IHR Event Communication Exercise in the WHO Western Pacific Region 2012
REPORT

IHR EXERCISE CRYSTAL

World Health Organization
Regional Office for the Western Pacific

Manila, Philippines
5–6 December 2012

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NOTE

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

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for the participants of the IHR Exercise Crystal, which was held in Manila, Philippines from 5 to 6 December 2012.
SUMMARY

As prescribed by the International Public Health Regulations (2005), public health event reporting, consultation, notification, information sharing, and event verification are key components of IHR communications to support determination of a public health emergency of international concern. The importance of the IHR national focal points (NFPs) and the WHO IHR contact points is evident in the reporting of public health events, such as pandemic (H1N1) 2009.

To strengthen and maintain the functions of NFPs and the WHO IHR contact point, three IHR exercises (named “IHR Exercise Crystal”) were conducted in the Western Pacific Region in November 2008, December 2010 and December 2011. These previous IHR Exercise Crystals tested the IHR notification and verification functions. The objectives of the fourth IHR Exercise Crystal held in December 2012 were:

1. to validate the accessibility of the NFPs and WHO IHR contact point using registered contact details;
2. to practice and test NFP’s assessment of public health events using decision-making instrument contained in Annex 2 of the IHR (2005) and its notification process; and
3. to test the use of a teleconference as a means of communication to connect the NFPs at the end of the exercise.

All 27 NFPs and the WHO IHR contact point in the WHO Western Pacific Region were invited to participate in this scenario-based exercise. The exercise was conducted from 5 to 6 December 2012 with 13 Member States participating on the first day and 8 (mainly Pacific island countries and areas) participating on the second day. Twenty-one NFPs (78%) participated in the scenario portion of the exercise, an increase from 18 NFPs (67%) in 2011.

All the NFP contact details (including telephone, fax and e-mail) that are officially registered in the WHO NFP contact database were tested during the exercise. Functional communications included notification of a simulated event, information sharing, consultation on and drafting and vetting an Event Information Site (EIS) posting. During the final hour of the exercise, NFP participants were asked to join a teleconference with WHO to provide feedback on the exercise.

Similar to IHR Exercise Crystal 2011, the 2012 exercise revealed that 23% (six out of 26 who confirmed availability) of the NFP contact details were not fully up-to-date or accessible, highlighting a need to continually update NFP contact details. While the infrastructure to support the NFP function may be minimal in some jurisdictions, the use of generic e-mail addresses and phone numbers, both with forwarding capabilities to individual or personal e-mail accounts and mobile phone numbers should be sufficient to enhance NFP availability. As in previous IHR Exercise Crystals, e-mail was the most reliable form (100%) of communication, followed by telephone (86%), once corrections were made to or alternates were indicated for previously existing details. The reliability of facsimile (fax) communication was the lowest of all the options (48%). The most likely reason for this is the increasing use of e-mail to send documents, leaving fax machines idle and their operability untested for extended periods of time. Consistent with a recommendation from IHR Exercise Crystal 2011, Short Message Service (SMS) was found somewhat reliable (76%) as a tool to provide brief information to the NFP.
A total of 17 out of 21 NFP participants were able to connect to the teleconference. Communications with some NFPs from Pacific island countries and areas was problematic due to conference call connection problems, dropped calls and poor sound quality. Follow-up dialogue with the affected NFP and support for access to the best locally-available emergency communications are needed.

Despite the limitations introduced due to the exercise compressing several days into four hours of real time, most participants were able to demonstrate the expected communications, information sharing and situation updates from local public health authorities and event notification to WHO. Eighty-six percent were either able or intended to provide the anticipated notification. Fifty-seven percent were able to complete the EIS posting process. Given more exercise time and additional briefings, participants may have been able to gain an even better understanding of the EIS process.

All of the participating NFPs expressed that the exercise achieved its objectives. A few from more developed and better resourced Member States suggested that future exercises incorporate more diverse scenarios, with other types of events envisioned in the IHR (2005). On the other hand, some NFPs indicated that while the content of the exercise was appropriate, there was insufficient time to fully complete the required processes given their country situations.

A few NFPs reported they had successfully used the exercise to involve others in their own and partner organizations, and gained an expanded understanding of the International Health Regulations.

An evaluation form was provided to participants and an exercise debriefing session was held to obtain feedback for improving future IHR Exercise Crystals.

Recommendations made during IHR Exercise Crystal 2012 related to validating the accessibility of NFPs, assessing public health events, initiating the notification process and using teleconference as a way of communicating with other NFPs. It is recommended that the WHO Regional Office for the Western Pacific do the following:

1. Continue conducting annual IHR Exercise Crystals.
2. Incorporate more diverse scenarios for some NFPs, and maintain the current scenario approach for others, as applicable.
3. Require NFPs to update contact information routinely and double-check information at least twice a year. Generic or group e-mail addresses and phone numbers, with forwarding capabilities to individual or personal e-mail accounts and mobile phone numbers, would be sufficient to enhance NFP availability.
4. At regional NFP meetings, provide a standard briefing on exercise processes to ensure NFPs are familiar with expectations at IHR Exercise Crystals and other related exercises.
5. Work with country offices and NFPs with the most challenges in terms of communications to ensure access to the best locally-available emergency systems that support real-time communications.
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1. INTRODUCTION

1.1 Objectives

The objectives of the International Health Regulations (IHR) Exercise Crystal 2012 conducted from 5 to 6 December 2012 were:

(1) to validate the accessibility of the NFPs and WHO IHR contact point using registered contact details;

(2) to practice and test NFP's assessment of public health events using the decision-making instrument contained in Annex 2 of the IHR (2005) and its notification process; and

(3) to test the use of a teleconference as a means of communication to connect the NFPs at the end of the exercise.

1.2 IHR event communications

Ensuring the functions of the designated NFPs and the WHO IHR contact point is an essential component of IHR (2005) implementation in the Western Pacific Region.

Regular IHR communication exercises to test and strengthen the functions of the NFPs and the WHO IHR contact point are deemed necessary and emphasized in the annual meetings of the Asia Pacific Technical Advisory Group (TAG) on Emerging Diseases and at meetings of the NFPs in the Western Pacific Region. The Asia Pacific Strategy for Emerging Diseases workplan further stresses the need for regional exercises.

Pandemic (H1N1) 2009 was the first public health emergency of international concern (PHEIC) declared in accordance with IHR (2005). This global public health event clearly demonstrated the value and important roles of NFPs in facilitating IHR communications such as timely reporting of the initial H1N1 cases and sharing information through the secure IHR Event Information Site (EIS). IHR communications have proven to be a valuable mechanism to support pandemic risk assessment and situation monitoring nationally, regionally and globally.

IHR event communications primarily refer to official information exchanges between Member States and WHO concerning public health event reporting, consultation, notification, verification, information sharing, risk assessment, determination of PHEIC and emergency response under IHR (2005). They also refer to public health event-related communications and information sharing between the NFPs and relevant departments and/or agencies within a country or area.

Since 2008, IHR Exercise Crystal has been conducted annually, with the exception of 2009 during the pandemic (H1N1) influenza event. The purpose of the IHR Exercise Crystal is to test the accessibility of NFPs using their contact details and validate both the IHR verification process and the WHO IHR communication and duty officer system.
1.3 **Exercise participants**

Exercise participants included the NFPs in the Western Pacific Region, the WHO Regional Office for the Western Pacific and the relevant WHO country offices. Other country participants were involved on a consultative basis depending on internal country-specific procedures, organizational roles and specific expertise.

The Member States were divided into two groups. For the first group, the exercise was conducted on 5 December 2012 (09:00–14:00 Manila time), and for the second group, it was conducted 6 December 2012 (07:00–12:00 Manila time). The exercise schedule for participating Member States appears in the Participants’ Guide (Annex 1).

2. **PROCEEDINGS**

2.1 **Exercise scope**

The IHR Exercise Crystal 2012 provided an opportunity to practice and test the IHR (2005) event verification and notification procedures, including sharing information through an IHR EIS posting and communicating via teleconference with the WHO Regional Office for the Western Pacific. As part of the exercise, participants were encouraged to utilize Annex 2 of the IHR (2005), a decision instrument for evaluating a public health event.

2.2 **Type of exercise**

IHR Exercise Crystal 2012, similar to previous exercises, was a modified functional exercise, requiring NFP and WHO exercise participants to respond and make decisions related to simulated incoming information and requests in a timely manner. Incoming information was typically background information signalling a potential significant public health event in another country, initial reports from a local public health unit, media reports on the event, situation updates from affected areas. Requests were for more information and other communications from WHO.

The exercise required NFP participants (players) to address the information provided as they would, as part of their “normal” work procedures. The NFPs communicated with a simulated provincial health office, simulated media and actual WHO contact point duty officers. The exercise lasted about five hours, which would translate to four to five days in real time, if an actual event occurred. The last hour was dedicated to the teleconference.

2.3 **Exercise management team**

The exercise was conducted by a team from the WHO Regional Office for the Western Pacific which consisted of a lead controller, a controller, several simulators, an evaluator and administrative assistants. All relevant WHO country office staff were encouraged to participate in the exercise as observers and/or facilitators to support the exercise team. Responsibilities were assigned to the exercise team members according to their usual working roles.
2.4 Exercise conduct

Exercise participants were provided with the following documents and information:

(1) E-mail invitation to participate in the IHR Exercise Crystal 2012 was sent on 8 November 2012 and subsequent e-mails were sent as reminders and to confirm contact telephone and SMS numbers on 15 November, 21 November and 27 November 2012 (Annex 2).

(2) Pre-exercise message sent on 29 November 2012 with the following attachments:

- Participants’ guide (Annex 1);
- Briefing presentation slides (Annex 3);
- Action log, problem log and evaluation forms, contained in the Participants’ Guide.

(3) Post-exercise message to close the exercise

(4) Additional materials provided and used during the exercise included:

- Exercise injects sent during the exercise for participants at designated times, including situation reports, media reports and teleconference agenda and schedule (Annex 4);
• Control and simulator guide and resources (Annex 5);
• Role matrix of WHO Regional Office for the Western Pacific professional staff (Annex 6).

A total of 21 NFPs (78%) and their relevant national staff participated in the scenario part of the exercise. This is an increase from 67% participation in 2011.

Some NFPs used the exercise as an opportunity to interact with staff from the health sector at both the national and local levels. WHO IHR contact points (first level and second level IHR duty officers) participated as both players and facilitators from WHO Regional Office for the Western Pacific. In the WHO Regional Office for the Western Pacific, the outbreak situation room and adjacent multi-use space was set up for the exercise to facilitate proximity for the control and simulation functions.

Figure 2: Country office staff and NFP focal points in Viet Nam, China and Papua New Guinea discussing and responding to the exercise scenario during the IHR Exercise Crystal 2012

2.5 Exercise feedback and evaluation

Feedback from exercise participants was obtained by:

• a debrief after the exercise during the teleconference with NFP participants where positive aspects, suggestions for improvement and the use of the IHR decision instrument were discussed;
• a debrief with the exercise team at the end of each day of the exercise;
• observations from the designated exercise evaluator; and
• evaluation forms submitted by participants after the exercise.
3. FINDINGS

3.1 Accessibility of NFP through identified channels

The first objective of the exercise was to verify the availability of the NFPs using the contact information on record. Of the 27 NFPs in the Region, 26 (96%) confirmed that they would participate and of those, 21 (81%) were actually able to participate in the scenario. This was an improvement from the 18 NFPs (67%) who participated in 2011. On the first day, all 13 NFPs participated in the scenario exercise. On the second day, eight out of 14 (57%) NFPs participated. Some NFPs were unable to participate in the scenario exercise on the second day due to conflicting or unexpected appointments (two participants), a real public health emergency (two participants), and other reasons (four participants).

The IHR NFP contact point database was used for initial identification of e-mail and telephone numbers prior to the exercises. Of the 26 NFPs who confirmed availability, six (23%) provided telephone numbers different from the ones indicated in the database. This information suggests that the previous IHR Exercise Crystal's recommendation to update NFP contact details on a regular basis and include generic e-mail address and phone numbers, have not been implemented by all NFPs.

Twenty minutes after the start of the exercise a communications check was undertaken to assess whether NFPs had received exercise materials through SMS, facsimile and/or e-mail (Annex 7). Eighteen of 27 NFPs (67%) were reachable by telephone. Reasons for failed contact via telephone included the line being unanswered, line engaged/busy and wrong number. SMS, which was first used in the 2011 exercise, was found to be a relatively reliable method for sending brief information to 16 of the 18 NFPs who were reachable by phone. This is an improvement from the seven NFPs reachable by SMS in the 2011 exercise. The WHO Regional Office for the Western Pacific may need to consider the use of SMS when advising NFPs regarding establishment of the IHR communications infrastructure. Seven NFPs did not provide SMS numbers.

Facsimile (fax) was the least useful communication tool, with only 10 NFPs responding to contact via fax. The continued use of fax may need to be evaluated in the context of the availability of more superior technology and expanded use of e-mail to send documents and images.

E-mail proved again to be the most reliable method for relaying information, with 100% reliability once correct contact addresses were acquired. Pre-exercise checking of addresses allowed for alternate information to be included in the exercise. Twenty-six of 27 NFPs responded to e-mail. The delays in receiving e-mail communication experienced by some NFPs from Pacific island countries and areas during 2011 exercise did not occur in 2012. There was some feedback that guidelines on composing e-mails and subject headings may be helpful. Some technical issues were raised and experienced by the exercise management team. This included delays in sending initial emails and truncation of information in some emails to some NFPs. This was resolved through teamwork and further communication between NFPs and WHO Regional Office for the Western Pacific.

3.2 Event notifications and EIS posting

The second exercise objective was to practice and test NFPs’ assessment and notification of a public health event using the decision instrument in Annex 2 of the IHR (2005). This was
done by analysing simulated data from a fictitious public health unit in their country. Over both exercise days 15 of the 21 NFP participants (71%) provided event notification within the required time and an additional three ran out of time but signalled an intention to notify. Therefore, 18 of 21 or 86% of NFPs who joined the scenario exercise provided or intended to provide notification of a potential public health event of international concern.

Participants were also asked to work with WHO to develop a posting to the Event Information System (EIS). Twelve of the 21 NFP participants (57%) were able to complete the EIS posting, an improvement from nine out of 18 (50%) NFPs in 2011.

Feedback from NFPs indicated that the IHR decision instrument was useful in guiding them through the decision process, whether the disease agent was known or unknown. The use of the decision instrument also highlighted strengths and weaknesses in internal and external communications, causing NFPs to carefully consider the stakeholders they would need to keep informed in a real situation.

3.3 Validation of teleconferencing

The third objective was to test teleconference as a means of communication to connect IHR NFPs. The teleconference was also an opportunity to conduct a debriefing for all participants. Seventeen of the 21 NFPs participated in the scenario exercise joined the teleconference. Two of the 17 NFPs (both from the Pacific island countries) were prematurely disconnected by the system. Some NFPs found it difficult to hear other participants, presumably due to poor connections. On the first day, it took 30 minutes to connect the NFPs via teleconference. Innovative use of the telephone system in the Regional Office facilitated faster connection on the second day.

During the 2011 exercise, it was clear that there were gaps in the technological infrastructure to support effective teleconferencing. While WHO is working to address some of these at the Regional Office, with dial-in facilities planned, many of the NFPs are not able to sustain a sufficient telephone connection for effective participation in teleconferences. It was suggested that the Regional Office work with the country offices to design alternative communications processes to help NFPs collaborate in real-time. Some NFPs expressed that speaking to each other is a better way of clarifying issues than using email, and videoconferencing with some NFPs should be explored in 2013.

3.4 Optional participation

Some NFPs used the exercise as an opportunity to practice collaborating with other colleagues, staff and external partners by having them present in the situation room or Emergency Operations Centre (EOC) or by consulting with them in analysis of the event. This was encouraged as it further developed the understanding of the IHR and enhanced the capabilities of the NFPs.

3.5 Evaluation and feedback

Feedback from the IHR Exercise Crystal was obtained via a debriefing after the teleconference portion of the exercise, and evaluation forms submitted by exercise participants and WHO evaluators and controllers. Three teleconferences were held, two on the first day with 13 NFPs and one on the second day with four NFPs. The evaluation form was completed by 12 of the 21 NFPs and eight staff at WHO Regional Office for the Western Pacific.
Overall, NFPs affirmed that the exercise achieved its objectives, covered an appropriate scope and provided helpful information for working through the scenario. The exercise was rated highly as being useful to strengthen IHR event-related communication between NFPs and WHO. Feedback relating to the three objectives has been incorporated into the findings above and specific comments from the NFP evaluation forms can be found in Annex 8.

The scenario and inject content for IHR Exercise Crystal 2012 was considered to be more appropriate given the exercise time than in previous years. Some NFPs commented that it would be helpful to have profiles about the affected area provided before the exercise starts. Several NFPs also recommended expanding the scenario beyond the current infectious disease event so that other departments (such as chemical and food) may be involved. Some NFPs from Pacific island countries and areas suggested that an exercise held mid-year may be more convenient than a December exercise.

The exercise was also credited for enabling good teamwork in both NFP and WHO Regional Office for the Western Pacific environments, and being good practice for understanding roles if a real event were to occur.

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 Conclusions

IHR Exercise Crystal 2012 successfully achieved its objectives to validate accessibility of NFPs, practice assessment of public health events using Annex 2 of the IHR (2005), and test the use of teleconference. Furthermore, the opportunity to practice the required communication was greatly appreciated by the NFPs.

Twenty-one of the 27 NFPs that confirmed attendance participated, which was an increase of 14% from 2011. Communication improved since 2011 and no delays were experienced in internet connectivity to NFPs from Pacific island countries and areas. Updating contact information in the NFP database continues to be a challenge with 23% of NFPs not updating information in a timely manner prior to the exercise. There is still a need to improve communication facilities, particularly in some Pacific island countries and areas.

All NFPs who participated agreed that Annex 2 of the IHR (2005), the decision instrument, is useful and valuable. With the use of the IHR tool, 86% of participants in the scenario exercise either provided or intended to provide notification of a potential PHEIC. This was an excellent outcome, and was potentially the reason some NFPs requested that the scenario be expanded beyond the current infectious disease event in future IHR Exercise Crystals.

4.2 Recommendations

Recommendations made during IHR Exercise Crystal 2012 related to validating the accessibility of NFPs, assessing public health events, initiating the notification process and using teleconference as a way of communicating with other NFPs. It is recommended that the WHO Regional Office for the Western Pacific do the following:
(1) Continue conducting annual IHR Exercise Crystals.

(2) Incorporate more diverse scenarios for some NFPs, and maintain the current scenario approach for others, as applicable.

(3) Require NFPs to update contact information routinely and double-check information at least twice a year. Generic or group e-mail addresses and phone numbers, with forwarding capabilities to individual or personal e-mail accounts and mobile phone numbers, would be sufficient to enhance NFP availability.

(4) At regional NFP meetings, provide a standard briefing on exercise processes to ensure NFPs are familiar with expectations at IHR Exercise Crystals and other related exercises.

(5) Work with country offices and NFPs with the most challenges in terms of communications to ensure access to the best locally-available emergency systems that support real-time communications.
Exercise Crystal
2012

IHR Event Communication Exercise
WHO Western Pacific Region

Participants' Guide

05 – 06 December 2012
Ensuring the functions of National IHR Focal Points (NFP) and the WHO IHR Contact Point (CP) has been an essential component of IHR implementation in the Western Pacific Region. IHR event communications primarily refer to official communications between Member States and WHO concerning public health event reporting, notification, verification, information sharing, risk assessment, determination of a public health emergency of international concern (PHEIC) and emergency response under IHR (2005). They also refer to public health event related communications between the NFP and relevant departments/agencies within the country.

Since IHR (2005) entered into force in 2007, the importance of regular IHR communication exercises to strengthen and test the functions of the NFPs and the WHO IHR CP has been recognized by annual meetings of the Asia Pacific Technical Advisory Group (TAG) on Emerging Diseases, as well as meetings of the NFPs in the Western Pacific Region. At the July 2011 meeting of the TAG, the Asia Pacific Strategy for Emerging Diseases (APSED) 2010 workplan was reviewed and the importance of conducting regional exercises to strengthen NFP response was reemphasized.

To strengthen and maintain the functions of NFPs and the WPRO IHR CP, three IHR exercises (named “IHR Exercise Crystal”) were conducted in the Western Pacific Region in 2008, 2010 and 2011. In 2009, a real-world global public health event, pandemic (H1N1) 2009 occurred. This was the first public health emergency of international concern (PHEIC) declared in accordance with the IHR (2005). The pandemic response highlighted the vital role of the NFPs and the importance of IHR communication to contribute to pandemic risk assessment and situation monitoring nationally, regionally and globally.

The "IHR Exercise Crystal 2012" will be conducted on 05 - 06 December 2012. It is a simple communication and assessment exercise involving NFPs and the WHO IHR CP. Relevant WHO country office staff will support NFPs, as needed. The exercise will last for 5 hours on one day for each participating NFP. The exercise schedule for participating countries is shown in Table 1.
Objectives

The objectives of the exercise are to:

1. Validate the accessibility of the National IHR Focal Points and WHO IHR Contact Point using registered contact details
2. Practice and test National IHR Focal Point's assessment of public health events using the decision instrument contained in Annex 2 of the IHR (2005) and its notification process
3. Test the use of teleconference as a means of communication to connect the National IHR Focal Points at the end of the exercise

Scope and Type of Exercise

The IHR Exercise Crystal 2008 was limited to verify an outbreak of unknown etiology. The scope of the IHR Exercises Crystal 2010 and 2011 went beyond the verification process to test and validate other aspects of IHR event related communications, including use of the IHR decision instrument for making a decision on official notification of a potential PHEIC. It also exercised the process of sharing of information through the IHR Event Information Site (EIS).

IHR Exercise Crystal 2012 will be a modified functional exercise, requiring NFP and WHO exercise players to respond to incoming information (e.g. reports) quickly. It will have a new scenario that will test the assessment of the situation utilizing the decision instrument contained in Annex 2 of IHR (2005) and its notification processes. In principle, only NFP staff are required to participate in the exercise.

Exercise Conduct

All means of communications including email, phone, fax or SMS may be used for IHR communications between National Focal Points and the WPRO IHR Contact Point.

Players are expected to act quickly and facilitate smooth communications and information flow within the four hour exercise time period, despite the fact that more time would be available in a real world setting (e.g. IHR requires an official notification of a potential PHEIC event to be made with 24 hours of assessment).

Every exercise communication (written email, fax or SMS and verbal telephone call) should always state "THIS IS AN EXERCISE MESSAGE" or "EXERCISE – EXERCISE - EXERCISE" at the start and the end of the communication.
Every emailed exercise communication should always be copied to Exercise Control at Control@wpro.who.int

The exercise may be suspended and/or ended at any time if it appears that a real-world emergency is occurring during the time period of the exercise.

The exercise will be conducted on the 5th and 6th of December 2012. The exercise schedule for participating countries is shown below.

Table 1. Exercise schedule for participating countries

<table>
<thead>
<tr>
<th>Participating Country</th>
<th>Local time</th>
<th>Manila time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Australia</td>
<td>12:00 – 1700</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>2 Brunei Darussalam</td>
<td>9:00- 14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>3 Cambodia</td>
<td>8:00-13:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>4 China</td>
<td>9:00-14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>5 Japan</td>
<td>10:00-15:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>6 Lao People's Democratic Republic</td>
<td>8:00-13:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>7 Malaysia</td>
<td>9:00-14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>8 Mongolia</td>
<td>9:00-14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>9 Papua New Guinea</td>
<td>11:00-16:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>10 Philippines</td>
<td>9:00-14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>11 Republic of Korea</td>
<td>10:00-15:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>12 Singapore</td>
<td>9:00-14:00</td>
<td>9:00 – 14:00</td>
</tr>
<tr>
<td>13 Vietnam</td>
<td>8:00-13:00</td>
<td>9:00 - 14:00</td>
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<table>
<thead>
<tr>
<th>Participating Country</th>
<th>Local time</th>
<th>Manila time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cook Islands</td>
<td>13:00- 18:00 (Dec 05)</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>2 Fiji</td>
<td>12:00 -17:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>3 Kiribati</td>
<td>11:00-16:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>4 Marshall Islands</td>
<td>11:00-16:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>5 Micronesia, Federated States</td>
<td>10:00-15:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>6 Nauru</td>
<td>11:00-16:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>7 New Zealand</td>
<td>12:00-17:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>8 Niue</td>
<td>12:00-17:00 (Dec 05)</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>9 Palau</td>
<td>08:00-13:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>10 Samoa</td>
<td>13:00-18:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>11 Solomon Islands</td>
<td>10:00-15:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>12 Tonga</td>
<td>12:00-17:00</td>
<td>07:00 – 12:00</td>
</tr>
<tr>
<td>13 Tuvalu</td>
<td>11:00-16:00</td>
<td>07:00 - 12:00</td>
</tr>
<tr>
<td>14 Vanuatu</td>
<td>10:00-15:00</td>
<td>07:00 - 12:00</td>
</tr>
</tbody>
</table>

Please note that to accommodate time zone differences and variations in technical communications capacities, the first exercise messages for the day 2 participants (06 December) will be sent late afternoon on the preceding day (05 December).
Exercise Participants, Roles and Responsibilities

All NFPs in the WHO Western Pacific Region have been invited to participate in the exercise. Each NFP will participate in the exercise on one day (see Table 1). The exercise will last for 5 hours, including a one hour teleconference at the end of the exercise.

The exercise will primarily engage:

1. Duty officer and/or responsible person from each participating NFP. In principle, only NFP staff are required to participate in the exercise.
2. 1st level and 2nd level Duty Officers from the WHO IHR Contact Point for the WHO Western Pacific Region.

WHO Country Office staff (ESR Team Leaders, or other WHO staff as applicable to individual country situations) will observe and, if needed, also facilitate communication between their relevant NFP and the WHO IHR CP during the exercise.

At the conclusion of the exercise a Participants teleconference will be held. To enable this, an appropriate telephone number will be requested from participating NFPs (if not previously provided). The purpose of the teleconference is:

- To test the use of teleconference facilities as means of communications during response to an urgent evolving event in the region.
- To conduct a short debriefing and obtain feedback on IHR Exercise Crystal 2012

Exercise participants include:

1. **Players**: NFPs and WHO IHR CP
   Players are expected to carry out event-related communications in accordance with their existing communication/operating procedures within the country and WHO. An assessment using the decision instrument contained in Annex 2 of the International Health Regulations (2005) will be required based on information provided during the exercise.

2. **Exercise Management Team**: WHO WPRO
   The role of the Exercise Management Team is to ensure the conduct of the exercise. The Team consists of:
   - **Controller**: Provides direction and control of the exercise. Will manage the sequence of events, including setting the scenario and adding injects.
   - **Simulator**: Will play the role of the affected local public health unit and will respond to requests from NFP Players regarding event information and updates related to the simulated local public health unit.

3. **Observer/Facilitator**: WHO Country Office ESR team leaders or designated staff
   WHO Country Office ESR staff will observe the exercise and are highly encouraged to facilitate and assist NFP Players.

4. **Evaluator**: WHO
   An Evaluator will observe and evaluate the process and outcomes of the exercise.

Contact details of all exercise participants are shown in Annex 5.
All Participants will join the exercise from their normal office (no international travel required).

Exercise play will be over a period of 4 hours, equivalent to 4 days in the scenario. Due to time constraints, Players will not have time for lengthy consultations. Instead, we highly recommend that Players focus on making decisions with the provided scenario information and performing appropriate IHR communications.

Real, functional communication to the WPRO IHR CP should be done using the real WPRO IHR CP contact details (IHR@wpro.who.int).

For the purpose of the exercise, there will be a:

- **Simulated country** (Malacuria)
  This ‘country’, set in the Western Pacific Region, will communicate to the WHO IHR CP, via IHR communications. During the exercise, the role of this country will be played by the Controller. The name of the fictional National IHR Focal Point for this make-believe ‘country’ is Dr. Robson Farmar. The locality of the disease outbreak is Vermillion District. The Medical Director of the Vermillion district hospital is Dr. Mancit Valim.

- **Simulated local public health department/unit** (Algia)
  This will be a simulated local public health department/unit within your country where the event is occurring. During the exercise, the role of this local public health department/unit will be played by the Simulator. The name of the fictional director of the simulated public health unit is Dr. Delta Isgar. Elsewhere in Algia there is a hospital with a small laboratory headed by Dr. Indra Fosso.

- There will be media reports from newspapers that do not exist.

  Simulated, functional communications with the Simulator can be done via the contacts below:

<table>
<thead>
<tr>
<th>Telephone</th>
<th>+ (632) 528 9650</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax</td>
<td>+ (632) 528 9075</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:Simulator@wpro.who.int">Simulator@wpro.who.int</a></td>
</tr>
</tbody>
</table>

Please note that there is no simulator arranged for other, non-participating or non-playing agencies. If Players want to communicate with another relevant agency (e.g. Ministry of Transportation, NFPs in other countries) they should simply record this pretended ‘action’ in their Action Log Sheet (e.g. “Called Ministry of Transportation”). This should be done with NO real involvement or communication with the agency.

Internal discussions within the office of the NFP are encouraged to facilitate exercise play, but always remember to be clear that the discussions pertain to an exercise, not a real event.

All Participants will be required to record their actions taken during the exercise:

- Record all actions taken in the Action Log Sheet (Annex 1), including actions taken to communicate with other relevant departments/agencies/individuals (if required
based on your communication protocol/procedures) and the results of any assessment made using the IHR decision instrument. Please submit the Action Log Sheet to Exercise Control at the end of the exercise (Control@wpro.who.int).

- Please always ‘close the loop’ and send a message to the Exercise Control at Control@wpro.who.int to inform of actions taken by you.

For problems experienced during the exercise:

- Record any problems in the Problem Log Sheet (Annex 2). Problems are things like telecommunications failures, misunderstandings etc.
  - If urgent, contact Exercise Control via email (Control@wpro.who.int) or telephone (+632 528 9035).
  - Please submit the Problem Log Sheet to Exercise Control at the end of the exercise (Control@wpro.who.int).

- Please recognize that this exercise will use a simulated, completely artificial scenario that will not reflect a real-world situation, particularly with respect to elapsed time, place names and people. Players should accept these artificialities. Please do not be overly concerned by complexities or details associated with the exercise scenario itself. The objective is to work with the scenario to facilitate your actions for communications, rather than to challenge it or seek to resolve every last possible detail.

**Exercise Rules**

1. **Always** start and end communication with "THIS IS AN EXERCISE MESSAGE" or "EXERCISE – EXERCISE – EXERCISE"
2. Copy every email communication to Control@wpro.who.int
3. Do not fight the scenario
4. Close the loop if you have taken your action
5. Do the paper work – log all your activities in the Action Log Sheet
6. Enjoy the exercise!
Evaluation and Report

After the exercise, exercise Players, Observers, Facilitators, Controllers and Simulators will be asked to complete an evaluation form (Annex 3). A debrief and feedback will also be conducted at the end of the exercise via teleconference.

WHO will conduct a post-exercise analysis of accessibility of the NFP contact details and communications related to the event notification process and sharing of information through the IHR Event Information Site (EIS). An exercise Evaluator will also provide their evaluation results. A summary report of the results of 'IHR Exercise Crystal 2012' will be produced and shared with all participating NFPs in the region.

Reference documents

- The International Health Regulations (2005)
- Individual country NFP protocols and/or communication mechanisms
- WPRO interim guide on IHR communication and duty officer system

Annexes

- Annex 1 Action log sheet
- Annex 2 Problem log sheet
- Annex 3 Exercise evaluation form
- Annex 4 Figure 1. Design and Expected Communications (enlarged)
- Annex 5 Contact details of exercise participants
# Action Log Sheet – IHR Crystal Exercise 2012

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Activity (Call to/Received From; Consultations)</th>
<th>Issue/Information Requested Or Provided</th>
<th>Referred to/Resolution</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

- Please use this Action Log Sheet to record details of all non-emailed activities/actions
- Please send the completed sheet via e-mail to Control@wpro.who.int or fax to WPRO DSE (+632) 528 9075 immediately after the exercise (by 07 December 2012 latest)
Problem Log –IHR Exercise Crystal 2012

(circle date)
05 December 2012
06 December 2012

Exercise Assignment: (circle) Player, Controller, Simulator, Evaluator, Director, Observer

<table>
<thead>
<tr>
<th>Time</th>
<th>Message No. (if known)</th>
<th>Problem</th>
<th>Analysis (Leave Blank)*</th>
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</table>

• Please use this Problem Log Sheet to record any problem encountered during the exercise
• Please send the completed sheet via e-mail to Control@wpro.who.int or fax to WPRO DSE (+632) 528 9075 immediately after the exercise (by 07 December 2012 latest)
IHR Exercise Crystal 2012 Evaluation Form

Please take a few minutes to fill out this form. Your feedback and suggestions will help us prepare and improve future exercises. Thank you for your cooperation!

Exercise Crystal Objectives:

• Validate the accessibility of the National IHR Focal Points and WHO IHR Contact Point using registered contact details
• Practice and test National IHR Focal Point's assessment of public health events using the decision instrument contained in Annex 2 of the IHR (2005) and its notification process
• Test the use of teleconference as a means of communication to connect the National IHR Focal Points at the end of the exercise

1. Did the exercise achieve the stated objectives?
   (1) Yes   (2) No         (3) Not sure
   If no or not sure, please briefly explain why?

2. What do you think about the scope of the exercise?
   (1) Too narrow   (2) Suitable   (3) Too broad
   If not suitable, please briefly explain why?

3. Please rate the helpfulness and/or usefulness of this exercise to strengthen and validate IHR event-related communications between National IHR Foal Points and WHO:

<table>
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<tr>
<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>
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<tbody>
<tr>
<td>Very</td>
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<td></td>
<td>Very</td>
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<td>Poor</td>
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<td></td>
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<td>Good</td>
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</tbody>
</table>

4. Was the information presented in the scenario informative/helpful when evaluating the event?
   (1) Yes   (2) No
   If no, please briefly explain why?

5. What are two positive points (good things) that you have learned/observed from the exercise?
   (1) ___________________________________ (2) __________________________________

6. What are two negative points (bad things) that you would suggest for improvement in the future?
   (1) ___________________________________ (2) __________________________________

7. Please add any other comments or criticisms:
Figure 1: IHR Exercise Crystal 2012
Design and Expected Communications
## Contact Details of Exercise Participants

(Please do not distribute these contact details to non-exercise participants)

List of National IHR Focal Points in the Western Pacific Region

(VERIFICATION REQUIRED)

<table>
<thead>
<tr>
<th>Country</th>
<th>Address</th>
<th>Details</th>
<th>Email</th>
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<tbody>
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<td>Australia</td>
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<td>Brunei Darussalam</td>
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<td>Cambodia</td>
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<td>China</td>
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<td>Cook Islands</td>
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<td>Kiribati</td>
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<td>Lao People's Democratic Republic</td>
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<td>Malaysia</td>
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<td>Marshall Islands</td>
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<tr>
<td>Micronesia (Federated States of)</td>
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<td>Mongolia</td>
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<td>New Zealand</td>
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<td>Niue</td>
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<td>Palau</td>
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<td>Papua New Guinea</td>
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<td>Philippines</td>
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<td>Republic of Korea</td>
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<td>Samoa</td>
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<td>Singapore</td>
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<td>Solomon Islands</td>
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<td>Tonga</td>
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<td>Tuvalu</td>
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<td>Vanuatu</td>
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<td>Viet Nam</td>
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</table>
## WHO Country Offices

<table>
<thead>
<tr>
<th>Name</th>
<th>Roles</th>
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<tbody>
<tr>
<td><strong>CAMBODIA</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Maria Concepcion Roces</td>
<td>Technical Officer</td>
</tr>
<tr>
<td><strong>CHINA</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Sirenda Vong</td>
<td>Acting Team Leader</td>
</tr>
<tr>
<td><strong>FIJI (WHO/SP)</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Eric Nilles</td>
<td>Medical Officer</td>
</tr>
<tr>
<td><strong>LAOS</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Reiko Tsuyuoka</td>
<td>Team Leader</td>
</tr>
<tr>
<td><strong>MALAYSIA</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Soo Chun Paul</td>
<td>Programme Officer</td>
</tr>
<tr>
<td><strong>MONGOLIA</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Luo Dapeng</td>
<td>Medical Officer</td>
</tr>
<tr>
<td><strong>PAPUA NEW GUINEA</strong></td>
<td></td>
</tr>
<tr>
<td>Dr Boris Pavlin</td>
<td>Epidemiologist</td>
</tr>
<tr>
<td><strong>PHILIPPINES</strong></td>
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<tr>
<td>Dr Ma. Nerissa Dominguez</td>
<td>Natl Professional Officer</td>
</tr>
<tr>
<td><strong>VIET NAM</strong></td>
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<tr>
<td>Dr Babatunde Olowokure</td>
<td>Epidemiologist</td>
</tr>
</tbody>
</table>
ANNEX 2

IHR Exercise Crystal 2012

First Invitation

Dear National IHR Focal Point,

The National IHR Focal Points (NFP) play an important role in ensuring the functions of the International Health Regulations (2005). The NFPs ensure that important IHR event communications such as public health event reporting, consultation, notification, information, sharing, verification and determination of a public health event of international concern occur in timely and effective manner.

To strengthen and maintain the functions of National IHR Focal Points, three IHR exercises: the “IHR Exercise Crystal” was conducted in the Western Pacific Region in 2008, 2010 and 2011. In 2009, a real-world global public health event, the pandemic (H1N1) 2009 occurred. This was the first public health emergency of international concern (PHEIC) declared in accordance with the IHR (2005). The pandemic response highlighted the important role of the NFPs and importance of IHR communication to contribute to pandemic risk assessment and situation monitoring regionally and globally.

The requirement for regular IHR communication exercises to strengthen and test the functions of the NFPs and the WHO IHR Contact Points has been recognized by annual meetings of the Asia Pacific Technical Advisory Group (TAG) on Emerging Diseases which includes the meting of the NFPs in the Western Pacific Region. At the July 2011 TAG meeting, the Asia Pacific Strategy for Emerging Infectious Diseases (APSED) 2010 workplan was reviewed, and the importance of conducting regional exercises to strengthen the NFP response was reemphasized.

As such, there will be an IHR exercise conducted in the Western Pacific Region between the 5th and 6th of December 2012. The proposed dates are the 6th of December for Pacific island countries and 5th of December for other countries. It is expected that the exercise will last for 4-5 hours. Please let us know if there are any issues with the proposed dates/times.

The objectives of the 2012 IHR Exercise Crystal are:

1. To validate the functional accessibility of the National Focal Points’ and the WHO IHR contact point
2. To test the assessment of risk of public health events utilizing the decision instrument contained in Annex 2 of the IHR (2005) and its notification process
3. To test the use of teleconferences as a means of communication to connect the National IHR Focal Points at the end of the exercise

At the conclusion of the exercise, a teleconference of NFPs will be conducted to test the ability to use teleconference as means of communication. In this regard, you may wish to advise us the phone number to be used for such teleconference, if it is different from the phone number registered as the NFP contact details.

More details about the exercise, including the participant’s guide, will be provided to you closer to the exercise date.

We would highly appreciate your acknowledgement of this e-mail and confirmation of your participation. If you have any questions regarding this exercise, please contact Dr Ruth Foxwell at foxwella@wpro.who.int

We sincerely look forward to your active participation in the 2012 IHR Exercise Crystal.

Dr Li Ailan
Director
Division of Health Security and Emergencies
WHO Western Pacific Regional Office
Dear Exercise Participants,

Welcome to 'IHR Exercise Crystal 2012'! This is the first of 2 emails today: this one to welcome you and give you attachments needed for the exercise and a second one will come shortly for you to confirm sms contact details and a telephone number for the teleconference that occurs at the end of the exercise.

We would like to thank you all for taking time from your busy schedules to participate in this activity, and also to express our appreciation for your support for collaborative IHR capacity-building efforts in our region.

The objectives of the 2012 Exercise are to:

1. Validate the accessibility of the National IHR Focal Points and WHO IHR Contact Point using registered contact details
2. Practice and test National IHR Focal Point's assessment of public health events using the decision instrument contained in Annex 2 of the IHR (2005) and its notification process
3. Test the use of teleconference as a means of communication to connect the National IHR Focal Points at the end of the exercise

Please find the following documents attached here for your information and reference during the exercise:

- PowerPoint briefing
- Participants’ Guide
- Action Log, Problem Log & Evaluation Form – Word versions of Annexes 1-3 of Participants’ Guide. Please complete as requested during and after the exercise

For the purposes of the exercise there will be a simulated country and a simulated Public Health Unit.

- The simulated country is in the Western Pacific Region and is called the 'Republic of Malacuria'. The location of a reported disease outbreak is in the Vermillion District in Malacuria. The simulated National IHR Focal Point for Malacuria is Dr. Robson Farmar. Note that this is not in your country. The simulated NFP for Malacuria can be contacted at: Control@wpro.who.int or telephone +(632) 528 9035.

- The simulated Public Health Unit is in your country and is called 'Algia Public Health Unit', located in 'Algia District'. The simulated Director of the Public Health Unit is Dr. Delta Isgar. Algia PHU can be contacted at:
  - Telephone: + (632) 528 9650
  - Fax: + (632) 528 9075
  - E-mail: Simulator@wpro.who.int
Exercise play will be over 4 hours, equivalent to 4 days in the scenario. After play, there will be a 1 hour teleconference. Due to time constraints you may have little time for detailed internal consultations. Instead, we highly recommend that Players focus on making decisions with the provided scenario information and performing appropriate IHR communications.

Expected communications during Exercise Play include:

- **Real functional communications**: Between participating NFPs and the WHO/WPRO IHR Contact Point (with support from WHO Country Office staff if needed/relevant)
- **Simulated, but also functional communications**: Between participating NFPs and a fictional local public health unit (PHU) in your country. (played by the Simulator during the exercise)
- **Other communications by ‘paper work’ (recording on the Action Log)**: e.g. between participating NFP and other non-participating government departments or agencies
- **Internal discussions within the office of the NFP are encouraged**: To facilitate exercise play

**Key points to remember during exercise play:**

- **Always** start and end communication with "THIS IS AN EXERCISE MESSAGE" or "EXERCISE – EXERCISE - EXERCISE"
- Copy every email communication to Control@wpro.who.int
- The relevant WHO Country Office (if applicable) should be copied on all email communication between NFPs and WPRO IHR CP.
- NFPs may request assistance from WHO CO staff for IHR communications if needed
- **Do not fight the scenario**: it is completely fictional to avoid comparison with any real places, names and events.
- Close the loop (copy control@wpro.who.int) if you have taken your action
- **Do the paper work** – log all your activities in the Action Log Sheet
- **Enjoy the exercise!**

The exercise may be suspended or terminated if it appears that a real-world emergency is taking place. The Exercise Controller will inform you accordingly.

If you have any urgent questions or problems during the exercise, please contact Exercise Control via email (Control@wpro.who.int) or telephone (+632 528 9035).

If you have any questions prior to the exercise, please do not hesitate to contact us by email.

We look forward to your participation and wish you a challenging and enjoyable exercise. Thank you again and with best regards,

Exercise Management Team

On behalf of Dr. Li Ailan
Responsible Officer
WHO IHR Contact Point in the Western Pacific Region
Director, Division of Health Security and Emergencies
WHO Western Pacific Regional Office
Dear Exercise Participants,

Thank you and congratulations for your conclusion of IHR Exercise Crystal 2012!

We hope that you found the Exercise challenging, but were also able to enjoy yourselves and have some fun.

Please take the time to fill out the Evaluation Form, as we will use your feedback and suggestions to develop the 2013 IHR Exercise.

An Exercise Report will be written in the coming weeks, including the results of your feedback and comments from the Evaluator, and will be shared with you as soon as possible.

Again, we would like to express our sincere and warm appreciation for your efforts, and look forward to working with you on future IHR activities in our region.

With best regards,

Exercise Management Team

On behalf of Dr. Li Ailan
Responsible Officer
WHO IHR Contact Point in the Western Pacific Region
Director, Division of Health Security and Emergencies
WHO Western Pacific Regional Office
Participants’ Briefing

IHR EXERCISE CRYSTAL 2012

5-6 December 2012

National IHR Focal Points (NFPs)

- NFP is the national centre (not individual) for communications with WHO IHR Contact Points
- Must be accessible at all times (24/7)
- Performs the following functions:
  - Facilitates urgent IHR communication with WHO
  - Disseminates information to, and consolidates inputs from, relevant sectors of the Government
  - Other important tasks, as needed

NFP Role in IHR Communications

Previous Exercises and Event

- **2008**: IHR Exercise Crystal
- **2009**: No exercise
  - Real-world global public health event, pandemic (H1N1) 2009.
  - First PHEIC declared in accordance with the IHR (2005)
  - Highlighted importance of IHR communications and critical role of the NFPs
- **2010**: IHR Exercise Crystal
- **2011**: IHR Exercise Crystal
- **2012**: IHR Exercise Crystal, 05-06 December
Objectives

1. Validate the accessibility of the National IHR Focal Points and WHO IHR Contact Point using registered contact details
   - Can NFPs and IHR Duty Officers be contacted?

2. Practice and test National IHR Focal Point’s assessment of public health events using the decision instrument contained in Annex 2 of the IHR (2005) and its notification process
   - How are the decision instrument and notification process used?

3. Test the use of a teleconference as a means of communication to connect the National IHR Focal Points at the end of the exercise
   - Do the teleconference facilities/systems work and have they improved since last year?

Participants & Roles

- **Players**: NFPs and WHO IHR Contact Point
  - Play your real roles, act as you would in real life

- **Observers/Facilitators**: WHO ESR Country Office staff
  - Observe the exercise, and assist NFP if requested

- **Exercise Management Team**: Controller and Simulator
  - Play the simulated Country & local PHU; manage the exercise

- **Evaluator**
  - Evaluate the exercise

Exercise Design

- **WHO IHR Contact Point (Player)**
- **National IHR Focal Point (Player)**
- **WHO Country Office (Observer/Facilitator)**
- **Simulated country (Simulators/Role Play)**
- **Simulated public health unit (Simulators/Role Play)**
- **Other national agencies**

The Scenario

In the exercise there will be:

- **A simulated Country (Malacuria)**
  - Located in Western Pacific region
  - Vermillion is a District in Malacuria
  - Dr. Robson Farmar is the simulated National IHR Focal Point for Malacuria
  - Role played by the Exercise Controller
  - Contact this country at Control@wpro.who.int

- **A simulated local Public Health Unit (Algia)**
  - Located in YOUR country
  - Dr. Delta Isgar is the simulated Director of the Public Health Unit
  - Role played by the Exercise Simulator
  - Contact this PHU at Simulator@wpro.who.int

- Potentially other relevant agencies
  - If you want to communicate with another agency (e.g. Ministry of Transport) just record this ‘action’ in your Action Log and continue play
  - Do not actually contact or involve the agency.
Expected Communications

- **Real functional communications**
  - Between participating NFPs and the WHO/WPRO IHR Contact Point (with support from WHO Country Office staff if needed/relevant)

- **Simulated, but also functional communications**
  - Between participating NFPs and your local public health unit (PHU) (played by the Simulator during the exercise)

- **Other communications by ‘paper work’ (recording on the Action Log)**
  - e.g. between participating NFP and other government departments or agencies

- **Internal discussions within the office of the NFP are encouraged**
  - To facilitate exercise play

Exercise Schedule: Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
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<td>G-staff</td>
</tr>
<tr>
<td>9:05</td>
<td>Fax Inject</td>
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</tr>
<tr>
<td>9:20</td>
<td>Comms Check (G-staff)</td>
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<tr>
<td>13:00</td>
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<tr>
<td>14:00</td>
<td>De-brief (G&amp;P-staff)</td>
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Exercise Play Teleconference

Exercise Schedule: Day 2

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<tr>
<td>12:00</td>
<td>De-brief (G&amp;P-staff)</td>
<td>G&amp;P-staff</td>
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</tbody>
</table>

Contact Summary

If you wish to contact:

- **NFPs:** Use real contact details
- **WHO IHR Contact Point:** Use real contact details, i.e. contact IHR@wpro.who.int
- **Simulated Country:** Role played by the Exercise Controller, contact Control@wpro.who.int
- **Simulated Local PHU:** Role played by the Exercise Simulator, contact Simulator@wpro.who.int
- **Other agencies:** Record in Action log (no real contact)
Reminders

• The exercise will run for 5 hours total
  – Exercise play: up to 4 hours (equivalent to 2-3 days in the scenario); followed by
  – Teleconference: 1 hour

• NFPs should copy their relevant WHO Country Office (if present) on all IHR communications
  – WHO Country Office staff (as relevant to individual country situations) will observe and, if needed, may also facilitate communication between the NFP and the WHO IHR Contact Point.

• The exercise uses a simple, invented scenario which will not reflect a real-world situation
  – Please accept this - don’t fight the scenario, or get deeply involved in scenario details
  – The objective is to work with the scenario to test functional IHR communications

Exercise Rules

• Always start and end all exercise communications with “THIS IS AN EXERCISE MESSAGE” or “EXERCISE EXERCISE EXERCISE”

• Copy every email communication to the Controller (Control@wpro.who.int)

• Do not fight the scenario

• When you have completed an action
  – Do the paperwork - log it in your Activity Log Sheet
  – Close the loop - email the Controller (Control@wpro.who.int)

Exercise Schedule

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>Local time</th>
<th>DAY 2</th>
<th>Local time</th>
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<tbody>
<tr>
<td>1 Australia</td>
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<td>1 Cook Islands</td>
<td>5 Dec, 13:00 - 18:00</td>
</tr>
<tr>
<td>2 Brunei Darussalam</td>
<td>5 Dec, 9:00 - 14:00</td>
<td>2 Fiji</td>
<td>5 Dec, 12:00 - 17:00</td>
</tr>
<tr>
<td>3 Cambodia</td>
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<td>3 Kiribati</td>
<td>6 Dec, 10:00 - 15:00</td>
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<tr>
<td>4 China</td>
<td>5 Dec, 9:00 - 14:00</td>
<td>4 Marshall Islands</td>
<td>6 Dec, 10:00 - 15:00</td>
</tr>
<tr>
<td>5 Japan</td>
<td>5 Dec, 10:00 - 15:00</td>
<td>5 Micronesia, Fed. States</td>
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<td>6 Laos</td>
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<td>6 Niue</td>
<td>6 Dec, 11:00 - 16:00</td>
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<td>7 Malaysia</td>
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<td>7 New Zealand</td>
<td>6 Dec, 12:00 - 17:00</td>
</tr>
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<td>14 Niue</td>
<td>5 Dec, 13:00 - 18:00</td>
</tr>
</tbody>
</table>

* WPRO Manila time 0500:1400

NOTE

THE GROUP PARTICIPATING ON DAY 2 (THE PACIFIC ISLANDS) WILL RECEIVE THE FIRST SET OF EXERCISE COMMUNICATIONS IN THE LATE AFTERNOON OF 05 DEC 2012

This is to accommodate time zone differences and variations in technical communications capacity.
Please have fun and enjoy the exercise!
Dear Colleague;

The following information has been provided to WPRO by the NFP for Malacuria with a request that it be transmitted to regional NFP’s for their information. Please expedite this communication to them.

REPUBLIC OF MALACURIA

Ministry of Health

FACSIMILE

Telephone: +(632) 528 9035
E-mail: control@wpro.who.int
From: National IHR Focal Point
Ministry of Health, Republic of Malacuria

Fax: +(632) 528 9075
Reference no:
To: WPRO IHR Contact point

Date: Nov 26, 2012,

Dear WHO IHR Duty Officer

I am writing to inform you about our continuing investigation of a cluster of illness of unconfirmed origin affecting at least 28 people in Vermillion District and causing 5 deaths. I would be grateful if you would pass this information to our NFP colleagues across the region as it is possible others may encounter a similar situation in their own country. We have sent specimens to the national laboratory but we do not yet have confirmation of a causative agent.

The extent of the spread of the disease is not yet known as the area is a popular tourist destination. Active surveillance in neighbouring districts has been initiated.

Between 21 and 23 November 2012, 4 people with similar symptoms presented to Vermillion District Hospital with sudden onset of high fever (38-40°C), myalgia, coryzal symptoms with severe and persistent cough. Influenza was suspected and they were treated with antivirals and intravenous fluids. The main symptoms of the disease are those of an influenza-like illness. One third of presenting cases subsequently developed ARS and organ (primarily renal) failures. Two cases have died and those...
who are surviving are slow to recover and many are slowly deteriorating. A rapid diagnostic test for influenza was inconclusive. From 23 to 25 November, a further 24 cases with similar symptoms presented to the hospital. Of these another 3 have died, bringing the total number of cases to 28, with 5 deaths.

Canvassing local physicians and community clinics has identified a potential 77 additional suspected case based on clinical presentation.

The Ministry of Health of the Republic of Malacuria has sent a Rapid Response Team to Vermillion district, to assist local Public health Unit staff with the outbreak investigation. The MOH has also sent additional medical supplies to Vermillion district, including personal protective equipment (PPE) and medication.

Laboratory samples including serum and sputum samples have been sent to the National reference laboratory for further investigation and confirmation of a novel strain is pending re-analysis of selected specimens.

I will also send you a report about this situation from the Malacuria National News.

The Malacuria IHR NFP will keep you informed of any additional information.

Kind regards,

Dr Robson Farmar
National IHR Focal Point, Ministry of Health,
Republic of Malacuria
Control@wpro.who.int
Telephone: (+632 528 9035).

THIS IS AN EXERCISE MESSAGE
Malacuria National News

Mystery disease kills 5 in Vermillion district
Sayit Likitis – Staff reporter, 25 November 2012

A mystery disease has claimed 5 lives within the space of 1 week and brought 28 people to the hospital in Vermillion District, causing local residents to express fear that the disease may spread widely.

According to Dr Mancit Valim, Chief Medical Officer of the Vermillion District Hospital, the disease outbreak started about a week ago. "Our first case had respiratory symptoms and died a few days after his admission despite intensive medical treatment". Dr Valim further added, "We have had 24 subsequent admissions to the hospital, all with similar symptoms and unfortunately 5 people have died".

All patients had symptoms similar to flu and most of them got worse and some have died. Hospital authorities are working closely with the Ministry of Health and specimens from patients have been sent to the National Laboratory for further testing, because the hospital has limited capacity for microbiological testing.

In a telephone interview, Dr Robson Farmar, head of the National Diseases Surveillance Unit at the Ministry of Health said that the Ministry of Health is currently investigating this disease.

He also dismissed accusations that the Ministry has been slow to respond to the outbreak. "We sent a rapid response team to Vermillion District as soon as we heard about the outbreak. Our Ministry is taking all steps necessary to make sure that we get to the bottom of what is causing this outbreak".

It is not known if the disease has spread beyond the district or outside the country, and Dr Farmar said that it is too early to say. "We are in regular contact with the WHO and have fully complied with international reporting protocols. Our Rapid Response Team has experts in disease surveillance and this is something that they will be looking at. Hospitals in neighbouring districts are already aware of the situation and our Ministry is working with them closely and so far there are no reports of similar illness".

Dr Farmar asked people in the Vermillion District to go to hospital early if they develop flu-like symptoms including high fever or a cough.

Copyright 2012 Malacuria National News.

THIS IS AN EXERCISE MESSAGE
PUBLIC HEALTH SCRAMBLING TO CHECK GASTRIC BUG

Reports of more than 60 people sick with vomiting and diarrhoea at the Algia Folk Music and Crafts Fair have Public Health officials concerned and puzzled about the cause. The Public Health Unit has sent a team to investigate the report of mysterious illness at the annual festival.

Dr. Delta Isgar, head of the Public Health Unit says that “this is the first time since the start of the festival years ago that that we have been called upon to investigate any kind of an outbreak at the popular festival. Besides the vomiting and diarrhoea there have been complaints of fever, cough, body aches and pains, which could be related to the unusually cold and damp weather last night. Our staff are investigating and we should know more about the situation later today. Anyone who had been to the festival should be diligent about hand hygiene”
1 December 2012

Dear Colleague

I am sure you are aware of media reports of an outbreak of illness with severe gastro-intestinal symptoms in Algia over the last 24 hours. We were able to conduct a very rapid investigation of the report and found that an outbreak of respiratory illness seems to have originated at the same public gathering, the annual Algia folk music festival and handicrafts fair.

It is too early to determine with certainty that we are investigating two distinct events but there seems to be two groups with different presentations. The first group of 4 hospitalized cases presents with primary severe respiratory disease with some secondary gastro-intestinal symptoms. None of these cases is assessed as recovering and some are reported to be deteriorating. The second group, consisting of 36 males and 27 females, all between 18 and 27 years, presenting with primary severe gastro-intestinal symptoms (vomiting and diarrhoea) and some secondary ILI symptoms. Their illness seems to be self-limiting as they appear to be recovering.

Apart from the commonality of attending the music and crafts festival the other identifiable common activity that applies only to the second group is that they all ate at a food concession featuring a form of paella prepared with the customary rice, ripe tomatoes, mussels and clams. Samples of the paella have been sent for analysis.

Our staff are continuing their investigations and I will advise you when we have the laboratory analysis or any further information.

Warm Regards
Dr. Delta Isgar
Director, Algia Public Health Unit
Telephone +(632) 528 9650
Email: Simulator@wpro.who.int
Music Festival, Crafts Fair Sickens Many.

Many devotees of folk music and handicrafts are in hospital today in grave condition from a mystery disease acquired at the annual Algia music festival and crafts fair market. At least 2 of them were international tourists. The people were sent to the hospital when they developed a fever and cough. Many of the patients are in intensive care and staff have been told to take extra precautions when looking after them.

A hospital nurse, speaking on the condition of anonymity has told us that “other patients in the hospital are being discharged prematurely to prevent them from being exposed to the disease that is said to be a really bad influenza. Medical staff are concerned because none of the patients are getting any better and four have deteriorated so badly that they are near death.”

A spokesman for the Algia District hospital confirmed that a number of people have been admitted with a flu-like illness and were being treated with oseltamivir but declined to provide any further details, saying that it would be a breach of confidentiality.

Organizers and sponsors of the festival and fair say they are unaware of any illness arising from the events. “Everyone had a good time, the musicians were fantastic, the handicrafts were gorgeous and we raised a lot of money for our charities” said one of the sponsors who added “we don’t know how anyone could have got seriously sick at this event, but for any who may have, our hearts go out to them and their loved ones”.

When asked for her opinion about the disease, Dr Delta Isgar, the Director of the Algia Public Health Unit, said that influenza outbreaks are quite common and there is no need to be alarmed. "Influenza is a mild illness in many people. However in the elderly and those with chronic diseases, it can cause severe illness and sometimes death”.

Dr. Isgar added that vaccination is the best way to fight flu and urged people to get vaccinated early, wash their hands often, cover their mouth when coughing or sneezing, avoid public gatherings, and isolate themselves if sick.

Rue Moss, Health Reporter. 1 December 2012
INJECT 5

THIS IS AN EXERCISE MESSAGE

Date: 03 December, 2012; 18:20

Dear Colleagues,

On Dec 1, 2012 I informed you of a cluster of respiratory illness among local residents and international tourists attending a music festival and crafts fair market in the Algia District. I am writing to you to provide an update of the situation. Attached please find a situation report and preliminary risk assessment.

I understand that there is a similar outbreak in the Republic of Malacuria. We would be grateful if you could advise us about the development and status of that event.

Kind regards
Dr Delta Isgar.
Director
Algia Public Health Unit
Telephone +(632) 528 9650
Email: Simulator@wpro.who.int

**********************************

SITUATION REPORT #1

December 03, 2012, 18:00

Summary
- 2 deaths
- 3 cases in Intensive Care Unit (ICU)
- 7 cases admitted with respiratory symptoms. Currently 3 stable, 4 unstable
- 54 suspected in community

Background
A 2 day folk musical festival and crafts fair market attracted 250 to 300 participants on Nov 24-25, 2012. Sixty-six of those who attended the festival have been reported as having a respiratory illness. Twelve of these people are now hospitalised with 2 deaths. The exact origin and aetiology of the disease outbreak has yet to be determined

Case Summary
Two international tourists (Malacurian nationals) and 10 local residents, who either attended or know someone who is sick who attended the festival and market, presented to Algia District Hospital with a reported sudden onset of high fever and influenza-like symptoms.

The initial diagnosis was influenza. The clinical picture is consistent with a severe influenza-like illness. All 12 cases, ranging in age from 18 to 32, were isolated together in three rooms and treated with antivirals and oxygen support.
6-12 hours after admission the clinical condition of all patients was observed to deteriorate.

**Descriptions of the most serious cases.**

**Case 1:**
18 year old male. Presented with cough, coryza, fever (39.4 °C), myalgia and headache. Onset of symptoms was 25 Nov 2012. He presented to hospital on 27 Dec 2012. Six hours after presentation, there was progressive reduction in level of consciousness. He died 35 hours after admission.

**Case 2**
20 year old female. Case 1 and 2 travelled together. Presented with cough and fever (40 °C) and headache. Date of onset of symptoms – 26 Nov, 2012. She presented to hospital on 27 Dec 2012, 10 hours after admission, developed heart arrhythmia, nausea and diarrhoea. She died 40 hours after admission.

Note, the hospital lacks post-mortem facilities

**Case 3:**
32 year old female. Presented with runny nose, headache, fever (38.4 °C) and cough. Date of onset of symptoms 27 Nov, 2012. 12 hours after admission to hospital, developed nausea and vomiting. She was treated with anticonvulsants and is currently in serious but stable condition in ICU.

**Case 4:**
26 year old male. Presented with sore throat, myalgia, cough, fever (38.6 °C), respiratory distress and headache. Date of onset 27 Nov. 2012. 15 hours after admission to hospital he developed low blood pressure, laboured breathing and cyanosis. Currently in ICU on mechanical ventilation in unstable condition. Co-morbid tobacco and alcohol addiction.

**Case 5:**
24 year old female. Sister of case 4. Presented to hospital on 30 November with coryzal symptoms, shortness of breath, fever (38.4 °C), disorientation, myalgia and GI distress. 5 hours after admission developed unrelenting cough. Currently in ICU with continuous oxygen, in serious but stable condition.

Blood samples from all admitted cases show mild eosinophilia, depressed leukocytes and thrombocytopenia. X-Ray images on admission of 4 are consistent with early stages of pneumonia, 5 have a diffuse mild interstitial pattern with no focal areas of consolidation.

Rapid point-of-care testing for influenza in these cases has been inconclusive and on re-test contradictory 30% of the time. Naso-pharyngeal swabs and serum samples have been sent to the National Diagnostic Laboratory for repeat testing and additional testing for viruses including Japanese Encephalitis, Dengue, Herpes Simplex Virus, Nipah virus and other, arbo and coronaviruses.

**Public Health Actions**

**Hospital management**
- Hospital staff practise appropriate respiratory infection control procedures. There are no reports of illness from hospital staff.
• All hospitalized patients (12 total) are isolated from the general hospital population and the ventilation adjusted to provide functional negative pressure in the isolation suites.
• The hospital is clearing 15 beds to accommodate admission from probable cases in the community.

Risk communication
• A health alert advising residents of Algia District to be aware of respiratory symptoms and present early to hospital has been prepared. This will be published tomorrow in the daily newspaper, The Algia Daily Bulletin, and will also be broadcast on local radio.
• We are encouraging individuals who have been in contact with sick people to stay at home or in their hotels. If they feel unwell, they should present to the hospital.

Enhanced Surveillance
• Public health units in neighbouring districts have been advised to monitor reports of respiratory illness and to report any unusual activity. PHUs are working with the local hospitals and sentinel surveillance medical clinics to monitor disease reports and potential outbreaks.

Other information
• A response team has been deployed to assist with outbreak investigation. The team includes an infectious disease specialist, nurses and an epidemiologist.
• A risk assessment team consisting of a senior surveillance officer and an epidemiologist (member of the response team) from the Algia PHU; with assistance from a Public Health Medical Officer (with infectious disease expertise) and a risk communications expert from the capital city will be conducting a risk assessment. We will forward the findings when available.

Risk assessment undiagnosed disease, Algia

Date: 3 December 2012,
Risk Question: What is the level of risk for the influenza-like illness in Algia District?

The level of risk to Algia is moderate to high

• Evidence used to assess the level of risk:
  o Exposure and transmission: further exposure is likely to take place. The source of the disease is unknown and while transmission appears to be via the respiratory route, there is currently no definitive evidence and aetiology is unknown. A high number of cases may occur in Algia District, however most people at the festival were from other areas.
  o Disease severity: the disease severity is moderate to high as evidenced by the level of morbidity and mortality of the reported cases
  o Current capacity and control measures: adequate control measures are not in place as the source of transmission is unknown. Capacity to treat the disease appears low as no specific treatment has been identified. Diagnosis remains an issue as laboratory test results are not yet available despite samples having been sent to the National Diagnostic Laboratory. The population appears to seek healthcare early.

Perception issues
• Further to the level of risk, there is an increasing level of public interest in this disease. Several media outlets have contacted the Algia Public Health Unit, including some from the larger cities to the south of Algia.
Recommended actions:

- Establish a command and control team in the public health unit
- Continue clinical management of cases with particular attention to detecting and managing and respiratory complications.
- Follow up results of laboratory testing from the National Diagnostic Laboratory.
- Continue enhanced surveillance in Algia District and neighbouring districts.
- Continue public health measures, particularly risk communication to minimise further spread of disease.
- Contact national MoH to request surge personnel with risk communication and epidemiology expertise

Note: This risk assessment has been conducted using a wide variety of sources and the best evidence available as of 2 Dec 2012. As laboratory results are still pending and epidemiological and clinical data is preliminary, it is expected that the risk level may change. A new risk assessment will be conducted once the laboratory results are confirmed and/or if there is a significant change in case numbers or severity.

Kind regards
Dr Delta Isgar.
Director
Algia Public Health Unit
Telephone +(632) 528 9650
Email: Simulator@wpro.who.int

* * * * * * * * * * * * * * * * * * * * * * *

THIS IS AN EXERCISE MESSAGE
Dear Colleagues,

I am writing to provide you with an update of the situation in Algia district. We have just been informed by public health staff that two of the international tourists who were at the festival and according to friends had influenza-like symptoms have left their accommodation and are reported to be trying to return home.

The manager of the hotel where they were staying has advised us that the two (a married couple) who left had complained of a fever and had stated that they would like to go back to their home country for treatment.

We are attempting to contact these two individuals using contact details that were registered, but we have so far been unsuccessful.

This information is provided for your necessary action.

Kind regards
Dr Delta Isgar
Director, Algia Public Health Unit
Telephone +(632) 528 9650
Email: Simulator@wpro.who.int
INJECT 7

**THIS IS AN EXERCISE MESSAGE**

Dear Colleagues,

We would like to invite you to a teleconference between the National IHR Focal Points and WHO WPRO from 13:00 to 14:00 Manila time, 5 December 2012.

If you have not previously provided us with a teleconference number, please do so immediately.

Please find the proposed agenda attached.

Kind regards

WHO WPRO

* * * * * * * * * * * * * * * * * * * * * * *

**IHR Exercise Crystal 2012**

**Proposed Teleconference between WHO WPRO and NFPs**

**Date:** December 05, 2012 Group 1; December 06, 2012 Group 2

**Time:** Group 1; 13:00 to 14:00 (Manila Time) **Group 2;** 11:00 to 12:00 (Manila time)

**Participants:**
- Participating NFPs
- WPRO/DSE

**Objectives:**
1. To practice and test the use of teleconference facilities as means of communications during response to a potential PHEIC in the Western Pacific region.
2. For each NFP responsible officer to share their countries practice for using the IHR decision instrument for assessment and notification of an event.
3. To conduct a short debriefing and obtain feedback on the IHR Exercise Crystal 2012

**Proposed Agenda**
- Welcome and opening remarks (WHO/WPRO)
- Self-introduction (all participants)
- Use of teleconference facilities during an emergency (WHO/WPRO)
- How did you use IHR decision instrument for assessment and notification of this event?
- NFP feedback regarding the 2012 IHR Exercise Crystal (NFPs)
  - Positive aspects
  - Suggestions for improvement
- Closing remarks (WHO/WPRO)

**THIS IS AN EXERCISE MESSAGE**
IHR EXERCISE CRYSTAL 2012
GUIDE FOR SIMULATORS and CONTROLLERS

Introduction

Welcome to the IHR Exercise Crystal, 2012! The Participants' Guide provides information about the exercise including the objective, play and rules of the exercise. Please familiarize yourself with the Participants’ Guide. This document will provide additional information for Simulators and Controllers to assist them during the exercise.

The Simulator will play the role of "Algia Public Health Unit", located in "Algia District". The Director of the Public Health Unit is "Dr Delta Isgar".

Algia PHU and District are located in the country of the NFP with which you are communicating. All NFPs will be given the same scenario, thus you are playing as if Algia PHU is uniquely located in every participating country.

Media reports will be issued by the controllers and any subsequent simulation of media, which is not expected, will be handled by the controllers.

There is a possibility (although very unlikely) that there may be a need for simulation of a hospital official, which will require some creativity by a simulator.

Please remember to not "fight the scenario" and to similarly encourage players. To facilitate exercise communications, as long as you remain consistent within the provided scenario, please feel free to be creative when providing information requested by NFPs or to create 'side stories' to enhance elements of the exercise. Feel free to adapt your responses to the context of Pacific Island countries on Day 2 of the Exercise.

Overview of the scenario

Please remember to read each inject carefully for detailed information

There is an outbreak of unknown aetiology in a hypothetical country called "The Republic of Malacuria". Cases display influenza-like illness of varying severity. The Malacuria Ministry of Health advises the IHR DO of this outbreak and also says that the extent of the spread of the outbreak is not known as the location (Vermillion district) is a popular tourist destination. He advises that a number of international tourists have not been located and it is probable that some of them are infected and an unknown number may be travelling in the region. This is supplemented by a media report from Malacuria National News. Malacuria related roles are played by exercise control.

Algia media and subsequently the PHU (located in the participating NFP’s country) reports internally to the NFP that there is an outbreak of gastroenteritis (suspected food poisoning) at a local festival. The rapid response team finds 2 different sets of symptoms – 1 for gastroenteritis, 1 for ILI. Media in Algia then also reports the ILI outbreak. PHU subsequently
sends a situation report to the NFP detailing a cluster of 12 cases of respiratory illness have been admitted to Algia hospital in unstable and deteriorating condition. They are isolated and treated with antivirals and oxygen. Two of the most seriously ill patients are international tourists and their prior movements are being investigated.

Algia PHU related roles are played by simulators.

These reports should prompt the NFP to make an official notification to the WPRO IHR DO and subsequently, an EIS posting.

Overview of the Exercise

The exercise has three components: 1. communication, collaboration and information sharing; 2. use of the IHR decision instrument to determine if the event is one that may constitute a public health emergency pursuant to the IHR (2005) and 3. making the required notification and EIS posting

First Component

Additional details and response to possible questions are provided below:

<table>
<thead>
<tr>
<th>Background (additional info)</th>
<th>Malacuria</th>
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<tbody>
<tr>
<td></td>
<td>Central located in Region</td>
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<tr>
<td></td>
<td>Regional transportation hub</td>
</tr>
<tr>
<td></td>
<td>Population 2.7 million</td>
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<td></td>
<td>Fair to good health infrastructure</td>
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<td></td>
<td>Dependent on tourism</td>
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<tr>
<td></td>
<td>Limited public service infrastructure (customs, immigration, agriculture etc)</td>
</tr>
</tbody>
</table>

Vermillion District

- Decentralized village cluster
- Agricultural
- Population 40,000
- Partially isolated by mountains
- Popular tourist destination
- Small rural hospital and community first aid posts
- District public health unit

Algia District

- Population: 33,000 resident plus 5000 seasonal and transient
- Algia District has picturesque surroundings, a few smaller tourist hotels, an international class hotel, a youth hostel and family cabin accommodation.
- Famous regionally for its annual folk music festival and handicrafts fair
- Small but capable rural hospital with limited laboratory capacity

Algia PHU

- Small public health unit located in Algia District
- Has some core epidemiology staff, supplemented during outbreak
with staff from the capital (for assistance with risk assessment)
- Has been successful in efforts to separate humans and livestock

**Annual Folk Music and Handicrafts Fair.**
- 2 days, organized by local residents
- 250-300 attended each day: mix of local, country and international tourists
- Music festival provides opportunities for dancing
- Communal kitchen and dining in association with the crafts fair
- Food concession stands with specialty ethnic menus prepared by local residents

**Clinical Information**
- The 12 initial hospitalized cases with respiratory symptoms: 10 local; 2 tourists. All attended the music festival and crafts fair.
- 2 tourists are the most ill. They have Malacurian passports
- The Algia PHU staff are currently trying to trace their movements over the last 4 days
- The 63 people with severe vomiting and diarrhoea were festival attendees and all ate food from a concession featuring paella with rice, overly ripe tomatoes, mussels and clams.
- None of the 63 has been hospitalized but a few have developed a suspicious fever. Most are recovering with just rehydration fluids. Those with fever are being carefully monitored.

**Condition**
- All hospitalized cases are unstable and deteriorating
- Being treated with anti-virals and oxygen therapy.
- Isolated together in three rooms
- Hospital staff are practising appropriate infection control procedures.
- Symptoms
  - All have high fever (>38°C)
  - Common symptoms are coughing, difficulty breathing, headaches and joint and muscle pain.
  - Half developing GI distress
- Blood results
  - Mild eosinophilia, depressed leukocytes and thrombocytopenia
  - Neutrophils are normal
  - Blood culture results pending.
- Testing respiratory illness
  - Influenza Rapid Point of Care testing for all three patients negative, samples have been sent to the National lab for further testing
  - Initial X-Rays show no focal areas of consolidation. Some diffuse mild interstitial shadowing consistent with a viral pneumonia.

**Public health measures**
- Strict isolation in place for the 12 cases
- All staff practising respiratory infection control procedures
- Enhanced surveillance started in Algia and adjacent districts

**Additional Information**
- **After 09:15 (Inject 4)**
  - 2 patients are in critical condition and receiving ICU level care
  - Remaining 10 cases are slowly deteriorating
  - Unconfirmed reports that the hospital has admitted more patients
Second component

During this component the NFP players receive more detailed information about the evolving outbreak in Algia. A situation report and risk assessment prepared by the Algia PHU with assistance from the epi support team sent from the nation’s health ministry, will be sent to the players. It will expand on previous information sufficiently to encourage use of the IHR decision instrument.

The Algia PHU requests additional information from the NFP about the situation in the Republic of Malacuria, as the outbreak reported from there it is thought to be very similar and there is information that 2 of the most affected cases are Malacurian nationals.

Additional information:

<table>
<thead>
<tr>
<th>Clinical information</th>
<th>Index Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ 2 have died</td>
<td></td>
</tr>
<tr>
<td>▪ 3 cases in ICU, being closely monitored</td>
<td></td>
</tr>
<tr>
<td>▪ 7 cases admitted with acute respiratory symptoms-3 stable, 4 unstable</td>
<td></td>
</tr>
<tr>
<td>▪ Lab results at the Algia hospital inconclusive</td>
<td></td>
</tr>
<tr>
<td>▪ 23 probable in community. Hospital beds being cleared for 15</td>
<td></td>
</tr>
<tr>
<td>▪ 31 suspected in Community.</td>
<td></td>
</tr>
<tr>
<td>▪ Serum and nasopharyngeal specimens have been sent to the National Diagnostic Laboratory for further testing. It will take 1-2 days for the results to be available.</td>
<td></td>
</tr>
</tbody>
</table>

**Additional presentations**

▪ 15 other probable cases with similar symptoms to the 12 initial cases are being admitted to Algia hospital
  - Variable presentations (mild to severe)
  - Lab testing also inconclusive, samples sent to National lab for further tests.

**Other**

▪ No post mortem possible
  - No facilities available at hospital (too small)
  - Transfer of bodies not allowed by hospital protocol when there is risk of infectious disease transmission (i.e. to another facility for post-mortem)
▪ No specific risk factors identified for severity of illness have been identified
▪ See case definition and line lists, Annexes A-D

<table>
<thead>
<tr>
<th>Other information</th>
<th>54 presumed probable and suspected community cases have been identified</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Compliance with recommended voluntary isolation seems to be high. Algia PHU is requesting assistance in monitoring from two community NGO service agencies.</td>
</tr>
<tr>
<td></td>
<td>A few of the international tourists who are on the suspected list are starting to question the capacity of the local health services to look after them.</td>
</tr>
<tr>
<td></td>
<td>Public Health Units in adjacent districts are implementing enhanced surveillance measures.</td>
</tr>
</tbody>
</table>
Third Component

A situation and risk assessment report sent to NFPs by Algia PHU should prompt NFP players to send a notification to the IHR DO. There will be further communication between the IHR DO and NFP to facilitate this and to enable an EIS posting.

Additional information:

<table>
<thead>
<tr>
<th>Risk Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The disease seems novel. No organism has been isolated.</td>
</tr>
<tr>
<td>The public health risk of spread to other residents in the district and impact on the community and hospitals is moderate to high.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial laboratory results from the National Laboratory have been inconclusive. They are retesting the samples. Results will be available within 48 hours.</td>
</tr>
<tr>
<td>The age range of patients is 21-65. No risk factors have been identified. Previous immunisation with seasonal Influenza vaccine has not shown to be protective.</td>
</tr>
</tbody>
</table>

Countries who have NOT notified the IHR DO by 10:45 will be sent Inject 6 at 11:00 (by Controller). The Controller will identify which countries these are.

Additional information:

<table>
<thead>
<tr>
<th>Optional information for NFPs who have NOT notified by 10:45</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several international media outlets have contacted the Director of the Algia Public Health Unit asking for additional information.</td>
</tr>
<tr>
<td>One of the nursing staff at the hospital has reported to his supervisor that he has symptoms similar to the patients he has been looking after. He is frightened.</td>
</tr>
<tr>
<td>Management of the largest hotel in the district have met with the Director of the PHU, enquiring about how soon the outbreak can be brought under control, because they are starting to get cancellations due to the reports of a mystery illness.</td>
</tr>
</tbody>
</table>

Final words

- **CHECK THE "FROM" FIELD!** Make sure that your emails are sent using the Simulator mailbox, not your personal mailbox ([Simulator@wpro.who.int](mailto:Simulator@wpro.who.int)).
- Always use "This is an exercise message" or "Exercise Exercise Exercise" at the beginning and end of any communication.
- Remember to copy Exercise Control ([Control@wpro.who.int](mailto:Control@wpro.who.int)) in all email communications.
- Do the paperwork: Record all of your actions not copied to control in the Activity Log.
- Be creative and have fun!
(i) – Case definition

**Case classification criteria for severe influenza-like illness in Algia District**

The following criteria are provided for identifying cases that should be regarded as cases of severe influenza-like illness (ILI). The purpose of these criteria is to ensure a systematic approach to appropriate identification and response for patients who may be current ILI cases without overburdening health care systems in Algia. It should be noted that this information was developed based on the data from 12 cases and, as such, some degree of clinical judgement is required where individual cases are concerned.

**Patients regarded as ‘clinical cases’ of severe ILI:**

A person with severe acute respiratory infection, which includes fever (>38 °C) and any three of; cough, difficulty of breathing, headache, joint or muscle pain.

And

Close contact with at least one of the following persons within 3 days prior to onset of symptoms;

a. Tourist from Malacuria: Having been in close contact with a person from Republic of Malacuria especially from 21 to 25 Nov.

And / or

b. Attendance at Folk Music and Handicrafts Fair: Having been in close contact with a person who joined the Folk Music and Handicrafts Fair held on 24 and 25 Nov.

And / or

c. Patients with similar symptoms: Having been in close contact with a person who has shown the disease symptoms described above.

**Patients regarded as ‘suspected cases’ of severe ILI:**

A person with severe acute respiratory infection, which includes fever (>38 °C) and any three of; cough, difficulty of breathing, headache, joint or muscle pain.

And

Onset of symptoms at any time after 21 Nov. with no other known aetiology.
(ii) Epicurves

![Cases with gastro-intestinal symptoms, Algia District Hospital, 25 Nov. to 3 Dec., 2012](image-url)
Cases of ILI, Algia District Hospital, 25 Nov. to 3 Dec., 2012

Number of patients

Date of Onset

Cases of ILI, Algia District Hospital, 25 Nov. to 3 Dec., 2012

Number of patients

Date of Onset
# IHR Exercise Crystal 2012: Role Matrix of DSE/WPRO Staff

**5 – 6 December 2012**

## Role Matrix

<table>
<thead>
<tr>
<th>Role</th>
<th>Day 1</th>
<th>Day 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5 Dec 2012</td>
<td>6 Dec 2012</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line IHR Duty Officer 1</td>
<td>Xavier</td>
<td>Xavier</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line IHR Duty Officer 2</td>
<td>Michelle</td>
<td>Michelle</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; line IHR Duty Officer 3</td>
<td>Frank</td>
<td>Frank</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; line IHR Duty Officer</td>
<td>Tamano</td>
<td>Tamano</td>
</tr>
<tr>
<td>Surveillance Officer</td>
<td>Yuzo</td>
<td>Yuzo</td>
</tr>
<tr>
<td>Simulator 1 (S1)</td>
<td>Nori</td>
<td>Nori</td>
</tr>
<tr>
<td>Simulator 2 (S2)</td>
<td>Raynal</td>
<td>Raynal</td>
</tr>
<tr>
<td>Simulator 3 (S3)</td>
<td>Joy</td>
<td>Joy</td>
</tr>
<tr>
<td>Evaluator</td>
<td>Satoko</td>
<td>Satoko</td>
</tr>
<tr>
<td>Controller 1</td>
<td>Bill</td>
<td>Bill</td>
</tr>
<tr>
<td>Lead Controller</td>
<td>Ruth</td>
<td>Ruth</td>
</tr>
</tbody>
</table>

## Proposed Member State Grouping

### For Day 1

<table>
<thead>
<tr>
<th>IHR DO #1 &amp; S1</th>
<th>IHR DO #2 &amp; S2</th>
<th>IHR DO #3 &amp; S3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>Cambodia</td>
<td>Malaysia</td>
</tr>
<tr>
<td>Brunei Darussalam</td>
<td>China</td>
<td>Mongolia</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>Japan</td>
<td>Philippines</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>Republic of Korea</td>
<td>Singapore</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vietnam</td>
</tr>
</tbody>
</table>

### For Day 2

<table>
<thead>
<tr>
<th>IHR DO #1 &amp; S1</th>
<th>IHR DO #2 &amp; S2</th>
<th>IHR DO #3 &amp; S3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiji</td>
<td>Cook Islands</td>
<td>Solomon Islands</td>
</tr>
<tr>
<td>Kiribati</td>
<td>New Zealand</td>
<td>Tonga</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>Micronesia, Federated States</td>
<td>Tuvalu</td>
</tr>
<tr>
<td>Nauru (tbc)</td>
<td>Palau (comms check only)</td>
<td>Vanuatu</td>
</tr>
<tr>
<td></td>
<td>Samoa</td>
<td>Niue</td>
</tr>
</tbody>
</table>
IHR Communication Check

Time
Day 1: From 9:20 am  
Day 2: From 7:20am

Steps
1. Call the NFP on their registered telephone number.
   - If that does not connect, then try
     - Alternative telephone numbers
     - Mobile phone
   - Try up to 3 times for each number. If they do not pick up or it does not connect, consider it failed. Cross the result (X) on the Results Matrix. Add any relevant remarks.
   - When/if you reach the NFP, highlight the number that you successfully reached them on. Tick the result (✓) on the Results Matrix.

2. If you have successfully reached the NFP, please go through the following script to check their other forms of communication (SMS, fax, email, and check telecom number).

_________________________________________________________________________

Script

Hello, have I reached the National IHR Focal Point for [country]?

Good [morning] / [afternoon], (please check time zone of the NFP you are calling – page 3 of the Participants' guide)

This is an exercise message.

I am calling from the WHO WPRO IHR Exercise Crystal Administration support team.

I am calling to perform a check of communications, to ensure that you are receiving our IHR messages on your provided contact details.

May I please check if you have received:

   • The Pre-Exercise message, sent by SMS to your registered mobile phone number? *(Sent about 1 hour before the comms check - 8:30am on Day 1, 6:30am on Day 2 Manila time. See page 3 of the Participants’ Guide to convert to the local time of the NFP that you are talking to).*

   • A faxed exercise 'Media Report'? (faxed in the last 20 mins) *(Sent just prior to the comms check)*

   • Have you been receiving exercise emails from our Exercise Management Team (Control and Simulators) in the past 30 mins?  
     *Exercise Control:  Control@wpro.who.int*  
     *Simulator: Simulator@wpro.who.int*

   • May I confirm that the telephone number to contact you for the teleconference is [the number I am calling you on] / [alternative supplied number]

Thank you very much and we hope you enjoy the exercise.
Evaluation Comments

NFP were asked to complete an evaluation form that was part of the participants guide and submit it to the exercise control team. Twelve completed evaluation forms were received from participating NFP.

Summary of Observations Noted on Evaluation Forms

1. Did the exercise achieve the exercise objectives?

10/12 (83%) affirmed that the exercise achieved its objectives. The remaining two were uncertain because they missed part of the process

2. What do you think about the scope of the exercise?

100% thought the scope was appropriate but some suggested that the scope could reasonably be expanded in the future

3. Please rate the usefulness of this exercise to strengthen IHR event related communication between the NFP and WHO.

On a scale from 1 (very poor) to 10 (very good), the average score was 8.25, one quarter point below 2011.

<table>
<thead>
<tr>
<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>Very Poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Very Good</td>
</tr>
</tbody>
</table>

4. Did you find the information presented informative/helpful when working through the scenarios?

100% found the information useful and appropriate but 2/12 (17%) found the initial background information confusing because they didn’t understand that it related to a country other than their own.

5. What are two positive points that you have learned/observed from the exercise?

Comments are reproduced below

6. What are two negative points that you would suggest for improvement in the future?

Comments are reproduced below
Comments from NFP Participants’ Evaluation Forms

+the exercise allows the nfps to practice the ihr protocol and effective communication between WPRO and nfps
+we were reminded of the importance of updating the local public health unit of developments overseas
-future exercises could consider scenarios involving other relevant public health threats such as food-borne outbreaks, nuclear events and chemical exposure and to involve other relevant organizations e.g. FAO, INFOSAN, OIE, IAEA
-interim advice on travel and trade restriction could be provided to aid more detailed risk assessment and risk communication to the media.

+opportunity for multi-channel communication
+reasonable and detailed scenario
-the exercise should have something new every year
-at the beginning our mailbox was wrong

+realistic and challenging scenario
+good communication on the IHR simulations
-background information on the affected areas/countries insufficient
-scope of involvement within our national system is unclear

+good communication between NFP and WHO
+Common understanding and use of Annex 2
+use of sms is also helpful
-Engage more relevant IHR stakeholders
-relevant stakeholders be present in the exercise

-there are very good scenarios used at the IHR implementation course which can be used in the exercise. They clearly show participants what Annex2 is trying to demonstrate. I suggest the best and most applicable scenario is considered in the next exercise

I suggest that nfps be encouraged to use Article 8 which urges all member states to initiate communication with WHO. Most countries in the Pacific will continue to have difficulties due to the mobility and training issues in the workforce. Somebody who is well trained in the use of Annex 2 will move to another place. If they do not return to WHO to report back what is happening in their country in light of a regional event, they will report something later when the outbreak already reached a serious level in their respective countries. So there is merit in advocating article 8 rather than 6 in the Pacific especially in countries with not well established surveillance and response systems. WHO Suva can do the follow up for the countries in the South Pacific.

+I have updated our IHR national counterparts detail and contact including Chief Secretary who is the Chief Commander during a PHEIC crisis. Everyone is happy again to stay in touch and found that new members emerge to replace formers.
+When WHO is not overwhelmed their assistance will be superb. In the beginning when most are still confused, I was bombarded with emails from the control and simulator which is a good indicator that I may be leading while others try to come to terms with what is going on. Good to use that gap bombarding WHO with a lot of questions and queries before they start receiving more calls from the rest. As they get more and more queries and information etc regarding the event, you will not be able to receive a quality response which you have enjoyed in the beginning. Anyways it is good to validate our names and contact details.

-The IHR meetings should be an opportunity to train the NFP’s on the use of Annex 2 etc. We have an IHR meeting earlier this year and missed training the NFP on the annex by doing a table exercise. The issue of a lack of trained personnel in the Pacific will be on-going and the template will be an important tool to guide some with surveillance skills to do the assessment well according to Annex 2. In the Pacific we do like reporting as it takes time etc. Providing a one page document for countries to enter critical information about the outbreak or event may address the issue of where we are going to start when writing an outbreak essay. (once upon a time or so...) WHO experts can then develop a quality and more informative report based on crucial information we provide.

+Thanks very much for an exciting exercise and we are looking forward to another