMENT feasibility, especially CONTAINMENT ZONE</td>
<td>WPRO</td>
<td>WHO CO</td>
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<td></td>
<td><strong>WHO CO:</strong> Invite MOH to join Teleconference and facilitate summarization of rapid containment considerations.</td>
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<td><strong>Risk communication:</strong> Review and discuss the team's findings and recommendations</td>
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<td><strong>Decision making:</strong> Participate in telephone conference about RC risk and feasibility assessment</td>
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<tr>
<td></td>
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<td>Review and discuss the team's findings and recommendations</td>
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<td></td>
<td>Estimate amount of necessary antivirals and PPE in containment zone</td>
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<td>Consider dimensions about the size and shape of a containment zone</td>
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<td></td>
<td>Consider implications of a decision about launching a rapid containment operation</td>
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<tr>
<td>0830</td>
<td>Day 7</td>
<td>WHO requests summary of discussion</td>
<td>WPRO</td>
<td>WHO CO</td>
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<td></td>
<td></td>
<td>This is a summary of Day 1 situation</td>
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</table>

**Situation report, if required:**
- Have copies of all recent press releases available
- Brief spokesperson to try to enlist the cooperation of the media

**Decision making:**
- Assess risk communications plan and media engagement strategy

**Risk assessment:**
- Review and adjust line list if necessary
- Adjust briefing notes and situation reports as necessary

**Risk communication:**
- Update media materials as necessary

**Decision making:**
- Review report in light of developing containment plan

**WHO CO:** Invite MOH to join Teleconference and facilitate summarization of rapid containment considerations.

**Risk communication:**
- Participate in telephone conference about RC risk and feasibility assessment

**Decision making:**
- Review and discuss the team's findings and recommendations
- Estimate amount of necessary antivirals and PPE in containment zone
- Consider dimensions about the size and shape of a containment zone
- Consider implications of a decision about launching a rapid containment operation
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Day</th>
<th>Case Details</th>
<th>Responsible Parties</th>
<th>Risk Assessment</th>
<th>Risk Communications</th>
<th>Decision Making</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-22</td>
<td>0845</td>
<td></td>
<td>Another new 3 cases with ILI reported through contact from Field Team.</td>
<td>NIHE/PCPM GDPM</td>
<td>Update Data and check distribution against proposed containment zone</td>
<td>Update media materials</td>
<td>Decide boundaries of containment zone</td>
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<tr>
<td>1-23</td>
<td>0920</td>
<td>Day 7</td>
<td>Singapore regional stockpile arrives in Hanoi. Customs asks how much should be broken out and sent, and how much to keep in Hanoi</td>
<td>JCS ICD Consignee</td>
<td></td>
<td>Provide direction on initial distribution and method</td>
<td>Initiate operational planning for CZ</td>
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<td>1-24</td>
<td>0940</td>
<td>Day 7</td>
<td>Many countries' NFP inquire WHO about travel restrictions.</td>
<td>WPRO IHR IHR NFP And WHO CO</td>
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<tr>
<td>1-25</td>
<td>1000</td>
<td>Day 8</td>
<td>Field Team reports additional 3 cases with some more field information.</td>
<td>NIHE/PCPM GDPM</td>
<td>Update line list data and compare distribution to proposed containment zone</td>
<td>Update media materials</td>
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</tbody>
</table>

**Note:** 11/01/2013
| I-26 | 1010 | Day 8 | Reports about the start of an H5N1 pandemic are headline news in the international and local media | Social media sites | ALL | Risk Communications: Prepare messaging for social media backed up by standard media processes |
| I-28 | 1030 | Day 8 | WHO request MOH comments on launching RAPID CONTAINMENT | WPRD | WHO CO | Decision Making: Consider coordination plan for resources, potential consequences of refusal as quantity is more than needed. Consider related convergence management issues Decide whether or not to recommend to Prime Minister that VNM accept the US offer |
| I-29 | 1050 | Day 9 | 2 more cases (Total 20 cases) reported from the Field Team | MIHE/PCPM | GDPM | Risk Assessment: Update line list data and compare case distribution against proposed CZ Inform steering committee |
| I-30 | 1130 | Day 9 | On behalf of MoH, DR Duong, Deputy Director of GDPM announces decision to launch rapid containment | MOH | ALL | Risk Communications: Ensure Minister’s and Prime Minister’s briefing notes and messages are complete and up-to-the-minute for Dr Duong |

END of EXERCISE PANSTOP 2013

Annex 3: Evaluator Response Form
Exercise PANSTOP 2013  Viet Nam  RESTRICTED DISTRIBUTION
Evaluators’ Handbook

Key event number from MSEL:  Evaluator: ______________________

Location:

Related Exercise Objective:

Issue:
A specific statement of the problem, expected action, event or procedure that was observed.

Discussion:
A discussion of the issue and its specific impact on operational capability.

Corrective Action Recommendation:
Recommended course(s) of action to improve performance or resolve the issue to improve operational capability.

11/01/2013