REPORT
EXERCISE PANSTOP 2011

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Manila, Philippines
13–14 December 2011

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
February 2012
NOTE

The views expressed in the report are those of the participants in Exercise PanStop 2011 and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for those who participated in Exercise PanStop 2011, which was held in Manila, Philippines from 13 to 14 December 2011.
SUMMARY

From 13 to 14 December 2011, the World Health Organization (WHO) Regional Office for the Western Pacific, in cooperation with Japan's Ministry of Foreign Affairs and the Japan International Cooperation System (JICS), held a functional table-top exercise named PanStop V. It was the fifth PanStop exercise focusing on the decision-making process that takes place during a routine rapid response and prior to the launch of a rapid containment operation, with the intention to stop or slow the spread of a potentially pandemic influenza outbreak.

The objectives of the exercise were:

(1) to test the responses of the Division of Health Security and Emergencies (DSE), WHO Regional Office for the Western Pacific throughout the rapid containment decision-making process;

(2) to evaluate the roles and responsibilities of response logistics in support of rapid containment operations;

(3) to validate the risk communication framework for rapid containment; and

(4) to discuss the operational issues and processes used to establish, maintain and terminate the containment zone.

The scenario depicted an outbreak occurring in Melilotus, a hypothetical country in the Western Pacific Region, with consequent opportunities to contain the outbreak by way of the following: prompt response by DSE, deployment of stockpiles of antivirals, appropriate response logistics, and effective risk communication. The exercise was designed for WHO staff to become familiar with the rapid containment decision-making process, to understand the roles and responsibilities of logistics and risk communication associated with rapid containment, and to confirm the transportation protocol of the Association of Southeast Asian Nations (ASEAN) and Asia-Europe Meeting (ASEM) Stockpiles Project.

The following observations were noted:

(1) Overall exercise-related issues

(a) Overall, as with most exercises, there were both positive and negative outcomes. On the positive side, the staff worked well together to accomplish the mission required from the exercise scenario. The draft preparedness plan for rapid containment (Annex 5.6) was developed during this exercise and may well serve as a model for rapid containment operations in the Region. On the negative side, participants expressed their frustrations and concerns but offered suggestions for improvement.
(b) Appointment of a Deputy Incident Manager might have facilitated the exercise and in general is a well-accepted practice in incident management.

(c) As a general observation, the WHO Regional Office experiences high rate of staff turnover, which makes for a challenging staff training environment.

(d) General Service Staff (G-staff) contributed significantly to the successful outcome of the exercise.

(2) Specific exercise-related issues

(a) Organization and structure: DSE staff in the WHO Regional Office understands the basic requirements of the organization and structure required under incident management; however, further training and exercises would help to familiarize all participants with specific responsibilities during an emergency response. Specifically, most participants agreed that there was a lack of clarity on the Incident Management System (IMS) structure used for this exercise.

(b) Incident command and management responsibilities: The standard operating procedures for the WHO IMS and Emergency Operations Centre (EOC) require further work so that DSE staff understands their roles and responsibilities.

(c) Physical structure and layout: The DSE conference and meeting room is being remodelled as a multifunction room, serving as an EOC during emergencies and as a location for the day-to-day functions of the Division at other times.

(d) Templates and standard operating procedures: Templates and standard operating procedures are being drafted to aid staff in working in an EOC. In addition, selected logistics-specific templates have been developed to aid staff in understanding the roles and responsibilities of that professional function.

(3) Rapid containment decision-making processes: A detailed rapid containment plan was developed (and will serve as the outline for planning documents related to rapid containment in future operations). Please see Annex 5.6 Draft Preparedness Plan for Rapid Containment.

(4) Response logistics (role and responsibilities): Response logistics was tested in the exercise and performed well; however, many staff evaluations requested clarity on standard operating procedures initiated by the logistics team.

(5) Risk communication framework: Risk communication in DSE is well established and well executed. Staff member involved in this functional area is exceptionally talented and experienced.

(6) Containment zone: There continues to be some confusion over the establishment of a containment zone and about containment operations in general; however, the exercise participants undertook the analysis necessary to develop a rapid containment plan, and drafted a very detailed plan by the end of the exercise. Since there are widely differing opinions internationally about the plausibility of instituting containment in an influenza outbreak, further discussions appear to be necessary (prior to final drafting of the WHO Regional Office operational procedures).
Japan International Cooperation System: JICS participated in PanStop V in order to test their transportation protocol when they ship/send items in the stockpile from Singapore to the requested country. The process went smoothly and without major problems or concerns once the request was made by the WHO Regional Office and received and understood by JICS staff. JICS executed the task promptly.
# TABLE OF CONTENTS

1. INTRODUCTION ........................................................................................................... 1  
   1.1 Exercise purpose, scope and objectives ................................................................. 1  
   1.2 Exercise design ....................................................................................................... 2  
   1.3 Exercise management ............................................................................................ 2  

2. PROCEEDINGS ............................................................................................................. 3  
   2.1 Exercise conduct ..................................................................................................... 3  
   2.2 Exercise debriefing ................................................................................................. 3  

3. FINDINGS AND ISSUES ............................................................................................. 4  
   3.1 Exercise-specific findings and issues ....................................................................... 4  
   3.2 Rapid containment findings and issues ................................................................... 5  
   3.3 Overarching findings and issues ............................................................................ 6  

4. RECOMMENDATIONS AND NEXT STEPS ................................................................ 7  

ANNEXES (5.0)  
ANNEX 5.1 SCENARIO PANSTOP V  
ANNEX 5.2 MASTER SEQUENCE OF EVENT LIST  
ANNEX 5.3 TRANSPORT AUTHORIZATION/JAPAN INTERNATIONAL COOPERATION SYSTEM  
ANNEX 5.4 CRITICAL STEPS IN LOGISTICS AND GUIDELINES AND CHECKLISTS (5.4A and 5.4B)  
ANNEX 5.5 EVALUATION SUMMARY AND FORM  
ANNEX 5.6 DRAFT PREPAREDNESS PLAN FOR RAPID CONTAINMENT  
ANNEX 5.7 PRINCIPLES OF RISK COMMUNICATION AND EXERCISE ACTIVITY LOG
1. INTRODUCTION

Exercise PanStop V was designed to help staff of the World Health Organization (WHO) Western Pacific Regional Office (WHO) staff to understand the process involved in initiating a rapid containment operation with the intention of stopping or slowing the spread of a potentially pandemic influenza outbreak. The exercise was held in the WHO Regional Office for the Western Pacific in Manila, Philippines from 13 to 14 December 2011.

1.1 Exercise purpose, scope and objectives

1.1.1 Purpose

The purpose of the exercise was to evaluate the decision-making process of the Division of Health Security and Emergencies (DSE), WHO Regional Office for the Western Pacific, when launching a rapid containment operation by examining communication between WHO players and simulators in a time-constrained manner. The Japan International Cooperation System (JICS) participated in the exercise in order to test the transportation protocol of the Association Southeast Asian Nations (ASEAN) and Asia-Europe Meeting (ASEM) Stockpiles Project.

1.1.2 Scope

(1) The WHO Western Pacific Regional Office becomes familiar with the rapid containment decision-making process (epidemiology, technical guideline implementation, incident command, etc.).

(2) The Western Pacific Regional Office understands and performs their roles and responsibilities for logistics and risk communication associated with rapid containment.

(3) The ASEAN/ASEM Stockpiles Project confirms its transportation protocol.

The exercise was designed to facilitate understanding and to identify strengths and opportunities for improvement in the decision-making process when launching a rapid containment operation. The exercise involved a hypothetical outbreak occurring in a hypothetical country. The exercise was controlled by the progressive release of, and request for, information by the exercise management team.

1.1.3 Objectives

(1) To test the responses of DSE staff throughout the rapid containment decision-making process.

(2) To evaluate the roles and responsibilities of response logistics in support of rapid containment operations.

(3) To validate the risk communication framework for rapid containment.

(4) To discuss the operational issues and processes used to establish, maintain and terminate the containment zone.
1.2 Exercise design

1.2.1 Type of exercise

PanStop V was designed as a two-day modified functional table-top exercise involving JICS and DSE, WHO Regional Office for the Western Pacific. The focus was on the decision-making process and response during a routine rapid response and prior to the launch of a rapid containment operation.

1.2.2 Scenario

The exercise depicted an outbreak of a disease in a hypothetical country (Melilotus), with consequent opportunities to contain the outbreak by utilizing stockpiles of antiviral medication and non-pharmaceutical interventions. The exercise scenario, epidemiological data and events introduced were based on previous PanStop exercises but modified specifically for PanStop V. The scenario is attached as Annex 5.1 (Scenario).

1.2.3 Master Sequence of Events List

The Master Sequence of Events List (MSEL) is a list of all the scheduled simulated events that were injected into the exercise and the expected actions following the scenario. Events introduced were designed to achieve the exercise objectives. A copy of MSEL is attached as Annex 5.2 (Master Sequence of Events List, MSEL).

1.3 Exercise management

1.3.1 Exercise management team structure

The exercise was managed by an Exercise Director and controlled by an exercise management team. The primary responsibilities of the exercise management team were to monitor, manage and control the exercise activity to meet the stated objectives. It also developed the exercise materials in collaboration with WHO administrative staff in the Regional Office. The exercise management team was composed of the following people:

Exercise Director: Dr Satoko Otsu
Co-director: Mr Steve Bice
Controller: Dr Ailan Li, Dr Satoko Otsu
Live simulator: Dr Takeshi Kasai
Simulators: Dr Jeff Partridge, Ms Sara Stone
Evaluators: Mr Steve Bice, Ms Satoko Kiyota, Ms Naoko Noda, Dr Bipin Kumar Verma.
2. PROCEEDINGS

2.1 Exercise conduct

2.1.1 Exercise participants and locations

Participants from DSE played out their roles and responsibilities in Situation Room 403 in the WHO Regional Office for the Western Pacific. JICS staff carried out the exercise in their regular workplace. The exercise management team operated out of room 401-J in the WHO Regional Office.

2.1.2 Exercise

The exercise took place from 13 to 14 December 2011. Day 1 commenced at 08:30 (Manila time), immediately following the morning meeting, and was suspended at 16:00. Day 2 also commenced at 08:30 (Manila time), immediately following the morning meeting, and ended at 11:30. A total of 10.5 hours of simulated activities were representative of a fictional eight-day event. The exercise ended with all objectives and anticipated actions sufficiently addressed.

A total of 34 scheduled injects were provided to the participants including JICS by e-mail, telephone and verbally. Twenty-nine e-mails were exchanged between participants and simulators on Day 1, and 54 were shared on Day 2.

Results of the discussion between the WHO Regional Office and JICS during the exercise are attached as Annex 5.3 (Transport Authorization/JICS)

2.2 Exercise debriefing

Immediately after the exercise, a debriefing was held at the WHO Regional Office to share the lessons learnt from the exercise. Mr Steve Bice chaired the meeting.

All of the participants were requested to submit an evaluation form to the exercise management team to share their feelings and comments about the exercise. (Annex 5.5 Evaluation Summary and Form).

Participants' action logs and problem logs were collected to capture the exercise findings and issues and to evaluate the outcome of the exercise.
3. FINDINGS AND ISSUES

3.1 Exercise-specific findings and issues

Several positive outcomes were noted at the close of the exercise including: (1) DSE staff drafted an excellent rapid containment plan; (2) staff worked well together (respectfully and professionally interacting throughout the exercise); (3) risk communication plans and performance were characterized as well prepared and well executed throughout the exercise; and (4) while response logistics is a somewhat new capability in DSE, that staff function was carried out well.

The rapid containment plan (Annex 5.6), which was successfully developed during the exercise, will serve as an outline for planning documents related to rapid containment. However, most participants agreed that there was a lack of clarity on the Incident Management System (IMS) structure used for this exercise. On Day 1, it was unclear who had responsibility for the objectives in the overall mission. Although names were written down next to organizational units, it was not clear who was in charge of each team and what each team was expected to produce. Incident objectives and strategies were not clearly stated or explicitly assigned to organizational units, which led to an observation that using exercises to develop protocols and doctrine may not be the most effective and/or efficient use of staff time or exercise time.

On several occasions, participants ended up wearing several hats, which caused frustration because the priorities of their assigned responsibilities were not stated. An operational staff rhythm was not established during the first day of the exercise; consequently, all briefings, presentations and other deliverables were scheduled at the last minute. Appointment of a Deputy Incident Manager, which is a well-accepted practice in incident management, might have facilitated the exercise.

Response logistics was tested in the exercise and performed well; however, many staff evaluations requested clarity on standard operating procedures initiated by the logistics team (to this point, please see Annexes 5.4, 5.4A and 5.4B).

As a general observation, the WHO Regional Office experiences high staff turnover, which makes for a challenging staff training environment. It is clear that further training on incident management is required; perhaps an ongoing training cycle in emergency management and response should be instituted so that new personnel can be instructed on the basics of the WHO IMS. A half-day training session for all participants before the exercise may also be helpful. Such training could more clearly define command and control issues, delegation of duties/responsibilities, how to set operational time frames and periods (and how to establish goals and objectives for those time periods), reporting structure and key reporting responsibilities, etc. Understanding the operational period, the goals and objectives of each operational period and how they fit into the overall strategy outlined by the Incident Manager is very important.
General Service Staff (G-Staff) contributed significantly to the successful outcome of the exercise but were not initially incorporated effectively into the team. In the future, it would be helpful to involve G-Staff in the exercise planning phase or the exercise development phase prior to the actual exercise.

JICS participated in PanStop V in order to test their transportation protocol when they ship/send items contained in the stockpile from Singapore to the requested country. The process went smoothly and without major problems or concerns once the request was made by the WHO Regional Office and received and understood by JICS staff. JICS executed the task promptly. The JICS transportation details are attached as Annex 5.3 (JICS Transport Authorization).

3.2 Rapid containment findings and issues

Please note that the draft preparedness plan for rapid containment is quite comprehensive and will serve as a reference document for rapid containment operations performed by the WHO Regional Office in the future.

(1) Test the responses of DSE throughout the rapid containment decision-making process.

The DSE staff successfully conducted a rapid risk assessment, developed a rapid containment plan and completed their assignments for the exercise. However, it appeared as if they did not fully understand the roles and responsibilities for all key teams in a rapid containment operation. Questions such as “Do roles and responsibilities actually change in a rapid containment operation as compared to normal outbreak response?” and “How and why?” were raised. Staff would benefit from further discussions on the regional rapid containment policy of the WHO Regional Office for the Western Pacific.

(2) Evaluate the roles and responsibilities of response logistics in support of rapid containment operations.

During the course of the exercise, participants realized that the roles and responsibilities of response logistics in rapid containment operations do not change from other responses to emergencies. However, staff suggested that the exercise pointed out the need for more clearly identified standard operating procedures for logistics in general.

(3) Validate the risk communication framework for rapid containment.

Risk communication stood out as an especially successful part of the exercise. The risk communication team did a fine job throughout the two days, often correctly anticipating the needs of the mythical Member State, the WHO Country Office and other WHO Regional Office units participating in the exercise. It was noted that some participants thought the WHO Regional Office risk communication protocols were written to support Member States primarily. It was respectfully suggested that perhaps DSE should consider developing or enhancing written protocols that cover interactions and communications with internal and external stakeholders. Please note that in Annex 5.7 (Principles of Risk Communication and Exercise Activities Log), the number of activities outlined serves as a template and teaching document for risk communication in emergency operations and future exercises.
(4) Discuss the operational issues and processes used to establish, maintain and terminate the containment zone.

There continues to be some confusion over the establishment of a containment zone and about containment operations in general; however, the exercise participants undertook the analysis necessary to develop a rapid containment plan, and drafted a very detailed plan by the end of the exercise. Since there are widely differing opinions internationally about the plausibility of instituting containment in an influenza outbreak, further discussions appear to be necessary (prior to final drafting of WHO Regional Office operational procedures).

(5) Summary of JICS participation

JICS participated in PanStop V in order to test their transportation protocol when they ship/send items contained in the stockpile from Singapore to the requested country. The process went smoothly and without major problems or concerns once the request was made by the WHO Regional Office and received and understood by JICS staff. JICS executed the task promptly.

3.3 Overarching findings and issues

(1) Information management: Tracking incoming and outgoing messages, telephone calls and communications is difficult in any (all) emergency operations. New equipment and software may help, but staff evaluations strongly suggested the appointment of a staff position to ensure effective information management.

(2) Training: Training on incident management and incident command structure (modules available free of charge on the Internet) must be given to staff periodically during the year (especially with the high turnover of staff in the WHO Regional Office for the Western Pacific).

(3) Leadership: There are many styles or manners of leadership. Some leaders are quiet, while others are verbal. Some lead by example, and some teach. Some prefer to talk to groups, while others like to have one-on-one conversations. Some utilize team leaders, while others prefer to talk to all the team members. While there is no one "right" or "correct" way, it is clear that in responding to an emergency, not everyone can or should talk at once. The incident command system requires the Incident Manager to use his/her various team leaders so as to reduce confusion and to allow for effective use of personnel/staff. No one manager, no matter how talented, can control dozens of staff at a time. Intermediate leaders (team managers) must be appointed and used to have an effective and efficient span of control.

(4) Incident Management Systems and functionality: First and foremost, the Incident Manager must decide on the primary strategy, goals and objectives of the operation, and clearly communicate them to the team as quickly as possible. Each operational period must be clearly delineated or defined by a time frame and by objectives to be accomplished within that time frame. Team managers must then focus their resources (teammates) on accomplishing tasks that will help them to achieve the objectives as their highest priority for that time frame. Team assignments must be given at the outset of an operation; team leaders must be appointed and communication with the teams must be channelled through those leaders and back to the Incident Manager.
(5) Checklists: Checklists should be developed and incorporated into the EOC standard 
operating procedures and more generally in the emergency response doctrine (and manuals 
covering emergency operations for DSE). [NOTE: Version 8.4 DSE Operations and Outbreak 
Response, draft dated December 2011, contains checklists and standard operating procedures for 
the EOC in the WHO Regional Office for the Western Pacific.]

4. RECOMMENDATIONS AND NEXT STEPS

(1) Organizational structure

When creating an IMS structure early in a response, immediately define the reporting 
relationships of each unit in that structure and explain where the basic IMS functions (Incident 
Management, Operations, Finance and Administration, Planning and Logistics) are located in the 
EOC if not using those standard IMS terms. Include this step in the EOC activation process and 
during any subsequent revisions of the IMS structure.

(2) IMS organizational responsibilities

Institute a deliberate Incident Action Planning process that defines the incident objectives, 
the strategies and tactics, who has responsibility for them, and the priorities. Brief EOC staff to 
make them aware of their responsibilities, tasks and priorities. Similarly, develop terms of 
reference (TORs) for all key IMS positions to preclude questions about standard responsibilities. 
For example, one person should be designated to be responsible for channelling and tracking all 
requests for information.

(3) EOC layout and seating

Assign seats for common IMS roles likely to be found in the EOC of the WHO Regional 
Office. As staff members are assigned a specific IMS role, have them move to that seat and stay 
there. By assigning staff to seats in proximity to related roles with which they interact, less time 
is wasted. The next EOC configuration, wired to provide access to common file stores, should 
obliterate the issue of computer movement in the event an occasional seating change has to be 
made.

(4) Standard templates

Develop as many checklists, templates and sets of decision criteria as possible while the 
EOC is not activated. When needed, it is quicker to review and adapt such products rather than 
developing them from scratch.

(5) Data quality

Designate a position responsible for data quality and prepare terms of reference for that 
key IMS position.
(6) Staff rhythm

As soon as an IMS is implemented, designate a staff rhythm for each operational period to give staff a base expectation of when they can expect to give briefings or deliver various products.

(7) Staff turnover

Focus on the development of basic EOC standard operating procedures and associated protocols/checklists that new staff can follow in the absence of time to be trained in an IMS function.

(8) Task tracking

Designate a position in the IMS structure (under the Operations function) that is responsible for keeping up with all tasks issued both externally and internally to the IMS structure.

(9) Rapid containment

Strengthen DSE written documents and doctrine surrounding rapid containment operations, roles and responsibilities for all key elements of rapid containment operations. Questions such as "Do roles and responsibilities actually change in a rapid containment operation as compared to normal outbreak response?" and "How and why?" were raised by staff during the exercise. Staff would benefit from further discussions on WHO regional rapid containment policy.

(10) Response logistics

Further strengthen and clarify roles and responsibilities for response logistics in rapid containment operations and other responses to emergencies. Draft and standardize DSE standard operating procedures for response logistics in normal (or non-emergency) operations.

(11) Risk communication

Because this functional area performed at an exceptionally efficient and effective level during the course of the exercise, there are no formal recommendations for improvement.

(12) Japan International Corporation System

Because JICS performed at an exceptionally efficient and effective level during the course of the exercise, there are no formal recommendations for improvement. However, as JICS hires new staff, participation in WHO exercises is encouraged.
Annex 5.1

Panstop V 2011 Scenario

Background

The H1N1 (2009) virus is now in the post-pandemic period. Based on knowledge about past pandemics, the H1N1 (2009) virus is expected to continue to circulate as a seasonal virus for some years to come. While the level of concern is now greatly diminished, vigilance on the part of national health authorities remains important. The World Health Organization (WHO) recommends continuing and strengthening epidemiological and virological monitoring during the post-pandemic period. National health authorities are reminded that cases and local outbreaks of H1N1 (2009) infection will continue to occur, and in some locations, such outbreaks could have a substantial impact on communities.

To date, 571 cases of avian influenza (H5N1) have been reported, with 335 deaths globally. Most of those cases were from the Asia Pacific region, making this region a potential epicentre for the emergence of human-to-human transmission of H5N1. Although close contact with infected birds has been reported for most cases, human-to-human transmission cannot be ruled out for some cases. As such, we need to remain vigilant and continue monitoring the situation.

No human cases of infection with H5N1 have been reported in Melilotus as of 2011.

Initial Outbreak

In early November 2011, several domestic birds were reported to have died of an unknown cause in the small village of Trifolium, in the Western Province of Melilotus. Local authorities seldom visit this remote area and have given up collecting specimens to send for laboratory confirmation. Villagers hesitate to report sickness in their birds, as they do not want to lose their property. Instead, villagers are selling sick birds to traffickers who often travel to Cirsium, an island located off the south-west coast, to do business. Inhabitants of Cirsium rely on these trafficked birds for fresh meat, as there are very few wild or domestic animals on the island. Once a week, a ship arrives from the main island to bring other foods and commodities. Due to the fact that the bird die-off occurred in a small, remote village, local media have published only one short article about the event. There have been no further updates about the event and no attention has been paid to the reports at the international level. No containment
activities have been undertaken in the field. No human cases have been reported in Cirsium or Trifolium as of the beginning of December.

On 11 December, there was a report in the media about a mysterious illness with diarrhoea, fever and cough in Cirsium in the Urtica Strait in the Western Province of Melilotus (see News Report 1).

<table>
<thead>
<tr>
<th>NEWS REPORT 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 December 2011, Port Galanthus – One dozen people have come down with a mystery illness in Cirsium in the Western Province of Melilotus, resulting in a few deaths over the past month. The sick were reported to have suffered from diarrhoea, fever, fatigue and some other symptoms. A medical officer at the Cirsium General Hospital told reporters that the condition of most patients deteriorated very rapidly. One nurse said it was similar to what happened before but it was something different, and they did not know what caused the illness.</td>
</tr>
<tr>
<td>A villager told the reporter. “This is something terrible. It could be due to the water or food contamination caused by imported food. We are very worried as we had a cholera outbreak before.”</td>
</tr>
<tr>
<td>A doctor who declined to be named said, “Having 20 people fall ill around the same time is something strange to us. We are not sure what the cause of disease is, but there is indeed reason for concern.”</td>
</tr>
<tr>
<td>Calls to the Ministry did not get any response.</td>
</tr>
</tbody>
</table>

DAY 1 13 December

When the field team, including WHO staff, informally investigates the outbreak, they find that three people have visited Cirsium General Hospital, the only health facility on the island, complaining of diarrhoea, cough, and fever (>38°C). According to the hospital, two cases (Cases 1 and 2) reported onset of symptoms on 11 and 12 December, respectively. One person (Case 3) had been at home with mild fever since 9 December. Case 3 has been showing difficulty breathing and has been getting sicker since her arrival at Cirsium General Hospital. A very experienced doctor in the hospital found that the symptoms were different than those of cholera outbreak, more like influenza-like illness, so he sends a report to the Provincial Health Office.
Case 1 bought a live, sick-looking chicken from an illegal trafficker from Port Galanthus and took care of the chicken until he consumed it, with his brother (Case 2), in early December. It is not clear if Case 3 consumed sick chicken. All three cases are admitted at Cirsium General Hospital and the cases are reported to the Provincial Health Office. As the result of a lesson learned from the cholera outbreak, the Provincial Health Office decides to contact the National Department of Health, with the hope that they will communicate with WHO for support.

Samples from Cases 1 and 2 are taken and sent to the Institute of Medical Research (IMR) in Plantago, which is the National Influenza Centre of Melilotus.

Case 3 dies immediately after admission to the Cirsium General Hospital and samples cannot be taken.

The WHO Melilotus Country Office does not have any Emergency Disease Surveillance and Response (ESR) staff. Hence, the WHO Melilotus Country Office requests the WHO Regional Office for the Western Pacific to provide support for outbreak response in Cirsium.

No other international organizations show interest in investigating the event as Cirsium is so far from Port Galanthus. Australia does not deploy a team for investigation for this event, as they feel confident that WHO will be as effective as they were during the prior cholera outbreak when the two worked together.

The media reports food poisoning based on the initial investigation by the Provincial Health Office.

**DAY 2 14 December**

The specimen taken from Case 1 tests positive for H5N1 by real-time reverse transcription polymerase chain reaction (RT-PCR). The specimen from Case 2 is negative. The Incident Management Group of Department of Health is initiated. Updates of the event are reported daily by the field team (comprised of WHO and Department of Health staff). Melilotus initiates the National Contingency Plan for Pandemic Influenza, establishes a National Task Force and starts reporting to the Prime Minister and the National Executive Council via the National Coordination Body.
DAY 3 15 December

Contact tracing identifies three additional cases with mild symptoms of influenza-like illness (i.e. fever and dry cough) that are reported by the field team:

- Two cases (Cases 4 and 5) are sons of the dead case (Case 3) and have had no contact with dead birds.
  - Case 3 visited her son (Case 4) on 12 December.
  - Cases 4 and 5 live apart from each other.
  - Cases 4 and 5 have mild symptoms and do not need to be transferred to Cirsium General Hospital.
- Case 6 is the wife of Case 1. She has been suffering from a chronic heart disease and diabetes for many years. Her blood sugar has not been well controlled. She has had no contact with birds. Case 6 complains of shortness of breath and vomiting. She is transferred to Cirsium General Hospital and dies later due to heart failure.

Samples are taken from all the cases and are sent to IMR in the late afternoon. The Department of Health sends a team to Cirsium. If this becomes widespread human-to-human transmission of H5N1, the country will not have enough antivirals, health staff, equipment or resources to sustain an adequate response.

WHO Headquarters requests further information about the event.

DAY 4 16 December

Real-time RT-PCR results show that Cases 4 and 5 are positive and Case 6 is negative for H5N1.

Another case (Case 7) is reported from the Cirsium General Hospital.

- Case 7 is a friend of Case 5. They have worked together as fishermen since 5 December.
  - Case 7 shows symptoms of fever and myalgia but does not need to be transferred to Cirsium General Hospital.

The field investigation continues and the field team starts assessing the possibility of a rapid containment operation. WHO offers to assist the Department of Health in assessing the feasibility of conducting a rapid containment operation.

The local media, Melilotus News, investigates the new cases and prints a follow-up news report on the mystery diseases (see News Report 2). This second news article is picked up by international media.
DAY 5 17 December

As a result of active surveillance, five new cases (Cases 8, 9, 10, 11 and 12) with influenza-like illness are reported to the response team from Cirsium General Hospital.

- Cases 8, 9 and 10 attended the funeral of Case 3 on 14 December (Day 3).
- Case 11 is one of Cirsium General Hospital’s health care workers and is a friend of Case 6.
- Case 12 was serving food at the reception after the funeral.

WHO support team arrives in Melilotus.

News of more cases becomes front-page material in the international media, which are now reporting on the situation in Cirsium. Inquiries regarding the possibility of an outbreak of pandemic influenza have overwhelmed the hotline services of the Department of Health. People are asking where they can obtain antivirals. Cirsium General Hospital is overwhelmed with individuals who are essentially well but concerned to be victims of influenza. In addition, some hospital workers might not be aware of the correct way to wear personal protective equipment (PPE). International media request to interview the WHO field team for details. Australia’s National Focal Point calls the WHO Contact Point for International Health Regulations (IHR) in the Western Pacific Regional Office expressing great concern about the event. The Centers for Disease Control and Prevention (CDC) offers support for investigation.

DAY 6 18 December

The laboratory results for the five most recent cases (Cases 8, 9, 10, 11 and 12) are returned from IMR, and all are positive by real-time RT-PCR for H5N1 except Case 11. Three additional cases are reported through contact tracing (Cases 13, 14 and 15):

- Case 13 is a community nurse who takes care of Case 8.
- Case 14 is an 8-year-old boy attending primary school in Cirsium, where Case 10 is teaching.
- Case 15, who has been hiding because she fears she may be infected, is the girlfriend of Case 5.

Based on an understanding of regional stockpile deployment, WHO decides to mobilize the stockpile of antivirals and PPE in Singapore. WHO advises the Japan International Cooperation System (JICS) of the approximate quantities of required antivirals and PPE. The WHO Regional Office for the Western Pacific advises the containment zone and operational issues to the Department of Health.
DAY 7 19 December

An additional three cases are reported from Cirsium General Hospital (Cases 16, 17 and 18).

- Case 17 is a 3-year-old boy in severe condition (fever 40°C, tachypnoea, tachycardia, delirium) who is sent to Cirsium General Hospital.
- Others are showing mild symptoms of influenza-like illness.
- The laboratory results from IMR show that Cases 13, 14 and 15 are H5N1 positive.
- Field investigation reports that movement of Cases 1–15 has been limited for the most part to Cirsium for the last two weeks.

Singapore stockpile arrives at the airport in Port Galanthus. National and international media keep reporting sensationality about the start of pandemic influenza in the region. Inquiries about Tamiflu side-effects are posted by some media. (Many National Focal Points ask WHO about issuing a travel ban to Melilotus.)

DAY 8 20 December

Two more cases (total 20 cases) are reported from Cirsium General Hospital.

- Case 19 is a journalist who interviewed the villagers.
- Case 20 is the mother of a secondary school student.

The National Emergency Committee meeting is briefed that rapid containment should be undertaken. The WHO Director-General is also briefed that rapid containment should be launched. The National Emergency Committee meeting decides to launch rapid containment.
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Time (Manila)</th>
<th>Event</th>
<th>Message from</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12 Dec</td>
<td>Morning</td>
<td>Briefing on exercise</td>
<td>ALL</td>
<td>Verbal</td>
<td>Prepare for exercise. Ask players to bring computers before morning meeting.</td>
<td></td>
</tr>
<tr>
<td>I-0</td>
<td>08:30</td>
<td>Day 0</td>
<td>News picks up mysterious diarrhoeal outbreak in Cirsium. Logistics: WHO's stockpile of Tamiflu (5000 doses) and personal protective equipment (PPE) are destroyed in a flood. KOJI presents the news. Steve explains stockpile situation.</td>
<td>WHO outbreak meeting</td>
<td>Regional Office: - Set up computers and emergency operations centre (EOC). - CK asks Jeff to join investigation. Country Office (Simulator): - Provide situation report on Melilotus, including: no ESR staff in the WHO Country Office, fresh meat is mainly imported from illegal trafficker in Port Galanthus, maps, country profile, and no team on the ground from Australia. - Ask Regional Office if Jeff, who is vacationing in Melilotus, can join the field investigation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I-1</td>
<td>08:45</td>
<td>Day 0</td>
<td>Jeff is vacationing in Melilotus and informs CK that he can join field investigation.</td>
<td>CK/ALL</td>
<td>Telecom</td>
<td>Jeff</td>
<td>Surveillance team: - Risk assessment - Ask Country Office questions and get more information. Logistics: - Contact Jeff to ensure his health and safety. If log response does not ask about Jeff's needs, add prompt. Rumour turned out to be a typhoid outbreak. BUT during the field investigation, patients with flu-</td>
</tr>
<tr>
<td>I-2</td>
<td>09:00</td>
<td>Day 0</td>
<td>Rumours turn out to be a typhoid outbreak. BUT during a field investigation, patients with flu-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXERCISE** PanStop V 2011 Master Sequence Event List and Controller Actions
## PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-3</td>
<td>9:15</td>
<td>Day 1 Dec 13</td>
<td>like symptoms are found.</td>
<td>Jeff</td>
<td>CK and surveillance team</td>
<td>E-mail</td>
<td>Regional Office: - Set up event management team. - Brief DSE Director. - Share info with WHO HQ. Surveillance team: - Prepare questions. - Inquire further information from Jeff.</td>
<td>Total 3 cases</td>
<td></td>
</tr>
<tr>
<td>I-4</td>
<td>09:45</td>
<td>Day 2 Dec 14</td>
<td>Specimen from Case 1 is RT-PCR positive for H5N1 influenza. Requests more WHO support in the field.</td>
<td>Jeff</td>
<td>CK and surveillance team</td>
<td>E-mail</td>
<td>Regional Office: - Facilitate sample to be sent to Australia for confirmation. - Discuss who to send to support Jeff. - Inform HQ about event. Logistics:</td>
<td>Case 1 is positive for H5N1. Case 2 is negative, no sample for Case 3 Rapid response start An Epi person may be deployed. Country Office activity: - Collaborate with Department of Health to support the health</td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Priority</td>
<td>Inject Time (Manila time)</td>
<td>Exercise Time</td>
<td>Event</td>
<td>Message from:</td>
<td>Message to:</td>
<td>Method</td>
<td>Expected Action</td>
<td>Comment (Simulator’s action)</td>
</tr>
<tr>
<td>----</td>
<td>----------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>-------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------</td>
<td>-----------------</td>
<td>------------------------------</td>
</tr>
</tbody>
</table>
| I-5 | 10:00    | Day 2 Dec 14             |               | Jeff  | CK            | Telecom     |        | Support crafting of press conference. | - Prepare pre-departure checklist.  
- Check warehouse at Regional Office.  
- Check on Jeff.  
- Check customs clearance.  
- (May send ALL 5000 antivirals or 2000.)  
Risk communication: - Request sending samples for further confirmation. Because of limited capacity, request WHO support to transfer WHO CC field team.  
- Informed that the Department of Health has established a National Pandemic Influenza Threat Response Technical Task Force that reports daily to the Prime Minister via a National Coordination Body.  
- Informs WHO that they are strengthening active surveillance, risk communication includes infectious control, health facilities, hospitals enforced in country, but they lack capacity and request support from WHO. |
**EXERCISE**

PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
<td>10:15</td>
<td>Day 2 Dec 14</td>
<td>Department of Health notifies IHR about event through WHO Country Office.</td>
<td>National Focal Point (NFP) Melilotus</td>
<td>IHR DO</td>
<td>E-mail</td>
<td>Regional Office: - Request HQ to post event on EIS.</td>
<td>HQ: - Request more information from the Regional Office.</td>
</tr>
</tbody>
</table>

- Want to organize the first press conference and ask WHO to help develop sentence.

**Bonus**
- Regional Office considers team members to send for rapid containment (RC) feasibility assessment (epidemiologist, laboratory staff, medical people and logistics staff).

**Assumption**
Very good relationship between WHO and Department of Health. They will conduct investigation together.
## EXERCISE
### PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
</table>
| 1-7 |          | 10:30                     | Day 3 Dec 15  | Another report of 3 cases with ILI from the field | Jeff | CK and surveillance team | E-mail | Regional Office:  
- Consider RC and plan for RC feasibility assessment.  
- Discuss WHO team to conduct RC feasibility assessment.  
- Consider requesting GOARN deployment from HQ if there is not enough staff to cover the team.  
- Regularly share information with HQ.  
**Surveillance team:**  
- Update line list.  
**Logistics:**  
- Prepare pre-departure checklist for WHO staff.  
- Check health of WHO staff. | Total 6 cases  
ALL patients sent to Cirsium Genera. Hospital.  
**Logistics:**  
Simulator needs to provide Flight schedule, airline local flight, Port Galanthus to Cirsium, custom clearance -> all OK, |
## PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
</table>
| 1 | I-8 | 10:30 | Day 3 Dec 15 | Rapid containment education session if necessary | | | | - Ask how to send items.  
- Prepare basic logistics overview of Cirsium.  
- Steve to prompt if CK does not share all info | |
| 2 | I-8 | 11:30 | Day 3 Dec 15 | Additional epi staff arrives, requests PPE and antivirals for 2000 to be sent to Cirsium, space available on daily B-727 flight. Requests antiviral distribution plan in case of RC operation. | Field team (Jeff) | | E-mail | Logistics:  
- Deploys antivirals and PPE from the WHO Regional Office warehouse to Cirsium (flight schedule) as requested.  
- Start considering mass distribution plan with team. If not well addressed, prompt logistics inject; time, equipment, transportation, communication, mapping (Rapid Response) | |
| 3 | I-9 | 11:30 | Day 3 Dec 15 | Requests talking points for risk communication. (Rapid Response) | Field team (Jeff) | | E-mail | Risk communication:  
- Prepare talking points for the event. | |
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-10</td>
<td>11:45</td>
<td>Day 3 Dec 15</td>
<td>WHO HQ requests information from Regional Office.</td>
<td>WHO HQ</td>
<td>Surveillance team</td>
<td>E-mail</td>
<td>Regional Office</td>
<td>- Provide updated information to HQ.</td>
<td></td>
</tr>
</tbody>
</table>

**LUNCH BREAK**

<table>
<thead>
<tr>
<th>I-11</th>
<th>12:50</th>
<th>Day 4 Dec 16</th>
<th>Summary of the morning exercise</th>
<th>Melilotus News</th>
<th>All</th>
<th>E-mail</th>
<th>Regional Office:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Show video clip-1</td>
<td></td>
<td></td>
<td></td>
<td>- Prepare a talking point.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Add comments: “WHO HQ made a mistake of area.”</td>
<td></td>
<td></td>
<td></td>
<td>Risk communication:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I-12</th>
<th>13:15</th>
<th>Day 4 Dec 16</th>
<th>RT-PCR results of Cases 4, 5 and 6 come back.</th>
<th>Field team (Jeff)</th>
<th>CK and surveillance team</th>
<th>E-mail</th>
<th>Regional Office:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>RT-PCR results</td>
<td></td>
<td></td>
<td></td>
<td>- Facilitate sample to send to WHO CC in Australia.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cases 4 and 5 are positive and Case 6 is negative for H5N1.</td>
<td></td>
<td></td>
<td></td>
<td>Risk communication:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Surveillance team:</td>
<td></td>
<td></td>
<td></td>
<td>- Make and analyse a list and strongly suspects H-H infection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional Office:</td>
<td></td>
<td></td>
<td></td>
<td>- Prepare RC feasibility assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Field team</td>
<td></td>
<td></td>
<td></td>
<td>- Send WHO team for RC assessment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Regional Office:</td>
<td></td>
<td></td>
<td></td>
<td>No logisticians in the field at this moment!</td>
</tr>
<tr>
<td>#</td>
<td>Priority</td>
<td>Inject Time (Manila time)</td>
<td>Exercise Time</td>
<td>Event</td>
<td>Message from:</td>
<td>Message to:</td>
<td>Method</td>
</tr>
<tr>
<td>----</td>
<td>----------</td>
<td>--------------------------</td>
<td>---------------</td>
<td>-------</td>
<td>---------------</td>
<td>------------</td>
<td>--------</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>13:45 Day 4 Dec 16</td>
<td>Field team (Jeff)</td>
<td>CK and surveillance team</td>
<td>Telecom</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Priority</td>
<td>Inject Time (Manila time)</td>
<td>Exercise Time</td>
<td>Event</td>
<td>Message from:</td>
<td>Message to:</td>
<td>Method</td>
</tr>
<tr>
<td>---</td>
<td>---------</td>
<td>--------------------------</td>
<td>--------------</td>
<td>-------</td>
<td>---------------</td>
<td>------------</td>
<td>--------</td>
</tr>
</tbody>
</table>
| 14 | I-14    | 14:00                    | Day 4 Dec 16 | Field team advises on RC: how to determine containment zone, how to distribute antivirals, how to support those affected, and risk communication (i.e. messages). Field team is too busy to investigate ongoing outbreak | Field team (Jeff) | CK | E-mail | - Tell field team a RC assessment team will arrive soon; deploy support team to Mellilotus for RC assessment (role of WHO RC assessment team clear). 

**Logistics:**
- Send remaining antivirals (3000) from WHO warehouse (if not already sent).

**Regional Office:**
- Discuss RC feasibility and possible RC operation. 
  - If not already done, tell field team a RC assessment team will soon arrive. 
  - If not already done, send the support team to Mellilotus for RC assessment (role of...

**WHO Team:** epi, medical, logistician, laboratory staff

**Confirm decision of risk assessment for rapid containment.**

Provide information to make a decision on containment zone (e.g. map of Cirsium, population, security, logistical information). |
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>I</td>
<td>14:10</td>
<td>Day 5 Dec 17</td>
<td>Cirsium General Hospital reports it is full and worried. Some staff are not familiar with PPE. Dept of Health hotline service is busy.</td>
<td>Field team (Jeff)</td>
<td>Xu Zhen, CK, Yoo Jung</td>
<td>E-mail</td>
<td>WHO staff for RC assessment. - Confirm logisticians as part of the field team. - Ask for the consume rate in the field.</td>
<td>Info Health facilities in the affected area are all running short of health staff. There is only basic medicine and supplies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and asks Regional Office to send more staff for RC assessment. Requests more antivirals and PPE (exhausted Manila stockpile). Confirms antivirals RC distribution plan for mass distribution and point distribution. Shares maps of Cirsium and profiles.</td>
<td>WHO RC assessment team clear). - If not already done, inform JICS/MOFA to mobilize the regional stockpile (warning order). - Inform HQ about the possibility of RC operation. Logistics: - Prepare necessary actions for RC, including operational issues. - Prepare to send Cirsium antivirals and PPE (warning order). consu:nes 1000 antivfrals and (exhausted Manila -: Inform HQ about PPE per day consume.” (If CK does not share the information, Jeff calls Remy and lets him know that the consumption rate appears to be: 1000 PPE and antivirals per day.)</td>
<td>Military support is not available, as Ministry of Defence does not know about pandemic influenza; hence, request antivirals.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#</td>
<td>Priority</td>
<td>Inject Time (Manila time)</td>
<td>Exercise Time</td>
<td>Event</td>
<td>Message from:</td>
<td>Message to:</td>
<td>Method</td>
<td>Expected Action</td>
<td>Comment (Simulator’s action)</td>
</tr>
<tr>
<td>---</td>
<td>----------</td>
<td>--------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>---------------</td>
<td>-------------</td>
<td>--------</td>
<td>----------------</td>
<td>-------------------------------</td>
</tr>
</tbody>
</table>
| 1-16 |            | 14:30                    | Day 5 Dec 17  | WHO RC assessment team arrives, summarizes situation about Cirsiium. Request Regional Office to advise on RC feasibility assessment and containment zone. | Dept of Health | CK           | Telecom | - Discuss the mass distribution plan with team.  
Risk communication:  
- Prepare talking point for rapid containment. 
Regional Office:  
- Provide necessary advice to Country Office (DOH) infectious control measures in the community health facilities and the hospital, and confirm the proper use of PPE.  
Logistics:  
- Check on the safety and security of Jeff and team.  
- Make sure team gets there safely. | Department of Health  
- Requests technical advice from Regional Office on infection control and public health intervention.  
WHO team  
- Informs Regional Office that they were briefed by the Department of Health and field team, but requests Regional Office to advise them on what they are expected to do.  
- Request Regional Office feasibility of rapid containment and containment zone  
- Shares info about Cirsiium  
- Informs continued field investigation (routine response) and risk assessment of rapid containment. |
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-17</td>
<td>15:20</td>
<td>Day 5 Dec 17</td>
<td>Five new ILI cases are reported.</td>
<td>Field team (Jeff)</td>
<td>Surveillance team/CK</td>
<td>Telecom (follows e-mail)</td>
<td>- Give a heads up</td>
<td>ASEAN stockpile being prepared to fly.</td>
<td></td>
</tr>
</tbody>
</table>

**Regional Office:**
- Discuss RC feasibility.

- Decide to mobilize Singapore regional stockpile and inform JICS/MOFA (D-2)
- Advise JICS on the approximate quantities of antivirals and PPE for rapid containment.

**Logistics:**
- Check on WHO staff safety and security.
- Confirm transport from airport to warehouse or storage; transport from means of how to distribute.
- Check warehouse,

**Total 12 cases**

Cases 8, 9 and 10 attended the funeral of Case 3 on 15 December (Day 3). Case 11 is one of Triat Soham Hospital’s health care workers and is a friend of Case 6. Case 12 served food at the reception after the funeral.

**Estimation:**
Approximately 100 000 antivirals and PPE to be sent from JICS.
<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
</table>
| I-18 | 15:30 | Day 5 Dec 17 | International media request comments from WHO. | Internatio nal media | Joy | Telecom | Risk communication | - Brief the media on the situation.  
  transport, re-distribution, IICS custom clearance, and final RC distribution plan.  
- Confirm logistics in the containment zone including distribution plans. |
| I-19 | 15:50 | Day 5 Dec 17 | WHO RC assessment team discusses RC feasibility and asks how to decide containment zone. | WHO team leader | ALL (teleconference) | Tel | Regional Office: | - Hold teleconference to get more info about RC risk assessment.  
- Discuss and decide on containment zone.  
- Provide advice on the feasibility of RC and containment zone.  
WHO team  
- Provide information on the outbreak cases, and help to make a decision on containment zone if necessary. Make players summarize the situation. RC feasibility info and containment zone decision will be asked on Day 2. |
# | Priority | Inject Time (Manila time) | Exercise Time | Event Message | Message to | Method | Expected Action | Comment (Simulator’s action) |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I-20</td>
<td>15:55</td>
<td>Day 6 Dec 18</td>
<td>Laboratory results of Cases 7–12 are returned from IMR.</td>
<td>Field team (Jeff)</td>
<td>Surveillance: E-mail</td>
<td>- Update line list.</td>
<td>All positive H5N1 RT-PCR except case I1 (Controller note that this is the last inject)</td>
<td></td>
</tr>
</tbody>
</table>

**Exercise intermission (End of Day 1)**

**Exercise Resume (Start of Day 2)**

| I-21 | 08:30 | Day 6 Dec 18 | International media report the situation | Internatio nal media | ALL | Morning meeting | Risk communication: - Discuss media release and risk communication. |
| I-22 | 08:45 | Day 6 Dec 18 | WHO Rep requests feasibility assessment questions. | Sar a (Tel) Kasai DSE confirm | ALL | Telecom/ verbal | Regional Office: - Discuss feasibility assessment questions. |
| I-20 | 09:00 | Day 6 Dec 18 | Laboratory results of Cases 7–12 are returned from IMR. | Field team (Jeff) | Surveillance: E-mail | - Update line list. | All positive H5N1 RT-PCR except case I1 |
| I-23 | 09:20 | Day 6 Dec 18 | Three new cases with ILI reported through contact from field team. | Field team (Jeff) | Surveillance: E-mail | - Make a line list. | Total 15 cases |
### PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ne w 1</td>
<td>09:30</td>
<td>Day 6 Dec 18</td>
<td>Rumour came</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Schedule meeting at 9:45</td>
</tr>
<tr>
<td>Ne w 2</td>
<td>09:40</td>
<td>Day 6 Dec 18</td>
<td>Request for meeting</td>
<td>WHO Representative</td>
<td></td>
<td>CK/Team</td>
<td>E-mail</td>
<td>Get feasibility assessment questions. Assign to come out the RC operation plan.</td>
<td></td>
</tr>
<tr>
<td>Ne w 3</td>
<td>09:45</td>
<td>Day 6 Dec 18</td>
<td>Meeting with DSE</td>
<td>Dr Kasai</td>
<td>ALL</td>
<td>Verbal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>Day 7 Dec 19</td>
<td>Field team reports 3 more cases with some more field information. Laboratory results of Cases 14 and 15 are returned from IMR.</td>
<td>WHO team leader and Department of Health</td>
<td>Surveillance team: - Update the line list. <strong>Regional Office</strong> - Make final decision on whether to launch RC or not (D-3). <strong>Risk communication:</strong> - Prepare a talking point for launching RC in coordination with HQ.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L-26</td>
<td>10:15</td>
<td>Day 7 Dec 19</td>
<td>International media report the situation widely!</td>
<td>WHO International media</td>
<td></td>
<td>E-mail</td>
<td></td>
<td><strong>Risk communication and Regional Office:</strong> - Discuss and provide</td>
<td></td>
</tr>
</tbody>
</table>

**Total 18 cases**

Cases 13, 14 and 15 are RT-PCR positive.

**Info:**
WHO team reports that movement of Cases 1–15 has basically been limited to Cirium for last 2 weeks.
## PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator's action)</th>
</tr>
</thead>
</table>
| I-27 | 10:30    | Day 7 Dec 19               |                | Jeff is exhausted and starts babbling. | Jeff         | Remy       | Telecom | an international media relations plan.  
  - Start preparing an announcement by the Department of Health to launch an RC operation.  
  Logistics:  
  - Check safety and security of team.  
  - Plan for retrieving Jeff.  
  - Plan for team retrieval. | |
| I-29 | 10:45    | Day 8 Dec 20               |                | Two more cases reported from the field team | WHO team leader | Surveillance team/CK | E-mail | **Surveillance**  
  - Update the line list.  
  **Regional Office and risk communication:**  
  - Recommend that the WHO Director-General announce to the media a decision to launch RC. | **Total 20 cases**  
  Case 19 is a journalist who interviewed villagers. Case 20 is a mother of a secondary school child. |
| NI 3 | 11:10    | Day 6 Dec 18               |                | Request for meeting | WHO Representative | CK/Team | E-mail | Schedule meeting at 11:45. | |
### PanStop V 2011 Master Sequence Event List and Controller Actions

<table>
<thead>
<tr>
<th>#</th>
<th>Priority</th>
<th>Inject Time (Manila time)</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message from:</th>
<th>Message to:</th>
<th>Method</th>
<th>Expected Action</th>
<th>Comment (Simulator’s action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI 4</td>
<td>11:15</td>
<td>Day 6 Dec 18</td>
<td>Meeting with DSE</td>
<td>Dr Kasai</td>
<td>ALL</td>
<td>Verbal</td>
<td>Get RC operation plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I-30</td>
<td>11:30</td>
<td>Day 8 Dec 20</td>
<td>Informs Regional Office that the national authority has decided to launch RC.</td>
<td>Dept of Health</td>
<td>ALL</td>
<td>E-mail</td>
<td>Exercise ends.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**END of EXERCISE**
Transport Authorization/JICS

**This is an Exercise Message**

Dear Dr Jentaculum,

(cc WHO Regional Office for the Western Pacific)

This is Ochiai of Japan International Cooperation System.

According to instructions from the WHO Regional Office for the Western Pacific, we have arranged deployment of antivirals and personal protective equipment to Melilotus.

Please find attached documents necessary for receipt of the items.

Flight Information:
Flight PX393, departing Singapore at 23:00 on 15 December, arriving in Melilotus at 07:45 on 16 December.

If you have any questions or need more information/documents, please feel free to contact us.

Thank you.

Best regards,

OCHIAI Naoko (Ms.)
Office of Special Project Management
Second Management Department
Japan International Cooperation System (JICS)
Phone: +81-3-5369-7445
Fax: +81-3-5369-7434
Email: ochiai_naoko@jics.or.jp

**This is an Exercise Message**
Logistics

An introduction

The role of logistics is diverse and dynamic; it is flexible, changing according to the various constraints and demands imposed on it. There is no one “true” name or definition that can be universally applied because products, organizations, and systems differ greatly. Many terms are used interchangeably, in general literature as well as in the public health arena. One frequently accepted view in public health logistics is:

Logistics = Supply + Materials Management + Distribution

Logistics is concerned with the flow of physical material, personnel/staff as well as information, from the preparatory stages through to the delivery of medicines, for example, to the patient in the field. In addition to this important “forward” flow, is the equally important reverse flow, that is, the movement of pharmaceuticals, medical supplies, ancillary equipment, materials, and laboratory supplies and specimens back through the system; this is known as “reverse logistics”.

“Public health logistics” or “response logistics”, which is critical to the successful outcome of the public health effort in emergencies, encompasses a wide spectrum of activities. There is often confusion between “logistics” and “supply chain management”, but public health logistics is far more than managing supplies; public health response logisticians work closely with epidemiologists, laboratory technicians, medical staff, and other public health professionals to mitigate human suffering from disease, natural and technological disasters.

Logistics and the public health supply chain

The various elements in the public health supply chain, ranging from assessment to distribution to monitoring and evaluation, are represented in the figure below.

Figure: The public health supply
ANNEX 5.4 A: Critical steps in logistics

Preparedness
1. "Before you go to the field" (see Annex 5.2c)
2. Term of References: What is your scope of work, time frame of deployment, etc.?

Response
1. Management Issues; Chains of Command
2. Assessment and Planning
3. Procurement Processes
4. Transport: Air, Water, Ground
5. Customs Clearances; Legal Issues
6. Communications Issues
7. Cold Chain (Management)
8. Warehousing/Storage
9. Inventory Management
10. Distribution (redistribution; repackaging)
11. Monitoring and Evaluation
12. Quality Control/Quality Assurance
13. Stock Prepositioning
14. Security
15. Human Resource Needs/Requirements
16. Waste Management

Exit
1. Reverse Logistics
2. Recovery Operations
ANNEX 5.4B: Guidelines and checklists

"Before staff go to the field": A general guideline document

1. Pre-Departure Checklist
2. Personal Items
3. Personal Health Items and Medical Tips
4. Items Provided by Your Organization

Pre-departure checklist

Time spent in preparation is seldom wasted. Often, in an emergency, time is limited, but the following information should enable you to use your time wisely. Developing a pre-deployment or pre-departure checklist will help staff remember critical items.

Personal Items

- Valid passport (and photocopy) and at least six passport photos. In some countries the yellow booklet (immunization record) may be required. Ensure that this booklet includes your blood group.
- Driver’s license.
- Adequate amount of relevant currency and/or travellers cheques. Also take at least one credit card.
- Food and water for 36 hours, four changes of clothing appropriate for the location, toilet articles, flashlight with spare batteries, alarm clock, pocketknife, earplugs and business cards.
- Sleeping bag, mosquito net, mosquito dome, tent, ground mat, etc. (if required).
- Essential information about the country (figures and basic facts: main historic events, humanitarian background, season, regional context, cultural and religious aspects, etc.).
- Essential contacts, e.g. embassy.

Optional items (brought at own risk): pocketsize binoculars, electrical adapters for appliances, pocket calculator, personal digital camera, condoms and swapping items (pins, buttons, pencils, stickers, etc.).

Personal health items and medical tips

- Prescription medicines for expected length of stay, painkillers, medication for colds, allergies, diarrhoea, athlete’s foot, etc.
- Sunscreen, insect repellent, antiseptic ointment, lip salve, vitamins, small scissors, tweezers, soap, isopropyl alcohol, water-purification tablets, three packets of oral rehydration salts, baseball cap or hat for sun and rain, extra pair of spectacles or contacts (plus copy of your optician's prescription).
- Prescription of medicine for endemic/communicable diseases (prevention and treatment): ask your doctor or the medical department of your organization for medical advice.
- Comprehensive individual first aid kit.
- Make sure that your vaccination status is still valid.
- Personal supplies.
Items normally provided by the WHO Regional Office for the Western Pacific:

- Laptop computer with accessories for e-mail.
- Most recent version of pertinent reference materials on a USB.
- Electronic map of the affected country and/or region.
- Specific items related to the task such as mobile phone, satellite phone, PDA, GPS, digital camera, flashlight (deploying staff must check in with WHO Logistics for guidance on these items because they might be pre-packed in a flyaway kit).
- Country clearances for affected country and visa if required.
Evaluation summary and form

Summary

1. Did the exercise provide sufficient opportunity to understand and review rapid containment? Yes: 13 No: 2
   (If no, please briefly explain why):

   - Everyone followed the rapid containment decision-making process, which can be difficult to understand just by reading.
   - Working with a large team that included risk communication and logistics was realistic and useful.
   - Mainly the preparation before launching of rapid containment; limited discussion after launching.
   - The surveillance and risk communication components were well prepared, but response logistics needs to develop standard operating procedures (SOPs).
   - The logistician who participated in the exercise was different than the one who participated for the last three years. It seems there is no manual or SOPs to refer to during a rapid containment operation.
   - The command and control system should be strengthened.
   - Although the exercise enabled us to see the progress of the events vis-à-vis the rapid containment framework, in reality, as in the scenario, the lines are never as clear as they are in the diagram. I guess it takes some flexibility on the part of the players to better appreciate and apply the framework, especially since there has been no real experience to illustrate the framework.
   - I think that the strengths of the team lie in the players. Each person is very skilled in his or her own area of expertise. However, this also means that the players may not all be comfortable venturing out of their own realm and are sometimes unable to see the bigger picture and multisectoral components that come into play in a rapid containment operation.
No. There wasn’t enough time before the beginning of the exercise. I had only one day to review what “rapid containment” means.

It is more complicated in the real world. There is no place like Cirsium Island to do rapid containment.

I think that leadership needs to be very seriously addressed. There was an overall inability to perform as a team, and a team leader needs to not only recognize that but also be able to facilitate a change. The team leader needs to be able to draw the members of the team together and allow them to share their information and expertise with the rest of the team. It can be very difficult to find a good leader and sometimes the best members do not make good leaders. I feel that a change needs to be made in this team (possibly a co-leader?) in order to increase capacity and decrease stress and animosity.

2. What do you think were the strengths and weaknesses in the team’s readiness and capability to implement rapid containment?

Strengths:

- Relevant knowledge and understanding about rapid containment.
- Strong team work (within Division on Health Security and Emergencies [DSE] and with Country Office).
- Good support from senior management.
- Good working relations and partnerships (e.g. with Japan International Cooperation System [JICS]).
- High sense of responsibility.
- Increase capacity and knowledge, skill set.
- Capability to work independently.
- Key points of rapid containment were involved in the exercise.
- Technical capacity of individuals covered all components that were tested in the exercise (e.g. surveillance, risk communication, logistics).
- High potential of individuals.
- Everybody was technically efficient.
- Independent thinkers who were cooperative with others.
- Strong understanding of the technical aspects.
• Risk assessment of the event.
• Risk communication component.
• Developed a good feasibility assessment "report" and a good plan (after the team was coordinated—see weaknesses below).
• Advanced IT facility.
• Although rapid containment has never been done before, the DSE team has conducted regular exercises on its application and is thereby widening the understanding of the concept.
• The DSE team has a rich experience in outbreak response and thus has the knowledge and skills required.
• No one is ready enough but preparation was better after the exercise.
• I think that a better game plan by the team leader on the first day would have made for smoother progress though I acknowledge it was a learning curve for all. The way in which the tasks were distributed and time was managed on the second day was improved.

Weaknesses:
• Coordination
• Limited experience working under pressure and in a time-pressed environment
• Limited experience working as a team
• Lack of event management system and/or event control system
  o Lack of communication from senior management
  o Inefficient sharing of information with the team in the beginning
  o Each role and responsibility was not clear
• The differences between rapid containment and rapid response were not clear. Most of the players did realize that different teams were necessary to conduct rapid containment feasibility assessment.
• The rapid containment guide should be updated and include more details, especially SOPs for logistics in rapid containment.
  The feasibility components that need to be addressed in order to make a decision about launching rapid containment were not clear in the exercise. They should be articulated more clearly in the rapid containment guide.
• Lack of communication skills.
• Limited interaction with other specialized teams.
• Do not fully understand the game’s rules.
• Takes longer time to respond.
• Not familiar with incident command or management system and need to formalize the WHO Regional Office event management system.
• Need to equip Emergency Operation Centre (EOC) and make it functional.
• Need to further develop some technical and operational details of the rapid containment protocols such as containment zone, feasibility assessment and logistics preparedness.
• High turnover of staff.
• Need to continue training and exercises.
• Need to continue working with Member States to improve their understanding and willingness to prepare for rapid containment.
• DSE was briefed on a regular basis, but it took a while to inform Headquarters.
• The situation was not realistic.
• Unclear task and roles assignment.
• First day: lack of direction as to objectives and required products on an operational timeline.
• First day: team functioned not as a team but as several uncoordinated individuals with separate (but sometimes overlapping) tasks
• Mixed outbreak response, feasibility assessment and containment implementation "phases"

3. What issues do you think were well addressed by your team in the rapid containment decision-making process?
   • Coordination
     • The decision-maker must know and give the clear problem list so that he or she will be a wise decision-maker.
     • The epidemiology and risk assessment information that was required as priorities were well addressed.
     • The surveillance team needs SOPs for rapid containment.
     • The risk communication framework was useful. The key messages for every milestone were well described and templates were provided.
• Risk was assessed as new information came in.
• Designing a surveillance strategy after containment.
• Completing my responsibilities in the team.
• Collecting and addressing technical public health actions in the workplan.
• As someone with a role in the department but not dedicated to a relevant stream in the rapid containment exercise, I felt I had to wear several caps. I am an epidemiologist by background and have worked on pandemic response and surveillance in previous roles, so perhaps knowing everyone's experience would allow for appropriate distribution of tasks.

4. What issues do you think were not adequately addressed by your team in the rapid containment decision-making process?
• Scientific part, but nothing in this the design objective.
• It was necessary to be clearer about the role and responsibilities.
• I felt confused when new teams/groupings were suddenly made.
• An appropriate timeline of each process/response was needed. (How long should it take for each step of the decision-making process?).
• There was not enough time to discuss team tasks with colleagues.
• There was not enough time to understand my role.
• Initially understanding what was reported through knowledge versus no knowledge.
• Having the opportunity to get input from report to the larger group.
• The risk communication framework for rapid containment needs a section on key areas for the feasibility assessment.
• General Service staff (G-staff) players were instructed to perform our normal duties during the exercise. However, during the exercise, we were not able to participate in the way we anticipated, as most of the administrative functions related to rapid deployment and travel of staff were assigned to a Human Resource (HR) officer.
• It would have been beneficial if G-staff were involved in the early planning stage with assigned roles during the set-up of an emergency response team.
Exercise design

1. I RECEIVED the information that I needed in order to engage with my colleagues during a rapid containment operation.

   - The overall information was clear and not too complicated to distract from the exercise objectives.
   - G-staff support was not maximized fully during this exercise as all tasks including administrative actions were distributed to professional staff.

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

   - It was difficult to play multiple roles in the exercise.
   - Advance information about rapid containment influenced the exercise. Some players did not read the scenario and/or injects, instead jumping to the conclusion and/or responding in general way as the rapid containment guide described. It would be interesting to conduct an exercise without giving information in advance to see the real capacity of the team.
   - Given the exercise operational period in days was helpful for all players to play in the same time.
   - It might have been good to practise with a more simple exercise to familiarize the players. The combined table-top and functional exercise was too challenging for some players.
   - It is challenging to make a realistic scenario. But if a scenario is not real enough, players will lose interest in playing the game.
   - As part of the surveillance team, I thought we did a good job prioritizing the epidemiology information required for making a rapid containment decision.
   - It would have been better to limit e-mail communication so that the teams could spend more time on discussion.
   - Simulators should not change the scenario. Controller had to coordinate not to intervene the process.
The function and importance of risk communication should be reviewed and strengthened.

Simulators were great.

Add simulators from the national government.

Team members should not be writing/checking e-mails on their laptops while getting an important briefing. This is true for the exercise play, real situations and day-to-day conduct.

ALL team members should proofread their e-mails before sending them.

I think that the timing of the exercise was difficult to comprehend at the end of the day and/or when reviewing e-mails from earlier in the day. Perhaps a timetable with real and exercise times would resolve this issue in future exercises.

Team leaders also need to act as players. Since they're the most important people in emergencies, they need to be played.

Team training on event management in general should be conducted at least annually:

- command and control
- setting objectives and operational timelines
- delegation of duties and coordination
- reporting.

3. Please add any general observations about the exercise or suggestions for future exercises:

- Require more prompts for the decision after each inject. I believe that the objectives and design are more focused on selected issues.
- It was quite difficult for some players to have a sense of time. Some could not recognize the exercise time at all. I am not sure that conducting the exercise in a time-constrained manner is good to learn lessons. It might be good to have a brainstorming workshop on rapid containment operations.
- The team leader's most important task is to clearly assign work to every group and confirm everyone knows what he or she will do.
- The exercise design was GREAT and well-crafted! Congratulations to the exercise management team!
• I felt it was a great improvement over last year. There was a clearer and better progression in the rapid containment decision-making process.

• It was good experience to find my own strengths and weaknesses!

• It was a well designed exercise and the objectives were achieved.

• It provided an excellent opportunity for players to be familiarized with the rapid containment conception and protocol, as well as event management structure.

• Involve the Country Office and Headquarters in the future, if possible.

• It was good that two G-staff were included in the list of players. However, our involvement was restricted to provision of logistical support, e.g. placing telephone calls, connecting parties for the teleconference, printing and posting the line list and ensuring food/drinks were available for participating team members.

• Some administrative steps were neglected, e.g. informing the WHO Representative in advance of the proposed deployment of staff before they were authorized to travel.

• For the next exercise, it would be worthwhile if G-staff players were also part of the emergency team (maybe under the auspices of the HR team manager) to handle administrative actions related to emergency deployment, procurement requests including travel arrangements, and the logistics team to handle goods procurement, delivery and shipping. This way, the simulator could see first-hand how the technical and administrative groups complement emergency action responses.

In the exercise, Tom was co-HR team member, and since he is relatively new in the Organization, he may have been unfamiliar with the procedures for recruitment, staff deployment, etc.

• On Day 2, when the event manager (Dr Chin Kei Lee) requested my support to monitor his incoming e-mails related to the exercise. I realized then that during an emergency response it would be beneficial if someone were tasked to monitor incoming e-mails of the event manager, read through important/relevant e-mails that need to be relayed to him, and print/distribute such e-mails to the rest of the emergency team members.

• As soon as an emergency response is activated, an e-mail account related to the emergency response should be urgently requested from ITG, and one G-staff should be assigned to monitor incoming e-mails. Team members should be requested to systematically copy this new e-mail account when responding to e-mails. I observed during the exercise that not all e-mails were copied to all members. In a response to
an emergency, it is critical that all gets to see incoming and outgoing replies to keep track of the situation.

- Once an emergency response has been activated, the event manager, when reporting the situation to and seeking further guidance from the DSF Director, should also request DSE Director to seek approval from senior management, including the Director of Administration and Finance (DAF) (by either e-mail or telephone) to authorize emergency actions and regularize transactions related to recruitment, procurement of goods and services and travel authorization.

**Evaluation form** (PLEASE NOTE: actual evaluation forms are kept in DSE files and can be accessed by contacting DSE staff.)

**Participants' exercise evaluation sheet**

**Rapid containment function**

1. Did the exercise provide sufficient opportunity to understand and review rapid containment?  Yes____ No____  (If no, please briefly explain why.)
2. What do you think were the strengths and weaknesses in the team’s readiness and capability to implement rapid containment?
3. What issues do you think were well addressed in the rapid containment decision-making process?
4. What issues do you think were not adequately addressed in the rapid containment decision-making process?

**Exercise design**

1. I RECEIVED the information that I needed in order to engage with my colleagues during a rapid containment operation.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Not much  Sufficient
Or: not applicable________
Comments:

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

Not much
Or: not applicable

Comments:

3. Please add any general observations about the exercise or suggestions for future exercises:

Thank you for participating
Draft preparedness plan for rapid containment
(Please note that while this is a draft plan for rapid containment of a pathogen in a fictitious environment, it is quite complete and should serve as a reference document for staff conducting rapid containment operations in the Western Pacific Region.)

This is an exercise message
Draft preparedness plan for rapid containment on Cirsium Island

Containment zone: Cirsium Island

1) Antiviral prophylaxis and public health activities

**Extensive antiviral prophylaxis and treatment: (WHO team - Koji, Xu Zhen)**

- Tamiflu for antiviral prophylaxis: 60 000 boxes from the Japan International Cooperation System (JICS) to Melilotus for the prophylaxis and treatment of 30 000 people on the island are ready to send and would arrive quickly
- Duration of prophylaxis: 20 days
- Informed and voluntary consent required
- Distribution procedure: 20 daily doses to be distributed once; a chancellor or medical officer from each village should collect the antivirals from the distribution sites, should distribute the medicine to residents in his or her village, and should monitor compliance and adverse events.
- Distribution sites: Cirsium General Hospital, Stellaria cathedral, Cirsium primary and secondary schools; masks must be worn to enter the sites (please check with national and local governments if the sites are OK).
- Call for prophylaxis: communication by local radio and microphone
- Human resources for implementing prophylaxis:
  - Joint WHO and national field team (for technical guidance), local health workers and local community officers (for distributing the medicine), local army (from mainland and island) and police (for security)
Multiple non-pharmaceutical interventions:

Elimination of source of infection (WHO team - Jeff)
- Disinfection in the surrounding environment
- Poultry slaughter and disposal

Isolation of patients, contact voluntary quarantine (WHO team - Koji)
- Confirmed patients are isolated in general hospital (can be in same ward)
- Suspected cases isolated separately
- In-home voluntary quarantine for exposed persons

Community hygiene measures (WHO team - Jeff)
- Strengthen general knowledge on personal, hand and respiratory hygiene.
- Ensure that advice about reducing the risk of transmission of influenza is easily accessible.
- Distribute the food hygiene and respiratory hygiene materials

Social distancing (WHO team - Xu Zhen)
- Cancel mass gatherings and close schools.
- Close workplaces or having non-essential workers stay at home.
- Minimize use of public transportation.

Perimeter control

Entry/exit screening points for containment zone (WHO team - Reiko)
- Where: Two ports and airport
- Set the screening equipment and personal protective equipment (PPE)
- How: Temporarily isolate and quarantine ill or exposed persons, transfer ill persons to health care facilities for treatment and isolation.

2) Surveillance and laboratory testing

Inside containment zone

1) Community surveillance – monitoring school and government department absenteeism: also monitoring health clinic (WHO team - Reiko)
- Two schools willing to undertake surveillance staffs
- Computers and Internet access

Training required through field team and logistics for set up of communications
2) **Hospital surveillance – ILI and SARI patients meeting case definition**  
(WHO team - Reiko)  
- No extra resources required

3) **Laboratory testing of nasopharyngeal swabs in health clinic and hospital**  
(WHO team - laboratory expert)  
- Sufficient amount of nasal swabs  
- Rapid (diagnostic) Test Kit  
- Logistics for transport  
- Refrigerator for samples collected

Outside containment zone

1) **Community surveillance – through monitoring school and government department absenteeism; also monitoring health clinic** (WHO team - Reiko)  
- Two schools willing to undertake surveillance staffs  
- Computers and Internet access

2) **Hospital surveillance – ILI and SARI patients meeting case definition** (WHO team - Reiko)  
- Computers and Internet access

3) **Laboratory testing of nasopharyngeal swabs in health clinic and hospital**  
(WHO team - laboratory expert)  
- Sufficient amount of nasopharyngeal swabs  
- Rapid (diagnostic) Test Kit  
- Logistics for transport  
- Refrigerator for samples collected

Outside containment zone: all specimens

3) **Risk communication**  
- Preparation of media announcements for every critical stage of rapid containment. This could be done through issuance of press releases, conducting of press conferences or briefings. (WHO team - Joy)  
- Appointment of spokespersons (WHO team - Joy and Department of Health)
• Important contacts (WHO team - Joy)
  i. Media list – local and international media (phone numbers, e-mail addresses, etc.)
  ii. Editors' contacts
  iii. List of interpreters and translators
  iv. Communications team (media coordination persons)

• Factsheets (WHO team - Joy and Remy)
  i. General information on village (e.g. weather, population, location)
  ii. Locality maps
  iii. Demographics
  iv. Medical and other facilities

• Media conference preparation (WHO team - Joy and Remy)
  i. Locations – identify suitable locations for media conferences
  ii. Transportation
  iii. Logistics for conference set-up (e.g. video, recorder, microphones)
  iv. Media accreditations (where necessary)

• Media monitoring (WHO team - Joy)
  i. Team for media monitoring (including schedule)
  ii. Types of media (traditional and new media)
  iii. Policy of response
  iv. Rumour surveillance and response

4) Logistics

• Instruct JICS to deploy 61,000 courses of Tamiflu and PPE (through Singapore ASEAN stockpile) (WHO team - Remy)

• Secure containment zone and ensure entry/exit points are adequately briefed (WHO team - Remy and Security)

• Coordinate deployment of security forces in strategic points of the city and island to keep population safe (WHO team - Remy and Security)

• Ensure enough storage capacity for commodities (WHO team - Remy)
• Organize distribution points with security forces (WHO team - Remy and Security) for:
  o antivirals
  o PPE
  o soap
  o disinfectants
  o information pamphlets
• Ensure appropriate transportation capacity for commodities and health care providers (WHO team - Remy)
• Ensure adequate resources for active surveillance and testing (laboratory supplies + cold chain) (WHO team - Remy and Epi)
• Support communication resources and equipment (WHO team - Remy and Joy)
• Ensure enough stocks of food, water and essential non-pharmaceuticals (WHO team - Remy)
• Work with local government on the economical loss estimate for the confined population and establish financial compensation mechanisms (WHO team - Xu Zhen)

5) Case management

1. Surge capacity

Additional support needs to be provided by the national government and/or international community (WHO team - Satoko will consult with the Ministry of Health. If the Ministry of Health is unable to provide support, WHO will go through the Global Outbreak Alert and Response Network (GOARN) channel and contact Headquarters and potential donors).

Human Resources
• Physicians
• Nurses
• Laboratory staff
• Psychologist

Medicine
• Antivirals
• Antibiotics
• Other essential medicine
Medical devices
- Ventilators
- X-ray support
- Diagnostic reagents
- PPE

Infrastructure
- Temporary isolation room/ICU
- Fever clinics, triage
- Hotline
- Transportation
- Ambulance

2. **Case management guidelines developed and training provided by WHO**

(WHO team - Satoko will collect information on clinical courses of suspected/confirmed cases. Based on these data, Koji will form a clinical management team in the WHO Regional Office with the support of clinical experts from Cirsium, GOARN and Headquarters and develop guidelines. Training will be provided by these experts at Sterallia hospital.)

*This is PANSTOP Exercise Message*
Principles of risk communication and exercise activities log

The activities log serves as a template and teaching document for risk communications in any and all operations and exercises.

**WHO key principles in risk communication**

**Trust.** Communicate with the public in ways that build, maintain or restore trust.

**Announcing early.** The parameters of trust are established in the first official announcement. This message's timing, candour and comprehensiveness may make it the most important of all communications.

**Transparency.** Communication should be candid, easily understood, complete and factually accurate. Since transparency can also expose weaknesses in management structures and operations, it provides a strong incentive for deliberative and accountable decision-making.

**Understanding the public.** It is usually difficult to change pre-existing beliefs unless those beliefs are explicitly addressed. And it is nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks.

**Planning.** Risk communication is most effective when it is integrated with risk assessment and risk management. Risk communication should be incorporated into preparedness planning for major events and in all aspects of a response.
Players' Action Log (Please note the several actions taken by the Risk Communication Officer in this exercise.)

Name  Position (Risk Communication)

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Activity call to and/or received from</th>
<th>Issue and/or information requested</th>
<th>Referred to and/or resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 December 2011 (Tuesday)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:38</td>
<td>Copy of the news reported in the outbreak meeting</td>
<td></td>
<td>Shared information with Dr Chin Kei Lee and team</td>
</tr>
<tr>
<td></td>
<td>Country media profile of Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of TV stations and newspapers</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Main information source of the people</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Availability of communications person in the Country Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:49</td>
<td></td>
<td></td>
<td>Dr Chin Kei Lee and Team</td>
</tr>
<tr>
<td>8:51</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:59</td>
<td>Inquiry on the media activity relating to diarrhoeal outbreak in Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:02</td>
<td>Acknowledging e-mail and expecting response from communication officer as advised</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:05</td>
<td>Country profile of Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:07</td>
<td>Acknowledging e-mail and informed that he might assist Provincial Health Office with investigation of outbreak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:07</td>
<td>Sharing the country profile sent by the Melilotus Country Office</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:27</td>
<td>Inquiry on news reports on the influenza-like illness (ILI) cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working relationship with the Department of Health in Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk communication focal person in the Department of Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:37</td>
<td>Inquiry on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tribal communities in Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cultural and social description of the country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:55</td>
<td>Response to questions on cultural and social description of the country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:58</td>
<td>Sharing information on the description of the country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time/Date</td>
<td>Activity call to and/or received from</td>
<td>Issue and/or information requested</td>
<td>Referred to and/or resolution</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>10:04</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 10:05     |                                      | □ Verified the report that Melilotus has its first case of H5N1 and that the Department of Health is very concerned  
□ Inquired about a plan for a media release and offered assistance |                             |
| 10:08     | WHO Country Office requests the following support from the Western Pacific Regional Office:  
□ Additional epidemiology staff to support the government  
□ Statement developed for the media (e.g. risk communications support) |                             |
| 10:11     |                                      |                                   |                             |
| 10:17     | □ Requested name of the Minister of Health/Secretary in Melilotus and the official spokesperson (for the press releases)  
□ Informed Country Office that a press release was being drafted as per request by the Country Office |                             |
| 10:24     | Meeting with the WHO Representative to discuss plans for a media release |                             |
| 10:28     | Circulating draft press release to WHO Regional Office team for comments |                             |
| 10:43     | Sent press release requested by Country Office |                             |
| 10:47     | Received Cirsium Island profile |                             |
| 10:49     |                                      |                                   |                             |
| 10:53     | Received map of the region and the islands with health facilities |                             |
| 11:04     | Received mailing list of all the team members |                             |
| 11:06     | Media report on:  
□ End of the typhoid outbreak  
□ Another disease in the area |                             |
| 11:09     | □ More information on the media report  
□ Alerted Country Office on the need to prepare talking points and FAQs in anticipation of medias inquiries |                             |
<p>| 11:14     | Requested assistance in the development of talking points |                             |
| 11:18     |                                      |                                   |                             |</p>
<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Activity call to and/or received from</th>
<th>Issue and/or information requested</th>
<th>Referred to and/or resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:23</td>
<td>Questions on the media report and confirmation that talking points will be sent at once</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:28</td>
<td>Travel arrangements and visa processing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:37</td>
<td>Requesting assistance in the revision and circulation of the press release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:41</td>
<td>Concurrence on the revision to the press release and confirmation of the talking points and FAQs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:47</td>
<td>Clearance on the Melilotus Department of Health and WHO joint press release</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:54</td>
<td>Sent talking points on the H5N1 cases in Melilotus and instructed that the same ones are circulated to the WHO Regional Office communication focal points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:56</td>
<td>Timing of the press release vis-à-vis the EIS posting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:57</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:14</td>
<td>Sent the press release, talking points and FAQs on the outbreak in Melilotus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:25</td>
<td>Sent the press release, talking points and FAQs and inquired about media activities relating to the outbreak</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:42</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:46</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:47</td>
<td>News from the Melilotus Daily News reporting of a deadly flu in the country and that six people are in hospital, with two in Cirsium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:50</td>
<td>Shared the media report and clarified the inconsistencies between the media report and the surveillance information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:57</td>
<td>Confirmed the inconsistencies in the report and the need to seek further information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:02</td>
<td>Clarifying the media report and inquiring if Department of Health has plans to issue another media report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:29</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13:30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time/Date</td>
<td>Activity call to and/or received from</td>
<td>Issue and/or information requested</td>
<td>Referred to and/or resolution</td>
</tr>
<tr>
<td>-----------</td>
<td>--------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>13:48</td>
<td></td>
<td>Brought up the idea of the possibility of rapid containment and the need to do media announcement prior to any launch of this public health measure</td>
<td></td>
</tr>
<tr>
<td>14:00</td>
<td></td>
<td>Inquired about whether there is new information from the field team</td>
<td></td>
</tr>
<tr>
<td>14:01</td>
<td></td>
<td>Informed Country Office about the preparation of a risk communication plan for rapid containment</td>
<td></td>
</tr>
<tr>
<td>14:17</td>
<td></td>
<td>Reiterated the need for a risk communication plan for rapid containment and to ensure that a press announcement is done before the launch</td>
<td></td>
</tr>
<tr>
<td>14:19</td>
<td></td>
<td>Offered assistance in the media announcements as soon as you have the required technical information</td>
<td></td>
</tr>
<tr>
<td>14:19</td>
<td></td>
<td>Revised talking points, with additional points on rapid containment and WHO action</td>
<td></td>
</tr>
<tr>
<td>14:31</td>
<td></td>
<td>Sent media Report 2 on the update on H5N1 cases for discussion with Department of Health colleagues</td>
<td></td>
</tr>
<tr>
<td>14:38</td>
<td></td>
<td>Media report &quot;plants the seed&quot; for the possibility of a rapid containment operation</td>
<td></td>
</tr>
<tr>
<td>14:40</td>
<td></td>
<td>Discussed usefulness of the risk communication plan for rapid containment and the need to revise it accordingly</td>
<td></td>
</tr>
<tr>
<td>14:58</td>
<td></td>
<td>Sent new press release (No. 3) as per actions identified in the communication plan for rapid containment for Department of Health clearance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The press release talks about the possible launch of rapid containment and encourages the public to bear with the measure because public health is the main consideration.</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Note</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15:12</td>
<td>Seeking clarification on the timing of the press release as there is no decision yet on whether to launch rapid containment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 15:18 | - Clarified that the media release is NOT for external circulation just yet and that it would be revised depending on the result of a meeting between the WHO Representative and the Department of Health  
- Inquired about the level of anxiety or apathy on the ground |
| 15:36 | Informed of the few worried well (healthy people who are visiting the hospital because they fear infection), which is making it difficult for hospital staff to work and is increasing anxiety levels throughout the island. |
| 15:42 | - Reminded of on-the-ground communications support needed to reach 30,000 people in case rapid containment is launched  
- Inquired about the literacy level of the community, and some ideas on the means of and access to communication by people |
| 15:51 | Informed that the community in Stellaria is more literate than the rest of the country, with literacy rates reaching between 50% and 60% for both men and women. The best means to communicate would be via the radio, through the local paper, *Melilotus Daily News*, and by visual means (i.e. posters and/or pamphlets). |
| 16:04 | rs |

14 December 2011 (Wednesday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:31</td>
<td></td>
</tr>
<tr>
<td>8:33</td>
<td></td>
</tr>
<tr>
<td>8:35</td>
<td></td>
</tr>
<tr>
<td>8:46</td>
<td>Clarification on the International Health Regulations (IHR) recommendation on border closure</td>
</tr>
<tr>
<td>Time</td>
<td>Activity Description</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8:46</td>
<td></td>
</tr>
<tr>
<td>8:50</td>
<td></td>
</tr>
<tr>
<td>8:55</td>
<td></td>
</tr>
<tr>
<td>9:16</td>
<td></td>
</tr>
<tr>
<td>9:21</td>
<td></td>
</tr>
<tr>
<td>9:27</td>
<td></td>
</tr>
<tr>
<td>9:28</td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>Sent report for field assessment on the feasibility of conducting rapid containment operations, including a request for talking points in case the Department of Health decides to launch rapid containment</td>
</tr>
<tr>
<td>10:17</td>
<td>BBC news on the outbreak, with a direct quote from Dr Takeshi Kasai (based on the previously issued press release?)</td>
</tr>
<tr>
<td>10:21</td>
<td></td>
</tr>
<tr>
<td>10:26</td>
<td></td>
</tr>
<tr>
<td>10:30</td>
<td></td>
</tr>
<tr>
<td>10:40</td>
<td>Sent risk communication plan for rapid containment (for inclusion in the overall plan)</td>
</tr>
<tr>
<td>10:45</td>
<td>Described key activities on risk communication for rapid containment</td>
</tr>
<tr>
<td>11:00</td>
<td>Described rapid containment plan (including key activities on risk communication)</td>
</tr>
<tr>
<td>11:48</td>
<td>END OF EXERCISE</td>
</tr>
</tbody>
</table>

*Player's action log must be sent to by e-mail to panstopcontrol@wpro.who.int by 15 December 2011.*