



MECIDS Regional Pandemic Influenza Tabletop Exercise Preliminary Summary Report August 31, 2008

I. Introduction and Overview

This is a preliminary summary report for the MECIDS regional tabletop exercise held on August 30-31, 2008 at the Istanbul Marriott Hotel Asia. Participants included 32 representatives from multiple sectors in Jordan, Palestine, and Israel (for example, health, transportation, education, interior, laboratory, and media); as well as officials from World Health Organization headquarters, regional and country offices and the UN Office for Coordination of Humanitarian Affairs. Observers included representatives from the Ministry of Health in Turkey, the Global Health and Security Initiative, and Search for Common Ground. The exercise had the following objectives:

- Practice/prepare regional responses to selected aspects of an evolving pandemic emergency
- Increase awareness of the roles and responsibilities of each key ministry/sector
- Strengthen response relationships across MECIDS countries
- Identify gaps in regional and country planning for regional cooperation, and plan initial priority actions to address these gaps
- Develop recommendations to help guide further MECIDS investments in programming

The exercise was designed by RAND in collaboration with MECIDS leaders. Stakeholders designed an evolving scenario and chose to focus the exercise on six specific preparedness areas related to the scenario:

- 1) Surveillance
- 2) Disease containment
- 3) Disease control measures
- 4) Communications
- 5) Surge capacity
- 6) Continuity of operations

II. Approach

The exercise took place over the course of two full days, including a technical presentation on the first evening and 1.5 days of deliberations that were divided into four steps. The informational lecture provided basic information about influenza (seasonal, avian, and pandemic) and preparedness for public health and other disasters in general, with pandemic influenza as an example.

The first day of the exercise deliberations covered the first three steps. Participants were presented with an evolving simulated pandemic influenza emergency that started with a small outbreak in Cairo and ended with near-peak pandemic conditions in all three MECIDS countries. Each step of the exercise advanced the participants further into the scenario and required them to focus on priority actions and associated challenges for two of the preparedness areas listed above. Participants conducted the first discussion session in plenary and then in the remaining two discussion sessions first held small country-specific discussions followed by plenary. On the second day, the participants developed preliminary action plans to address priority actions identified during the first day of the exercise, addressing all six preparedness areas.

III. Proposed actions and expected challenges – for further planning

Here we summarize the proposed actions and expected challenges for each, as outlined by participants during the exercise.

Step 1a scenario overview: In response to a cluster of cases of H5N1 in Cairo, spread from human to human (WHO Phase 4)

1. Surveillance

- ACTION: Enhance surveillance and coordinate across countries - more laboratories and reporting sites, common case definition (CHALLENGES: Background of seasonal influenza as confounder of suspect H5N1 cases; potential to overwhelm laboratory capacity; specimen transport across borders - barriers at check points)
- ACTION: Coordinate border screening and response (CHALLENGES: Criteria for screening; recognizing asymptomatic/incubating cases; determination of points of entry for screening and appropriate interventions for suspected cases; agreement on if/how to implement quarantine)
- ACTION: Sensitize the general public (CHALLENGE: Prompt coordination of a press release across the 3 countries)

Step 1b scenario overview: In response to a cluster of cases in one locality in one of the 3 MECIDS countries (Jericho)

2. Disease containment

- ACTION: Provide clinical care to patients (CHALLENGES: Potential local limitations in isolation facilities, antiviral drugs, and/or protective equipment; willingness of other countries to accept patients)
- ACTION: Mobilize and coordinate local containment efforts (CHALLENGES: Ability to respond and coordinate efforts rapidly enough; possible limitations in supplies of drugs, PPE; Containment and/or Buffer Zones that crosses country borders;

assurance of food and medical supplies in Containment Zone, where movement in and out should be restricted)

- ACTION: Enhance surveillance in the area (CHALLENGES: none)

Step 2 scenario overview: In response to the appearance of a cluster of H5N1 cases with human-to-human transmission in one location within each of the three countries (WHO Phase 5)

3. Disease control measures

- ACTION: Escalate to national level, involve other sectors, assure continuity of vital services (CHALLENGES: Civilian-military coordination within and across countries; managing the crisis beyond the health sector alone and possible domination by security sector; ability to maintain vital services for affected areas during prolonged period)
- ACTION: Assure appropriate case management (CHALLENGES: Possible limitations of antiviral drugs for prophylaxis, PPE for protection, and isolation facilities for influenza patients; lack of PPE training for health care and containment personnel)
- ACTION: Implement non-pharmacologic intervention (NPI) measures to contain disease spread (CHALLENGES: Lack of sufficient evidence for NPIs; conflicting or “soft” WHO guidance regarding some measures (e.g., masks); public compliance; endorsement by relevant (especially political and religious) authorities; impact on society and economy of prolonged NPIs and limitations on border crossing; harmonization across the 3 countries)

4. Communications

- ACTION: Coordinate public communications (CHALLENGES: Developing consistent messages appropriate for diversity of populations across the 3 countries; endorsement by religious leaders; coordination across sectors and countries; avoiding conflicting messages across countries)
- ACTION: Engage the media (CHALLENGES: Media tendency to exaggerate negative news and contribute to public panic; how to engage them as positive partner)

Step 3 scenario overview: In response to the emergence of a pandemic and preparing for peak pandemic situation (WHO Phase 6)

5. Surge capacity

- ACTION: Activate emergency operations center in each country (CHALLENGES: Maintaining public order; difficulty in coordinating across countries given different sector lead in each country)
- ACTION: Plan for alternative care sites (CHALLENGES: Over-crowding; use of empty schools may limit resumption of classes; preparing non-medical alternative care sites; legal support for such sites; public awareness and compliance; lack of external support from WHO and others)
- ACTION: Plan for surge medical personnel (CHALLENGES: Adequate protection to avoid illness and infection of families at home; ethical considerations; public acceptability depending on type of personnel used)
- ACTION: Plan for dealing with excess deaths (CHALLENGES: Inadequate space, personnel, supplies for burial)

- ACTION: Plan for meeting surge needs for medical drugs, equipment, supplies (CHALLENGE: Meeting full level of surge demand at peak period)
- ACTION: Continue non-pharmacologic interventions to reduce or delay peak (CHALLENGES: Public panic or lack of compliance)
- ACTION: Address other surge needs (CHALLENGE: Maintaining other healthcare supplies)
- ACTION: Resume pre-pandemic surveillance (CHALLENGE: none)

6. Continuity of operations

- ACTION: Engage all relevant sectors (CHALLENGE: Preparing all sectors in advance)
- ACTION: Assure continuity of vital public services and private businesses (CHALLENGES: Controversy over who is “essential” and thus priority for antiviral prophylaxis and other support/protection – who makes such decisions, when and how; limited antiviral drug supply to provide prophylaxis to all who may need it; large numbers remaining at home and dependent on telecommunications may overwhelm telecommunications capacity)

IV. Next Steps

The RAND facilitation team will complete and distribute to participants within one week of the exercise the full set of slides, including summary slides highlighting the preliminary planning completed on the second day.

RAND will disseminate a comprehensive draft after action report for review and comment within 3 weeks of the exercise and will finalize the report after receiving feedback from participants.

It is expected that participants will build upon the exercise experience and initial proposed actions to further their planning and advance their regional collaboration.