EVALUATION REPORT
EXERCISE PANSTOP 2015

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NOTE

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

This report has been printed by the WHO Regional Office for the Western Pacific for the participants in the Exercise PanStop, held in Manila, Philippines, on 2 December 2015.
SUMMARY

Exercise PanStop 2015, the eighth such exercise since 2007, was conducted on 2 December 2015 as an in-house staff training initiative by the Emerging Disease Surveillance and Response (ESR) unit of the Division of Health Security and Emergencies (DSE) in the World Health Organization (WHO) Regional Office for the Western Pacific. PanStop exercises are based on a series of procedures and protocols designed to rapidly contain an outbreak of a potential pandemic strain of influenza, based on a theory derived from mathematical modelling studies by Longini (2004) and Ferguson (2005) that under the right conditions containment, or at least mitigation of the impact, might be possible.

The purpose of this exercise was to provide training for ESR staff who were unfamiliar with the concept and procedures involved in making the decision with a Member State to launch a rapid containment operation. The exercise achieved the objectives of orienting and training newer staff and provided an opportunity to practise the standard operating procedures (SOPs) for the Emergency Operations Centre (EOC), referred to as the Western Pacific Region Operations Centre (WPROC) in the SOPs.

Throughout this report there are some implicit suggestions and recommendations and three formal recommendations:

- The WHO Regional Office for the Western Pacific should review its considerable archive of rapid containment slide decks and documents and update them into a single, modular, comprehensive presentation to be used for briefing, orientation and training, with the objective of leaving no ambiguity and no questions unanswered.

- The WHO Regional Office for the Western Pacific should retain an EOC manager, either general or professional staff, who is provided with sufficient EOC operations training that they can anticipate and respond to varying facility requirements depending on the nature of different emergencies. The facility manager would be responsible for maintaining and validating SOPs and providing training and coaching for EOC users on the intended procedures, in addition to maintaining a roster of personnel who have been trained to fulfil various roles in the EOC.

- The WHO Regional Office for the Western Pacific should assemble a small working group of EOC users tasked to develop one or more relatively simple template(s), based on types of events, for status boards that can be projected electronically. The boards should focus only on event and resource status, preferably on one screen, or as few as possible. They should be adaptable for use during exercises.

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Keywords

Disease outbreaks / Influenza, Human / Pandemics / Risk Management - standards /
Health personnel - education
1. INTRODUCTION

1.1 Objectives

Exercise PanStop was designed as a training exercise for the Emerging Disease Surveillance and Response (ESR) unit of the World Health Organization (WHO) Regional Office for the Western Pacific. The two major objectives of the training were as follows:

1) to understand the processes and procedures involved in helping a Member State decide to attempt to contain an outbreak of a novel influenza with pandemic potential; and

2) to practise activation and utilization of the Emergency Operations Centre (EOC), or Western Pacific Region Operations Centre (WPROC), based on a draft set of standard operating procedures (SOPs).

1.2 PanStop

The December 2015 exercise was the seventh in a series of annual PanStop exercises based on a strategy designed for use during a potential pandemic outbreak when there is a reasonable possibility of either containing the outbreak in country or mitigating the impact and slowing the spread of the outbreak. Containing the outbreak would buy time for development of preventive measures and global preparations. The strategy is based on mathematical modelling that shows potential for success under certain conditions. The PanStop exercises focus on the assessment of the conditions and the feasibility of implementing the strategy.

1.3 Exercise scope

The exercise was designed to expose trainees to the activities, requirements, judgments, procedures and protocols that exceed their normal duty officer responsibilities as International Health Regulations (IHR) Contact Points in the WHO Regional Office for the Western Pacific. The exercise focused on five key areas that precede a decision to launch a rapid containment operation:

1) support for rapid response in a Member State with a public health event involving a novel influenza outbreak;
2) a clinical and epidemiological risk assessment to support viability of possible rapid containment;
3) a logistical feasibility assessment to support viability of possible rapid containment;
4) notification of international partners, e.g. Asia–Europe Foundation (ASEF) and Japan International Cooperation System (JICS), and coordination regarding mobilization of internationally stockpiled materials to support rapid containment; and
5) support to the affected Member State in preparing risk communications and a recommendation to launch a rapid containment operation.

1.4 Exercise participants

Due to significant staff turnover in ESR, with replacement personnel having little or no familiarity with the pandemic containment concept, the focus of Exercise PanStop 2015 was strictly on training ESR staff. A host country was not invited to participate, as has occurred in previous PanStop exercises, and JICS participated remotely for a portion of the exercise.
1.5 Type of exercise

This was a modified functional exercise. Meaning, while the exercise simulated an actual scenario, participants, particularly players, were briefed beforehand so that they could anticipate what would be required of them during the exercise. Without modification, a purely functional exercise is not optimal for training novice personnel. Players participated in their assigned duty roles in the WPROC. The Participants’ Handbook (Annex 1) and Controllers’ Handbook (Annex 2) were used as reference documents by the exercise participants.

1.6 Scenario

The exercise scenario depicted an outbreak of a disease in a fictitious island country, El Nido, in the WHO Western Pacific Region about two hours flying time from other regional population centres (Annex 3). El Nido has access to some in-country laboratory capacity and a WHO collaborating centre as well as a few small hospitals. As the outbreak evolved rapidly at different rates in the urban centres on the island, the prospect of containing the outbreak before the disease was transported off-island required consideration.

1.7 Injects and Master Sequence of Events List

The scenario’s storyline was driven forward through a sequence of events captured in 31 exercise injects or messages, which were provided to players by email, teleconferences, a newspaper article and a televised media interview. The Master Sequence of Events List is in Annex 4 and injects are in Annex 5.

1.8 Exercise management team

Under the oversight of the ESR unit coordinator, the exercise management team comprised an exercise director, exercise designer, controller, simulators, and an evaluator.

1.9 Assumptions

- Players were knowledgeable about rapid containment and their roles in the EOC as a result of being briefed before the exercise.
- The exercise would start from the point where, pursuant to the WHO Emergency Response Framework, the event had been graded by the Global Event Management Team (GEMT) as a Grade 2 event, and pursuant to the draft WPROC SOPs, the EOC had been activated, so the staff could commence event management activities without the usual staging of activation.
- Simulated exercise events were realistic and proceeded in a logical and practicable manner for exercise purposes.
- Actions that would normally entail deployment of personnel or resources would be noted, but no actual movement of personnel or resources would occur.

1.10 Artificialities

Exercises, particularly functional exercises, depend on artificialities and constraints that flow from the levels of simulation required by the fictional or artificial scenario.

- The exercise was played in compressed time. Six hours of exercise time covered approximately 9 days in real time. This had an effect on the time available for data analysis and decision-making and is accommodated in the evaluation.
 Responses between players and between players and simulators were not of the quality or detail that would normally be provided in real time.

Any intended communication with non-participating parties, i.e. individuals, external organizations, other in-house departments, and WHO headquarters, would be simulated.

2. PROCEEDINGS

2.1 Exercise conduct

Exercise players carried out duty roles assigned to them pursuant to the draft WPROC SOPs, which call for four teams working with an event manager under the direction of an event coordinator (Fig. 1).

Fig. 1. Generic event management team

DSE, Division of Health Security and Emergencies, IHR, International Health Regulations; IPC, infection prevention and control; PIO, Public Information Officer; RMCH, reproductive and maternal and child health.

The exercise ran from 09:30 to 15:30 on 2 December 2015, followed by a debriefing.

In support of the objectives, there were a number of expected, probable or possible outputs to be achieved in 6 hours of exercise time, representing 9 days of potential real time. Not all activities would necessarily occur in the proposed sequence or at all if not prescribed in policy or the WPROC SOPs.
Exercise time Day 1
- Carry out initial risk assessment of the situation.
- Activate regional EOC: Assign surveillance, logistics and communications teams, outline expectations, establish operational rhythm for briefings, etc.
- Share information with WHO headquarters.
- Develop initial linelist.
- Generate initial epidemic curve (epicurve).
- Draft Event Information Site (EIS) post.
- Set up daily briefing schedule with DSE.

Exercise time Day 2
- Offer support for the outbreak investigation and rapid response.
- Identify field team candidates.
- Prepare communications/key messages for joint Ministry of Health and WHO press conference.
- Continue building from Day 1.
- Brief DSE.

Exercise time Day 3
- Mobilize on-ground support for the outbreak investigation.
- Set up communications with field team.
- Respond to press and IHR National Focal Point (NFP) enquiries.
- Brief DSE.

Exercise time Day 4
- Contact China’s IHR NFP.
- Maintain communication with WHO headquarters.
- Respond to press and IHR NFP enquiries.
- Finalize field team deployment.
- Develop advice and recommendations on investigation and control measures.
- Brief DSE.

Exercise time Day 5
- Initiate risk assessment for rapid containment.
- Initiate discussions with JICS.
- Respond to press and IHR NFP enquiries.
- Brief DSE.

Exercise time Day 6
- Discuss risk assessment for rapid containment with the WHO Regional Office for the Western Pacific.
- Determine containment area.
- Respond to press and IHR NFP enquiries.
- Brief DSE.

Exercise time Day 7
- Determine rapid containment operational feasibility assessment.
- Inform WHO headquarters about possible rapid containment operation.
- With the Ministry of Health, determine quantity of antivirals and personal protective equipment (PPE) required
- Liaise with JICS.
- Brief DSE.
Exercise time Day 8
- Make final decision about rapid containment operation with the Ministry of Health.
- Activate PPE/antiviral mobilization from the regional stockpile.
- Respond to press and IHR NFP enquiries.
- Brief DSE.

Exercise time Day 9
- Recommend rapid containment operation to El Nido government.
- Brief DSE and WHO headquarters.
- Produce final written recommendation for rapid containment.

2.2 Evaluation process

An external evaluator carried out a standard two-part evaluation. The first part was a hot debrief immediately following the exercise, while impressions were still fresh in participants’ minds. The second part was a written evaluation within 48 hours of completion. See Annex 6 for the evaluation form.

As this was the first attempt at using the draft WPROC SOPs, there were two dimensions to the exercise evaluation. The first was concerned with the exercise objectives, while the second focussed on the operation of the EOC.

2.3 Exercise feedback and evaluation

2.3.1 Consolidation of debriefing notes

Too few written evaluation forms were returned to warrant a compilation of scaled responses, all of which indicated that there was uneven communication among team players. The following comments from both the debriefing notes and the written evaluations have been edited for clarity and duplicates have been combined.

During the debriefing, participants were asked four questions:

1) What have you learnt?
- Services in a containment zone are important.
- We must make time to prepare for an exercise, to get organized, and to understand responsibilities and roles/functions.
- Close communication is important to be abreast of what needs to be done.
- We need to stay focused and think ahead.
- PanStop is a useful exercise to review risk assessment and rapid containment.
- Because information must be analysed under a time constraint, we must talk to each other. Communication cannot be totally electronic.
- WHO might not be ready to have a Member State question its technical recommendations.
- Steps for containment (technical and potential political aspects)

2) What worked well?
- Participants worked well together and demonstrated good teamwork.
- People were stressed but reasonably calm, mirroring real life.
- Injects were very positive and kept things interesting.
- I was impressed with how everyone was engaged.
- Scenario was interesting, not boring.
- Sharing of information went well.
- Injects were high-level issues.
- Conversation with simulated prime minister went well.
The involvement of general staff taught professional staff to understand and appreciate the administrative processes required to support an exercise.

Overall, the exercise design was good and helped participants to think about issues that are pending.

Everything went well according to procedures.

Almost all who participated were new to PanStop exercises, but we had a good team with members who played their roles well.

Most were new, but they worked hard.

It was fun and done very well.

3) What were the failures?

- We did not know "who" was sending "what".
- The decision to contain was slow in compressed time.
- The incoming emails were not tracked, so they were not properly channelled.
- Took too long to decide who should speak to the media.
- There was not enough time to review emails and communicate the messages. It was difficult to delegate tasks to team members. We had to rely strongly on people’s decisions as there was no time to review emails.
- Parallel channel of communication doing risk assessment.
- We struggled with time constraints as injects were highly detailed.
- We were always chasing information.
- Event manager was so busy; lack of information from team; no printout of situation; no briefing to WHO Regional Director or Director, Division of Programme Management.
- Calling the simulated prime minister on the phone and then putting him on hold for several minutes was a failure.

4) What needs to be improved?

- Concept/process/role of WHO in rapid containment time line:
  need to work out operational meaning of rapid containment; risk assessment – not job of surveillance team; need a better risk assessment framework; risk assessment and feasibility assessment different from each other; operations versus logistics; no briefing or consultation with team on mobilizing regional stockpile; continue to study and evolve rapid containment concept – exercise is a learning process.
- Identify someone with authority to make decision on containment.
- Extend the time for the exercise.
- Revisit the existing protocol as some steps and processes are unclear.
- Improve inter-team communication.
- Focus on only two key areas when time is short.
- Revisit IHR and outbreak processes as it is not clear to a surveillance officer when the rapid containment communication starts.
- Paper is important and useful; need printouts/hard copies.
- Improve process for starting a joint risk assessment.
- Improve internal communication by designating a person to monitor the shared folder; give information if email is sent or received. Help with exercise situational awareness.
- Plan a longer exercise to take some of the pressure off participants.

2.3.2 Consolidation of written responses from evaluation forms and notes to the evaluator

- This was my first PanStop exercise. The timeframe was too short to deal with my tasks and analyse the data. I think we need to be better prepared. Before the exercise, we need to understand how the exercise will progress and discuss individual roles.
- Thank you for a great learning experience.
- All aspects of decision-making including risk assessment, risk communication and logistics were explored during the exercise.
• Suggest including opportunities to explore communication and capacity for joint risk assessment across three levels of WHO.
• In hindsight, the event response team should have been given more time to organize roles, responsibilities and processes, which would hopefully have enabled better application of an incident management system approach.
• Possibly as a result, functions were not assigned for the monitoring of all incoming and outgoing emails, or for report writing (situation reports, briefings, etc.).
• There was no single point of contact. There were multiple and parallel lines of communication as well as too many email addresses being copied.
• The event manager was often not briefed by the response team on what was happening and what public communications were being prepared.
• No incident action plan was developed.
• Using a ‘big screen’ to post live updates of the situation and log key actions and communications may have helped.
• Not related to the exercise, we need to keep and update a list of people who can staff the EOC in each of the roles. This task can be assigned to the organizational position that will be responsible for the WPROC SOPs.
• Things that have been learnt in this exercise should be included in the WPROC SOPs.

3. OBSERVATIONS AND CONCLUSIONS

3.1 Exercise preparation

The exercise was built on what has become, in essence, a standard format for PanStop exercises. There was a plausible scenario comprising 31 detailed injects to guide players through the storyline and to stimulate required actions. Prior to the exercise, all participants attended a briefing covering: intentions and processes involved in reaching a decision to launch a rapid containment operation; key structural and process elements in the draft WPROC SOPs; and instructions on how to participate in the exercise. The participants had to absorb a lot of new material in one day before the exercise. The briefing should have occurred sooner, with at least one review session and an opportunity for players to ask questions about the information to ensure their full understanding.

Due to time constraints, the public health event in the scenario was classified as Grade 2, necessitating activation of the WPROC under the authority of the DSE, as detailed in the SOPs. As a result, the players did not have an opportunity, until much later in the exercise, to develop a full understanding of the roles and duties they had been assigned in the EOC.

3.2 Exercise conduct

The exercise process commenced smoothly through the first few injects, with the event manager assigning roles and moving to establish a reporting rhythm so that the EOC could address its production requirements for senior officials. As the scenario became more complex, with the injects providing more detailed information, players became increasingly preoccupied with analysing the simulated data to provide a correct interpretation, as if they were IHR duty officers, at the expense of using it to trigger actions and prepare briefing and communications products for the event manager to vet and use for decision-making. This resulted in the event manager pulling information from players instead of receiving information for action planning, decision-making and resource allocation. The consequent slowdown in the pace of the exercise challenged the controller to try to maintain the exercise timeline. The pace was further impacted by the presence of senior officials in the EOC. They should have been participating externally, utilizing materials prepared by the EOC for decision-making.
The expected external communications, notification to JICS and ASEF, and timely risk communication messaging occurred at the intended points in the exercise.

Ultimately, players successfully worked through the injects. At the point of assessing the feasibility of rapid containment, they had an unscripted discussion about the extent of the containment zone for the island country. This led to an unscripted simulated call from the country’s prime minister, who was looking for reassurances beyond what WHO would normally offer to a Member State. While this simulation represented a very improbable occurrence due to a number of protocol implications, it did serve to highlight an unexamined assumption in PanStop exercises: that a political head of state would automatically agree with the technical advice provided jointly by WHO and the country’s own health officials.

Some participants were overwhelmed by the detailed injects and time constraints, and as a result, they had some difficulty understanding the required processes in a rapid containment scenario. There is evidence of some uncertainty about the distinctions between ‘rapid response’ (a normal activity) and ‘rapid containment’ (an extraordinary activity), and between ‘risk assessment’ (an IHR-driven activity) and ‘feasibility assessment’ (a largely logistical activity). Additional exposure to the rapid containment concept and processes prior to the exercise would have eliminated these uncertainties.

The compressed exercise time seemed to inhibit the intended training experience for newer personnel. Knowledgeable, experienced staff would have had little difficulty dealing with the scenario in the time allotted, but it was challenging for novice staff who were unfamiliar with both the rapid containment concept and the exercise environment, while also mastering new roles in the ESR unit.

3.3 EOC operations

The exercise provided an opportunity to validate the draft WPROC SOPs. In order to prevent further time compression, it was assumed at the start of the exercise that the order to activate the EOC had already been made by the appropriate official based on the Grade 2 classification of the scenario event by the GEMT. This enabled participants to immediately commence working with the inject information in the context of supporting a rapid response to an outbreak, rather than dealing with the initial IHR notification processes.

A ‘normal’ activation of an intermittently used EOC can often be a protracted and chaotic process due to the unavailability of key personnel and more critically, personnel trained in EOC operations. Starting the exercise with the EOC formally activated meant that all the relevant staff were there, waiting for instructions. As expected, they were initially assigned to teams based on their organizational and professional roles. The teams were assigned initial tasks and commenced working with the simulated data. Throughout the exercise, the teams worked independently with little inter-team communication. In the absence of training in EOC-specific roles, players tended to stay in their normal working roles, which while similar, are conducted in a different context. Nevertheless, by the end of the exercise, the teams were starting to communicate with each other and anticipate the event manager’s needs and requirements. It was observed that while teamwork and communication were present, more of both would have improved overall effectiveness.

The draft SOPs are well-conceived instructions built on the WHO Emergency Response Framework, which is reported to be undergoing revision. The core concepts are sound and reflect elements of a standard emergency management framework. Conspicuously missing in the early parts of the document is a reference to the planning function in an emergency management system, although there is a good description of the planning officer position and functions later in the document, supported by an organigram of the structure employed during the response to Typhoon Haiyan (Yolanda). Within an incident command structure and/or event management structure, planning is a core function. The planning component is responsible for monitoring, analysing and displaying event-related information and the preparation and monitoring of an incident/event action plan.
The draft SOPs may need to remain in draft form as a living document. However, now that they have undergone preliminary validation, a more thorough section-by-section evaluation through a series of table-top exercises is needed, followed by routine orientation for new staff and drills to practise priority actions.

Oftentimes, an EOC will have a message centre that performs a traffic control function for incoming messages for various EOC personnel. In a functional exercise, when a lot of emails are being copied to the control function with original responses going to both control and simulation teams, it can become difficult for participants to keep track of the important exchanges. A message centre to manage information flow could help in future exercises.

An attempt to maintain an electronic status board was unsuccessful in part because of initial problems with the equipment, but mostly because an incident action plan, against which progress could be tracked, was not articulated. Routine identification of a planning officer with responsibility for monitoring, analysing and displaying event-related information, and for preparing reports, would partially address this issue. There are as many different styles of status boards as there are different response agencies and types of incidents. Many of these status boards are proprietary and available under license, but for most purposes, a customizable board developed in-house by WHO Regional Office staff could be adequate.

4. RECOMMENDATIONS

1) The WHO Regional Office for the Western Pacific should review its archive of rapid containment slide decks and documents and update them into a single, modular, comprehensive presentation to be used in modules for briefing, orientation and training, with the objective of leaving no ambiguity and no questions unanswered.

2) The WHO Regional Office for the Western Pacific should retain an EOC manager in either general or professional staff, who is provided with sufficient EOC operations training so that he or she can anticipate and respond to varying facility requirements depending on the nature of different emergencies. The facility manager would be responsible for maintaining and validating the SOPs and providing training and coaching for EOC users on the intended procedures, in addition to maintaining a roster of personnel who have been trained to fulfil various roles in the EOC.

3) The WHO Regional Office for the Western Pacific should assemble a small working group of EOC users to develop one or more relatively simple templates, based on types of events, for status boards that can be projected electronically. The boards should focus only on event and resource status, preferably on one screen, or as few as possible. They should be adaptable for use during exercises for identifying progress towards achieving objectives.
PANSTOP 2015

PANDEMIC PREPAREDNESS
RAPID CONTAINMENT EXERCISE

2 December 2015

PARTICIPANTS' HANDBOOK

A pandemic preparedness rapid containment exercise conducted by the World Health Organization
1. Introduction

Exercise Panstop 2015 is an exercise designed to strengthen the processes required to initiate a rapid containment operation with the intention of stopping or slowing the spread of a potentially pandemic influenza outbreak. The exercise will be held in the Emergency Operations Centre (EOC) at the WHO Regional Office for the Western Pacific.

The exercise will be based around a scenario of a disease outbreak in a fictitious country, with consequent opportunities to contain the outbreak by utilizing stockpiles of antiviral medication and non-pharmaceutical interventions. The focus will be on the planning and decision-making processes of the Emerging Disease Surveillance and Response (ESR) unit in the WHO Regional Office during a routine rapid response and leading up to the launch of the rapid containment operation.

This handbook provides participants (including players, controllers, evaluators) with the information they will need to participate effectively in the exercise.

Participants are encouraged to email the exercise director (panstopcontrol@wpro.who.int) with questions concerning their roles and responsibilities and the rules of exercise play in advance.

2. Purpose, scope and objectives

Purpose

The purpose of the exercise is to assess the preparedness of ESR staff to evaluate the need for and initiate a rapid containment operation with the intention of stopping or slowing the spread of a potential pandemic influenza virus. It will also provide a training opportunity to ESR staff on their roles and responsibilities within an active EOC.

Scope

The exercise will be a modified functional exercise:

- The exercise will be based on a fictional scenario.
- It will be interactive, requiring participants to respond to each other in the roles designated to them in their duty statements.
- It will be conducted under time constraints that will be similar to, or even more challenging, than a real event.
- No actual movement of human or physical resources will be required.
- Exercise players will be required to work from their designated EOC or regular work environment and should be guided by their existing plans and procedures where appropriate.

The exercise will comprise two 3-hour blocks and will be controlled by the input of messages and requests for information by the exercise management team.
Objectives

1) To assess capacity to initiate and conduct timely risk assessments.
2) To assess whether the process of EOC activation is in harmony with the WHO Emergency Response Framework.
3) To practise functional roles within an active EOC.
4) To validate established decision-making processes for initiation of a rapid containment operation.
5) To practise development and implementation of risk communications.
6) To ensure understanding of the procedures for mobilization of Asia–Europe Foundation (ASEF) stockpiles.
7) To verify established coordination and communication arrangements between the WHO Regional Office for the Western Pacific and Japan International Cooperation System (JICS).

3. Participants and locations

The exercise will involve staff from the WHO Regional Office for the Western Pacific and a representative from JICS. The entire exercise will take place in the EOC (Room 403), with JICS participating remotely.

4. Exercise conduct

The exercise will begin immediately following the morning meeting, will break at 12:30, and will continue from 13:30 to 16:30. Afterwards, a 30-minute, post-exercise debriefing and evaluation session will be held.

The exercise may end earlier if the exercise director determines that all objectives and performance criteria (anticipated actions) have been sufficiently addressed and that the evaluator can complete the assessment.

Following the exercise, all players are requested to submit their documentation (action logs, problem logs and evaluation forms).

Exercise assumptions

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

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

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

- The exercise will be played in compressed time. Over the 6-hour exercise, the events in the scenario will depict several days of simulated activity. This will have an effect on the amount of time allowed for decision-making and is accounted for in the evaluation process.
- Responses obtained by players from simulations (both verbal and written) may not be of the quality or detail available from the real organization or individual.
- During the exercise, some actions may normally require deployment of personnel or resources; however, no live movement of personnel or material is required.

**Exercise simulation**

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

5. Safety and security

Given the nature of this exercise, personnel safety or security issues are not anticipated.

6. Emergency suspension/termination

The exercise director may unilaterally suspend play or end the exercise at any time when it appears that a real-world emergency may hamper exercise play or jeopardize the safety of exercise participants. If required, the exercise director will announce the decision to suspend or terminate exercise play and an “EMERGENCY EXERCISE SUSPENSION/TERMINATION” message will be transmitted to all participants.

7. Exercise management team roles and responsibilities

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

8. Exercise players, controller, simulators and evaluators

**Players**

- React and respond as you would during a real event.
- Explain actions and decisions to other players, simulators and evaluators, as required.
- Document all actions that would be taken, challenges and problems.
- Be creative but realistic when planning and responding to the events.
- Be aware that simulators represent all resources and agencies that you would contact in a real situation.
- Participate in exercise debriefings and submit a written evaluation.
- Submit action logs, problem logs and evaluation sheet at the end of the exercise.
- Ensure all exercise correspondence is clearly marked: “This is an EXERCISE message” or “EXERCISE PANSTOP 2015”.
Controller
- Be responsible for the planning, conduct and evaluation of the exercise.
- Monitor and control sequence of events, flow, pace of injects and overall conduct of the exercise.
- Make decisions regarding unanticipated actions or resource requirements made by players.
- Assist players by providing advice and guidance, as necessary.

Simulators
- Send pre-scripted messages at the specified times to the appropriate player.
- Respond to players’ requests by simulating the various roles, agencies and resources that are required.
- Respond creatively to anticipated actions by players with spontaneous messages.
- Report any deviations or exercise problems and concerns to the controller.
- Participate in exercise briefings and debriefing.
- Provide a written evaluation.
- Ensure all exercise correspondence is clearly marked: “This is an EXERCISE message” or “EXERCISE PANSTOP 2015”.

Evaluators
- Determine whether the exercise objectives have been achieved.
- Evaluate the actions and decisions of the players, not the players themselves.
- Inform the controller of any problems that arise during the exercise.
- Lead the exercise debriefing.
- Provide verbal and written feedback of observations and recommendations made during the exercise.

9. Communications

Players must be available in their designated location with their email inbox open on 2 December 2015 from 09:00 to 16:30. Not all players will be active during the entire exercise, as the initial scenario and subsequent events require a staged response, requiring more communication and coordination as the events unfold.

Players, the controller and simulators should use the PanStop 2014 contact list for communication. All messages or questions to organizations or people who are not on the contact list should be sent to panstopcontrol@wpro.who.int.

Panstop@wpro.who.int will receive all injects to the WHO Regional Office for the Western Pacific. Players in the WHO Regional Office can monitor and confirm all email communications through this address.

All email exchanges should be copied to panstopcontrol@wpro.who.int. This is the controller’s mail box.

ALL messages MUST BE MARKED “This is an EXERCISE message” or “EXERCISE PANSTOP 2015”.

10. Reporting

Players are requested to record all significant activities and actions taken on the Players’ Action Log (Appendix 1) and submit it at the end of the exercise. A record keeper should be appointed for this purpose. Completed documentation, action logs/reports, notes from meetings and teleconferences, etc. should also be emailed to panstopcontrol@wpro.who.int at the end of the exercise.

All participants should use the Problem Log (Appendix 2) to record problems encountered during the exercise, particularly those that reveal potential weaknesses in the response to a pandemic threat.
All participants are requested to attend the after-action debriefing session at the close of exercise play and complete an exercise evaluation form (Appendix 3). The participants’ feedback (both verbal and written) will form the basis of the PanStop 2015 evaluation report.

Appendix 1: Players’ Action Log

Name __________________ Position __________ Agency __________________ Page __ of __

<table>
<thead>
<tr>
<th>Time/Date</th>
<th>Activity</th>
<th>Issue or information requested</th>
<th>Referred to or resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Call to or received from</td>
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</table>

Note: Log should be sent to panstopcontrol@wpro.who.int at the end of the exercise.
Appendix 2: Problem Log

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

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

Note: Log should be sent to panstopcontrol@wpro.who.int at the end of the exercise.
Appendix 3: Participants’ exercise evaluation form

1. I RECEIVED all of the information that I needed to engage with my colleagues regarding a rapid containment operation.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
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</tbody>
</table>

Not Enough                       Sufficient
Or: not applicable______________

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

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>6</th>
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</table>

Not much                       Sufficient
Or: not applicable______________

3. Did the exercise provide sufficient opportunity to understand the strengths and weaknesses of readiness and capability to implement rapid containment?

   Yes____ No____ If no, please briefly explain why:

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

   Yes____ No____ If no, please briefly explain why:

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

Please send the completed evaluation form to panstopcontrol@wpro.who.int by 11 December 2015.
PanSTOP 2015

PANDEMIC PREPAREDNESS
RAPID CONTAINMENT EXERCISE

2 December 2015

CONTROLLERS' HANDBOOK
(Supplement to Participants' Handbook)

A pandemic preparedness rapid containment exercise conducted by the World Health Organization
1. Introduction

Exercise PanStop 2015 is an exercise designed to strengthen the processes required to initiate a rapid containment operation with the intention of stopping or slowing the spread of a potentially pandemic influenza outbreak. The exercise will be held in the Emergency Operations Centre at the World Health Organization (WHO) Regional Office for the Western Pacific.

The exercise will be based around a scenario of a disease outbreak in a fictitious country, with consequent opportunities to contain the outbreak by utilizing stockpiles of antiviral medication and non-pharmaceutical interventions. The focus will be on the planning and decision-making processes of the Emerging Disease Surveillance and Response (ESR) unit of the WHO Regional Office for the Western Pacific during a routine rapid response and the lead up to launching a rapid containment operation.

This handbook provides exercise controllers and simulators with the information they will need to participate effectively in the exercise. Controllers and simulators should have received a copy of the Participants’ Handbook. This is a supplement to that handbook. Distribution is restricted to the exercise management team only.

2. Exercise management team

Exercise management team contact details are attached in Appendix 1.

An exercise management team orientation briefing (including controllers, simulators and evaluators) will be conducted prior to the exercise. The orientation briefing will cover all exercise management elements, including:

- purpose and objectives of the exercise;
- Master Sequence of Events List (MSEL) and scenario timeline;
- message forms and flow of information;
- content of exercise messages;
- accuracy, timeliness, and realism of expected responses;
- requirements for coordination with evaluators and other personnel;
- procedures and communications systems for injecting messages;
- procedures for monitoring the sequence of events and message flow;
- procedures for controlling improvised, ad hoc exercise inputs and for responding to unplanned or unexpected situations;
- procedures for recording and reporting exercise information; and
- procedures for post-exercise debriefings and evaluation.

Prior to the orientation briefing, the exercise management team should be familiar with this supplement, the exercise plan, and the exercise scenario. They should also be aware of the exercise events contained in the MSEL.

3. Responsibilities

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

- ensuring that exercise play achieves stated exercise objectives;
- keeping time;
- directing corrective actions to exercise play, if required;
- monitoring exercise progress and making decisions regarding any deviations or significant changes to the scenario caused by unexpected developments in the course of play; and
• coordinating any required modifications to the MSEL and supporting event injects with the appropriate exercise control elements.

Simulators are responsible for acting as non-participating individuals or organizations and exercise players. Specifically, simulator responsibilities include:

• performing duties under the management of the controllers at the assigned location
• representing the “outside world”—other organizations, agencies, citizens, the media, etc.—by responding to players’ inquiries and requests;
• answering inquiries from players directed to non-participating organizations and individuals for general information or information concerning MSEL events already injected into play and recording each of these inquiries on a simulator log;
• receiving and acting on player-produced exercise materials, such as messages and memoranda, to non-participating agencies and individuals;
• recording actions and/or decisions on maps, situation status boards, resources status boards, and logs;
• assisting controllers in monitoring the flow of the exercise and completion of MSEL events;
• informing controllers of possible deviations from the MSEL and expected actions;
• providing observations using the observation/comment form for input to the exercise evaluation report; and
• attending the simulator/controller debriefing.

4. Exercise control procedures

Pre-exercise

Controllers and simulators should be in place at their assigned location immediately after the morning meeting and be prepared to initiate exercise activities at 09:30.

Master Sequence of Events List (MSEL)

The exercise will be controlled by the MSEL, which provides the framework for monitoring and managing the flow of exercise activities. The MSEL is a collection of exercise events that constitutes the exercise scenario, expected participant outputs, and anticipated participant actions. It allows controllers to stay on top of “events”, calling them up as and when required. The MSEL is restricted for use by the exercise management team (controllers, simulators and evaluators). The MSEL is published separately; however, a sample MSEL page is attached (Appendix 2).

The exercise events represent pieces of information that are provided to participants at particular time points to facilitate participants’ decision-making processes. They are passed to participants through exercise injects by the controllers; each event has its own inject form. Events in the MSEL are sorted chronologically by “actual” (not “exercise”) date/time.

Event inject form

The event inject form (Appendix 3), which will be used for this exercise, is divided into two parts. The first part contains information pertinent for inject management. The second part contains instructions for the controllers and the event information that will be passed onto the participants.
**Components of the event inject form:**

The following paragraphs describe the details recorded on the MSEL, the event inject form and the associated implementation procedures.

**Event ID**
The event number is a unique number assigned to each event.

**Sched time**
The scheduled inject time is the time when the controller is expected to inject the event information into play. Controllers must monitor inject times closely.

**Inject means**
The inject means is the method by which the event is to be injected into exercise play, for example, email, teleconference.

**Controller**
The responsible controller is indicated in the controller box. This controller is responsible for injecting the event and monitoring exercise play in response to each inject.

**Description of event**
The event description is a summarized version of a scenario action that has occurred, or that is being initiated, to cause an exercise player or organization to use established systems, execute or implement an established policy, or perform defined procedures during an exercise.

**Exercise date**
The exercise date is the day when the inject event occurred in the exercise.

**Exercise time**
The exercise time is the time when the inject event occurred in the exercise.

**Problem resolution procedures**

There will be times throughout the exercise that problems will arise that will need to be discussed with the participants and the exercise director. When this occurs, the evaluators should be advised. Resolution might include modification of the MSEL. The following two paragraphs describe the procedures that need to be followed to modify the MSEL:

- **Deletion of MSEL events.** The course of exercise play may make some MSEL events inappropriate or unnecessary. In these instances, the exercise management team may, with the concurrence of the evaluators, delete a MSEL event entirely or postpone it until a later time. Records of coordination and the deletion authorization must be maintained for later use by the exercise evaluator.

- **Addition of ad hoc inject messages.** In other instances, to maintain the pace and momentum of exercise play or to initiate an expected player action, it may be necessary to inject an event that was not envisioned during exercise design. This type of unplanned message is called an “ad hoc inject”. When required, the exercise management team may, with the concurrence of the evaluators, insert an ad hoc inject message to induce or replace the required player action by using the inject message form and the ad hoc inject log to record development and use of the message.
5. Reporting procedures

**Action log**
Controllers should use an action log sheet (an example of which is attached to the Participants’ Handbook as Appendix 1) to record actions taken and to provide the evaluator with information. The log can be used to record problems and actions related to exercise timing, adjustments to MSEL events, need for controller actions, the impact/results of controller actions taken, and other information that may be useful for reference during the exercise or to assist in reconstruction of exercise actions during the evaluation.

**Problem log**
All participants, including controllers, are encouraged to record problems encountered during the exercise, particularly those that reveal potential weaknesses in the response to a pandemic threat. A sample problem log is attached to the Participants’ Handbook as Appendix 2.

**Participants’ evaluation form**
This form is used to collect information from all participants in the exercise, including controllers and simulators. The form is not tied to any specific exercise objective. It can be used to record individuals’ comments about any action, event, strength, or weakness that was observed during the exercise. An example of an exercise evaluation form is attached to the Participants’ Handbook as Appendix 3.

6. Exercise management team interaction procedures

Exercise management team members will have constant interaction with each other and the players. Controllers monitor and manage exercise activities to ensure that key exercise events occur at the proper time to meet exercise objectives. Simulators assume play for non-participating individuals or organizations. Evaluators observe exercise activity and gather information during the exercise for the exercise evaluation report. All communications during the exercise should be copied to panstopcontrol@wpro.who.int.

**Interaction with players**
Controllers and simulators will have constant interaction with players throughout the exercise; however, each team member interacts differently. Controllers and simulators interact with players by following the MSEL and injecting messages, as required. This ensures the flow of the exercise and that exercise objectives are being met (e.g. moving from Day 3 to Day 4 exercise time). Controllers may also observe and note any issues which may be useful for the evaluation, provide subtle prompts and guidance for players where actions taken are not as expected, and intervene where key events have been omitted or if it is necessary to move play forward. Simulators communicate with the players by delivering messages and by responding spontaneously to questions from the players directed to non-playing elements. Simulators must rely on their experience and knowledge in formulating responses to player queries and should focus on developing logical, realistic replies with the most complete information possible.

7. Exercise communications

**Communication between exercise management team members**
Control of the exercise requires that all personnel assigned to the exercise management team are able to communicate directly (and on demand) with other exercise management team personnel. The primary means of communication will be email and telephone. Each member must have a dedicated telephone located at his/her workstation and access to the exercise email inboxes.
**Communication with players**

The method of communicating events will depend on the inject format and may be delivered by telephone, email, or in person. For simulators responding to participant requests, a pre-established and published telephone number and email address will be assigned to each. **All communication** should include the words “This is an EXERCISE message” or “EXERCISE PANSTOP 2015” at the beginning and end of the text. All emails should be copied to panstopcontrol@wpro.who.int. Any teleconferences will be conducted on dedicated phone lines, and a contact list will be provided. All teleconferences during or pertaining to the exercise will begin and end with the words “This is an exercise message.”

**After-action debriefing session**

An after-action debriefing session for the exercise management team will be conducted once the participant debriefing has been completed. The purpose of this session is to provide immediate feedback on how the exercise went, including whether or not the objectives were met, and to identify areas that functioned well and problems that were encountered, etc. The debriefing will be chaired by the exercise evaluator.

All exercise management team members should bring their completed forms and logs to the debriefing session. The focus of the session will be on answering the following questions:

- Were there areas in which players performed commendably?
- Did you notice areas that could be improved?
- Were actions or decisions made that were not consistent with plans or procedures?
- Did you see any major problems that would affect the ability to protect the public?
- Do you have any recommendations on what could be done to improve exercise control?
- Did you have any specific problems with exercise control?
- Do you feel that there was sufficient exercise play?
### Appendix 1: Exercise management team contact details

<table>
<thead>
<tr>
<th>Location</th>
<th>Name</th>
<th>Role</th>
<th>Mobile (Cell)</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO Regional Office Emergency Operations Centre (403)</td>
<td></td>
<td>Lead controller</td>
<td></td>
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<tr>
<td></td>
<td>Simulator</td>
<td>Not available</td>
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<td></td>
<td>Simulator/Evaluator</td>
<td>Player</td>
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## Appendix 2: Master Sequence of Events List

**Example Only**

<table>
<thead>
<tr>
<th>Inject #</th>
<th>Inject Time</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message From</th>
<th>Method</th>
<th>Event Coordinator (DSE)</th>
<th>Event Manager</th>
<th>Team 1: Surveillance &amp; Epidemiology</th>
<th>Team 2: Technical Expertise (incl. lab)</th>
<th>Team 3: Information Management &amp; Risk Communications</th>
<th>Team 4: Core Services (incl. logistics, admin, finance)</th>
<th>Comment</th>
</tr>
</thead>
</table>
| I02      | 09:30       | 2 Dec 15 09:00| Potential novel influenza strain identified, request for assistance with outbreak investigation, surveillance report and upcoming press conference; will forward lab and surveillance updates by email | IHR NFP | EM (EOC) | TC | • Activate EOC if not done already  
• Inform HQ of novel virus | • Draft EIS post  
• Develop linelist and epicurve as part of recommendations for MOH surveillance report  
• Draft case definitions for outbreak investigation | • Assist with drafting case definitions  
• Advise on sample collection and analysis process | • Prepare talking points for MOH press conference |
Appendix 3: Event inject form

Example only

<table>
<thead>
<tr>
<th>EVENT INJECT FORM</th>
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<tbody>
<tr>
<td><strong>EVENT ID</strong></td>
</tr>
<tr>
<td>I02</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF EVENT**

First conversation with IHR NFP

**EXERCISE DATE** | **EXERCISE TIME**
--- | ---
2 December | 09:00

IHR NFP shares the following information:

- National press has picked up A (H7N7) avian outbreaks and associated human cases.
- MoH plans press conference for tomorrow about the novel virus discovery.
- More ILI and SARI cases have been detected through enhanced surveillance. All ILI and SARI cases attend the same school as cases 1 and 2. Brother of case 1 has been admitted to Gallinero Community Hospital with SARI. Samples have been collected from all cases and sent to NPHL for testing. Will share surveillance information by email.
- MOH has received lab results from WHO CC and NPHL. Will share by email.
- Schedule another call for same time tomorrow.
El Nido is a small island nation located in the Philippine Sea, approximately 600 kilometres (km) north of Guam and 500 km north-west of the Commonwealth of the Northern Mariana Islands. The nation covers an area of approximately 740 km².

The nation consists of two islands – El Nido and Palomar. The larger island, El Nido, is divided into eight provinces. The islands are mostly flat, with some hills in central El Nido.

The population of El Nido was approximately 122,400 in 2010, with the following age structure:

The capital of the country is Calderon, which is home to the country’s only seaport and airport. Most of the rest of the island nation is surrounded by coral reef. The reef prevents access by large ships, but channels allow small boats to access the island.

There are several main roads through the country, connecting Provinces B, C, D and Gallinero to Calderon. The country is not large geographically, but domestic travel is limited by road quality. For example, although it is only 40 km from Gallinero town to Calderon (and a similar distance from Province B to Calderon), this journey usually takes over an hour by car due to poor road quality. Bus journeys between the provinces take even longer, especially through the hills in the central part of the country.

El Nido is a member of the Pacific Island Nations Trade Agreement. In 2006, it joined the Asia-Europe Meeting partnership and the Association of Southeast Asian Nations. The GDP per capita (GDP divided by mid-year population) has averaged US$ 1805 over the past five years.
The economy of El Nido relies heavily on specialty poultry production. There are eight specialist poultry farms in the country, mostly in the north in Province B and Gallinero. These farms produce a breed of chicken called the Silkie, which is popular in China as a food and as a domestic pet. The Silkie is particularly valued for its luxury feathers (which are said to feel just like silk), its unusual blue skin and its five-fingered feet. However, the Silkie’s delicate feathers do not provide good insulation. During the cold season, the birds are often kept with pigs or other livestock for warmth.

Each province in El Nido has a small hospital with an outpatient department and a few inpatient beds. However, provincial health facility capacity is limited, and facilities offering advanced care such as oxygen therapy, ventilators and intensive care are available only in Calderon Hospital in the capital city. There is also a public health unit in each province that is responsible for disease surveillance and response.

Laboratory capacity in provincial facilities is also limited. Most provincial facilities are able to perform microscopy (when necessary supplies are available); any additional diagnostics rely on the National Public Health Laboratory (NPHL) in Calderon. The NPHL has a polymerase chain reaction (PCR) machine and is able to identify influenza A, influenza B and respiratory syncytial virus (RSV). Any further testing for influenza subtypes relies on regional support from the WHO collaborating centre in China, with which El Nido has an established relationship.
### Master Sequence of Events List

<table>
<thead>
<tr>
<th>Inject #</th>
<th>Inject Time</th>
<th>Exercise Time</th>
<th>Event</th>
<th>Message From</th>
<th>Message To</th>
<th>Method</th>
<th>Event Coordinator (DSE)</th>
<th>Event Manager</th>
<th>Team 1: Surveillance &amp; Epidemiology</th>
<th>Team 2: Technical Expertise (incl. lab)</th>
<th>Team 3: Information Management &amp; Risk Communications</th>
<th>Team 4: Core Services (incl. logistics, admin, finance)</th>
<th>Expected Action</th>
<th>Comment</th>
</tr>
</thead>
</table>
| I01      | 09:15 08:00  | 1 Dec 15      | Country profile and situation report on A(H7N7) outbreak in El Nido | Controller | WPRO IHR DO (all participants) | Hardcopy and email | • Appoint EM  
• Authorise activation of the EOC  
• Inform RD of potential grading if grade 2 or above (as a member of GEMT, convene a GEMT TC if event assessed as grade 2 or above) | • Request initial risk assessment  
• Conduct preliminary grading (if grade 2 or above, should request TC to convene GEMT)  
• Activate EOC - assign staff to EMT, - create EOC action plan with planning officer and team leads  
• Share information with WHO HQ  
• Set up daily SitRep reporting | • Convene EOC - assign staff to EMT, - create EOC action plan with planning officer and team leads  
• Share information with WHO HQ | • Support grading review | • Provide laboratory-specific advice  
• IHR DO continues to communicate with IHR NFP | • Should produce a SitRep at the end of each day | A sudden onset event needs to be graded within 24 hrs of the initial risk assessment; IHR DO is located in team 2; EM should be briefing EC; EOC Action Plan should include response objectives and priorities; All decisions and approvals should be documented; EOC may not be activated at this point, but should be by the time a novel virus is discovered. |
| I02      | 09:30 09:00  | 2 Dec 15      | Potential novel influenza strain identified, request for assistance with outbreak investigation, surveillance report and upcoming press conference; will forward lab and surveillance updates by email | IHR NFP | EM [EOC] | TC | • Activate EOC if not done already  
• Inform HQ of novel virus | • Draft EIS post  
• Develop line list and epicurve as part of recommendation for MOH surveillance report  
• Draft case definitions for outbreak investigation | • Assist with drafting case definitions  
• Advise on sample collection and analysis process | • Prepare talking points for MOH press conference | |
<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Event Description</th>
<th>Responsible</th>
<th>Message Type</th>
<th>Communication Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:45</td>
<td>2 Dec 15</td>
<td>Outbreak update and laboratory results</td>
<td>IHR NFP</td>
<td>Email</td>
<td>• Inform RD of novel virus identification</td>
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<td>WPRO IHR DO</td>
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<td>• Consider informing all regional NFPs before press conference</td>
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<td>Email</td>
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<td>• Update linelist and epicurve</td>
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<td>• IHR DO to inform all regional NFPs</td>
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<tr>
<td>10:15</td>
<td>3 Dec 15</td>
<td>Request for ground assistance; school closure; poultry culling; will forward lab and surveillance updates by email</td>
<td>IHR NFP</td>
<td>EM (EOC) TC</td>
<td>• Discuss what ground assistance is needed and offer</td>
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<td>• Then discuss plan for ground assistance with team</td>
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<td>• Instruct team to inform FAO/OIE of poultry outbreaks</td>
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<td>• Provide feedback on case definitions, linelist, epicurve, etc.</td>
</tr>
<tr>
<td>10:30</td>
<td>3 Dec 15</td>
<td>Outbreak report and laboratory results</td>
<td>IHR NFP</td>
<td>IHR DO Email</td>
<td>• Prepare pre-departure checklist for WHO staff</td>
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<td>• Prepare basic logistics overview of El Nido</td>
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<td>• Prepare list of information needed to deploy team (flight schedule, local transport, customs clearance, etc.)</td>
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<td>• Discuss case definition</td>
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<td>• Discuss what advice/questions for investigation</td>
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<td>• IHR DO contacts China NFP to inform them of affected exported chickens</td>
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<td>• Discuss what advice/questions for investigation</td>
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<td></td>
<td>• FAO/OIE will provide technical advice remotely to MoA.</td>
</tr>
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<td></td>
<td>Note: From this point forward, MOH emails will include linelist and epicurve</td>
</tr>
<tr>
<td>10:30</td>
<td>3 Dec 15</td>
<td>National press on outbreak</td>
<td>National newspaper</td>
<td>EM, IHR DO Copy</td>
<td>• Assess implications and accuracy of national press</td>
</tr>
<tr>
<td>11:00</td>
<td>4 Dec 15</td>
<td>Live and processed poultry exported to China; unrest from culling programme; request assistance with public health information; will forward lab and surveillance updates by email</td>
<td>IHR NFP</td>
<td>EM (EOC) TC</td>
<td>• Provide advice and recommendations on investigation and control measures from afar whilst team is in process of being deployed</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Begin discussing rapid containment</td>
</tr>
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<td></td>
<td>• Determine objectives of field team - RC feasibility assessment? RC risk assessment?</td>
</tr>
<tr>
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<td></td>
<td>• Update risk assessment of event - include risk assessment for RC?</td>
</tr>
<tr>
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<td></td>
<td>• Discuss case definition</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>• Discuss what advice/questions for investigation</td>
</tr>
<tr>
<td>11:15</td>
<td>4 Dec 15</td>
<td>Outbreak report and laboratory results; also logistics information</td>
<td>IHR NFP</td>
<td>IHR DO Email</td>
<td>• Discuss risk communication related to culling programme</td>
</tr>
<tr>
<td>Time</td>
<td>Date</td>
<td>Event Description</td>
<td>Correspondent</td>
<td>Medium</td>
<td>Action Points</td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------------------------------------------------------------------------</td>
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<td>--------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>11:20</td>
<td>3 Dec 15</td>
<td>Inform and facilitate arrival of WHO team to El Nido</td>
<td>EM</td>
<td>IHR NFP/IHR DO Email/Letter</td>
<td>Inform and facilitate arrival of WHO team to El Nido</td>
</tr>
<tr>
<td>11:20</td>
<td>4 Dec 15</td>
<td>International press requests WPRO response</td>
<td>RD</td>
<td>EC/EM</td>
<td>Email/Letter/Support MoH press conference, prepped by team 3 lead (EM to fill in if EC not available)</td>
</tr>
<tr>
<td>11:30</td>
<td>4 Dec 15</td>
<td>IHR NFPs request information on outbreak</td>
<td>IHR NFPs from [add country name(s)]</td>
<td>IHR DO</td>
<td>Email/Letter/Review responses to NFPs/Support IHR DO if necessary/IHR DO needs to respond to enquiries from NFPs/Support IHR DO if necessary</td>
</tr>
<tr>
<td>11:45</td>
<td>5 Dec 15</td>
<td>Request PPE and treatment; will forward lab and surveillance updates by email</td>
<td>WHO field team lead</td>
<td>TC</td>
<td>Email/Letter/Discuss RC among team/Update risk assessment on new lab results RC/Provide recommendation s for outbreak control - non pharmaceutical measures/Develop questions for field team to answer about outbreak/RC/Review necessity of RC operation/Advise on containment zone/Provide recommendation s for outbreak control (i.e., non-pharmaceutical measures)/Confirm team have arrived safely/Have discussed procedures for what to do should WHO personnel become sick/Should definitely be thinking about initiating a rapid containment operation now. School classmates positive for novel virus.</td>
</tr>
<tr>
<td>12:00</td>
<td>5 Dec 15</td>
<td>Outbreak report and laboratory results</td>
<td>IHR NFP</td>
<td>IHR DO</td>
<td>Email/Letter/Review information from field team and determine if conditions met to conduct feasibility assessment/Review information from field team and determine if considering an RC is appropriate/Review information from field team and determine if considering an RC is appropriate</td>
</tr>
<tr>
<td>12:10</td>
<td>5 Dec 15</td>
<td>WHO field team provides review of situation</td>
<td>WHO field team lead</td>
<td>Team 1 lead</td>
<td>Email/Letter/Review information from field team and determine if conditions met to conduct feasibility assessment/Review information from field team and determine if considering an RC is appropriate/Review information from field team and determine if considering an RC is appropriate</td>
</tr>
</tbody>
</table>
| 115 | 13:15 | 5 Dec 15 16:00 | Discuss preliminary risk assessment and MOH views on rapid containment | IHR NFP & WHO field team lead | EOC | TC | • Update RD and senior WPRO officials | • Discuss and highlight considerations to MoH for RC  
• Indicate how WPRO would support MoH  
• Update HQ about this discussion  
• Initiate joint rapid containment risk assessment with the MOH  
• Notify JCS (by email) about possible mobilisation of PPE and antivirals from regional stockpile  
• Ensure decisions from TC are logged  
• Respond to MOH request for written justification | • Provide epidemiological and surveillance perspective | • Provide laboratory perspective | • Provide communications perspective | • Provide logistics perspective  
• Notify JCS/MOF/ASEF by email about possible mobilisation of PPE and antivirals from regional stockpile  
MoH agree to move forward with risk and feasibility assessment for RC operation.  
MOH asks team to provide justification in written format that can be presented to El Nido President. |
<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Event Description</th>
<th>Responsible</th>
<th>Recipient</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00</td>
<td>6 Dec 15</td>
<td>Upcoming press conference; MOA closes slaughterhouse; will forward lab and surveillance updates by email</td>
<td>IHR NFP</td>
<td>EOC TC</td>
<td>Discuss containment zone options and the necessary actions for rapid containment operation; Discuss where the buffer zone would be and potential options for the buffer zone. Request feasibility assessment from field team; Support discussions about containment zone and RC; Support discussions about containment zone and RC</td>
</tr>
<tr>
<td>14:15</td>
<td>6 Dec 15</td>
<td>Outbreak report and laboratory results</td>
<td>IHR NFP</td>
<td>IHR DO Email</td>
<td>Review information from field team and determine if launching an RC is appropriate; Determine whether to recommend RC; Notify HQ of decision; Support discussions about containment zone and RC; Support discussions about containment zone and RC</td>
</tr>
<tr>
<td>14:30</td>
<td>6 Dec 15</td>
<td>Update from field team</td>
<td>WHO field team lead</td>
<td>EM and Team 1 lead Email</td>
<td>Review information from field team and determine if launching an RC is appropriate; Determine whether to recommend RC; Notify HQ of decision; Review information from field team and determine if launching an RC is appropriate; Review information from field team and determine if launching an RC is appropriate</td>
</tr>
<tr>
<td>14:30</td>
<td>6 Dec 15</td>
<td>Sensational reports about outbreak</td>
<td>National TV news</td>
<td>EOC Film</td>
<td>Evaluate report; May be requested earlier</td>
</tr>
</tbody>
</table>

**Details:**
- Discuss containment zone options and the necessary actions for rapid containment operation.
- Discuss where the buffer zone would be and potential options for the buffer zone.
- Request feasibility assessment from field team.
- Support discussions about containment zone and RC.
- Review information from field team and determine if launching an RC is appropriate.
- Determine whether to recommend RC.
- Notify HQ of decision.
- Support discussions about containment zone and RC.
- Review information from field team and determine if launching an RC is appropriate.
- Review information from field team and determine if launching an RC is appropriate.
- May be requested earlier.
<table>
<thead>
<tr>
<th>Time</th>
<th>Date</th>
<th>Event Description</th>
<th>Responsible Parties</th>
<th>Action Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:50</td>
<td>7 Dec 15</td>
<td>Widespread panic and confusion; will forward lab and surveillance updates by email; requests summary of RC feasibility assessment for MOH; schedules conference call tomorrow</td>
<td>IHR NFP, EM [EOC]</td>
<td>TC - Update RD and senior WPRO officials; Report RC operational feasibility assessment to MOH; Determine willingness to support the activity; Discuss amount of PPE and antivirals required; Ensure letter of recommendation is sent to Minister of Health; Determine amount of needed PPE and antiviral</td>
</tr>
<tr>
<td>15:05</td>
<td>7 Dec 15</td>
<td>Outbreak report and laboratory results</td>
<td>IHR NFP</td>
<td>IHR DO Email</td>
</tr>
<tr>
<td>15:35</td>
<td>8 Dec 15</td>
<td>MOH receives formal letter, conference held to discuss RC recommendation</td>
<td>IHR NFP, MOH, WHO field team lead</td>
<td>TC - Update RD and senior WPRO officials; Discuss RC and make final recommendation to MoH; Instruct JICS about PPE/antivirals requirements; Inform HQ of decision; Develop surveillance plan</td>
</tr>
<tr>
<td>15:45</td>
<td>8 Dec 15</td>
<td>Outbreak report and laboratory results</td>
<td>IHR NFP</td>
<td>IHR DO Email</td>
</tr>
<tr>
<td>16:05</td>
<td>8 Dec 15</td>
<td>Formal confirmation to launch RC from El Nido government</td>
<td>MOH</td>
<td>IHR DO, RD, EC, EM Email/Letter</td>
</tr>
</tbody>
</table>

**I20 14:50 7 Dec 15 09:00**

Widespread panic and confusion; will forward lab and surveillance updates by email; requests summary of RC feasibility assessment for MOH; schedules conference call tomorrow.

**I21 15:05 7 Dec 15 09:30**

Outbreak report and laboratory results.

**I22 15:35 8 Dec 15 09:00**

MOH receives formal letter, conference held to discuss RC recommendation.

**I23 15:45 8 Dec 15 09:30**

Outbreak report and laboratory results.

**I24 16:05 8 Dec 15 11:00**

Formal confirmation to launch RC from El Nido government.
| Time  | 9 Dec 15 09:00 | Regional stockpile will arrive later today; request assistance for distribution plan | IHR NFP | EM (EOC) | TC | • Discuss distribution plan  
• Determine consignee | | • Confirm logistics in the containment zone including distribution plans | JICS confirm stockpile to arrive today  
El Nido confirm who is consignee |
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</tr>
</thead>
<tbody>
<tr>
<td>126</td>
<td>16:30 12:30</td>
<td>Official announcement - Distribution has begun</td>
<td>Press release</td>
<td>ALL Email</td>
<td>END OF EXERCISE</td>
<td>Include risk messages for El Nido population created by team 3</td>
<td></td>
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</table>
## EVENT INJECT FORM

<table>
<thead>
<tr>
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<th>CONTROLLER</th>
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</thead>
<tbody>
<tr>
<td>I01</td>
<td>09:00</td>
<td>Hardcopy/Email</td>
<td>Lucy</td>
</tr>
</tbody>
</table>

### DESCRIPTION OF EVENT

Background information on outbreak in Gallinero

<table>
<thead>
<tr>
<th>EXERCISE DATE</th>
<th>EXERCISE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 December</td>
<td>08:00</td>
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</tbody>
</table>

Distribute background information:

- PanStop2015_I01a_CountryProfile
- PanStop2015_I01b_SituationReport
COUNTRY PROFILE: EL NIDO

El Nido is a small island nation located in the Philippine Sea, approximately 600 kilometres (km) north of Guam and 500 km northwest of the Commonwealth of the Northern Mariana Islands (Fig. A5.1). The nation covers an area of approximately 740 km².

The nation consists of two islands—El Nido and Palomar. The larger island, El Nido, is divided into eight provinces. The islands are mostly flat, with some hills in central El Nido.

Fig. A5.1 Maps of El Nido

The population of El Nido was approximately 122 400 in 2010. The age structure is shown in Fig. A5.2.

Fig. A5.2 Age structure of El Nido

The capital of the country is Calderon, which is home to the country’s only seaport and airport. Most of the rest of the island is surrounded by coral reef. The reef prevents access by large ships, although channels allow small boats to access the island.

There are several main roads through the country, connecting the provinces to Calderon. The country is not large geographically, but domestic travel is limited by road quality. For example, although it is only 40 km from Gallinero town to Calderon, this journey usually takes over an hour by car due to poor road quality. Bus journeys between the provinces take even longer, especially through the hills in the central part of the country.
El Nido is a member of the Pacific Island Nations Trade Agreement. In 2006, it joined the Asia-Europe Meeting partnership and the Association of Southeast Asian Nations. The GDP per capita (GDP divided by mid-year population) has averaged US$ 1805 over the past five years.

The economy of El Nido relies heavily on specialty poultry production. There are eight specialist poultry farms in the country, mostly in the north in Gallinero and Correl provinces. These farms produce a breed of chicken called the Silkie, which is popular in China as a food and as a domestic pet. The Silkie is particularly valued for its luxury feathers (which are said to feel just like silk), its unusual blue skin and its five-fingered feet. However, the Silkie’s delicate feathers do not provide good insulation. During the cold season, the birds are often kept with pigs or other livestock for warmth. Other boutique poultry are produced for export on the island, including Muscovy ducks, quail, and Guinea hen. These are usually exported as vacuum-packed meat products or as live chicks.

Each province in El Nido has a small hospital with an outpatient department and a few inpatient beds. However, provincial health facility capacity is limited, and facilities offering advanced care including oxygen therapy, ventilators and intensive care are available only in Calderon Hospital in the capital city. There is also a public health unit in each province that is responsible for disease surveillance and response.

Laboratory capacity in provincial facilities is also limited. Most provincial facilities are able to perform microscopy (when necessary supplies are available); any additional diagnostics rely on the National Public Health Laboratory (NPHL) in Calderon. The NPHL has a polymerase chain reaction (PCR) machine and is able to identify influenza A, influenza B and respiratory syncytial virus (RSV). Any further testing for influenza subtypes relies on regional support from the WHO collaborating centre in China, with which El Nido has an established relationship.

**SITUATION REPORT**

On 28 November, the Ministry of Health (MoH) was notified of two deaths associated with influenza A. Two previously healthy females, one aged 5 years old (died 24 November 2015) and another aged 6 years old (died 26 November 2015), were confirmed as influenza A(H7N7) cases on 1 December by the WHO collaborating centre at the Chinese National Influenza Center in Beijing (WHO CC China). Further genotyping and sequencing results are pending. Both cases were from Pato village and attended Pato Community School. They presented at Gallinero Community Hospital with severe acute respiratory infection (SARI) on 23 November (Case 1, 5-year-old) and 24 November (Case 2, 6-year-old).

The outbreak investigation by the public health unit found that the two cases were friends and had played with each other in the few days prior to becoming sick. The grandfather of Case 1 is a veterinarian who had attended three avian outbreaks at three different farms in the area (two in Gallinero province, one in Correl province) on 26 October–5 November. He had influenza-like illness (ILI) in the second week of November but recovered after a few days. Case 1 did not visit the farms with her grandfather and had no direct contact with the affected poultry. It was noted that the family owned domestic ducks and chickens, as well as several pigs. No other family members of the cases were symptomatic at the time of the investigation.

Interviews with the owners and workers of the three affected poultry farm revealed that multiple poultry deaths had occurred in the preceding month, with losses at each farm ranging from 20% to 60% of the flock. Symptomatic poultry had been isolated in an attempt to save some of the flock. None of the farm workers had ILI in the previous two weeks, but three workers from Farm A and four workers from Farm B had conjunctivitis in late October and early November.
Since the initial report, the MoH has received notification of two additional ILI cases (29 November) and one SARI case (1 December). The ILI cases are the mother and brother of Case 1. Initial NP samples tested negative for influenza A, influenza B and respiratory syncytial virus (RSV). However, their symptoms deteriorated, so another set of NP samples were collected for testing (1 December). The SARI case is the sister of Case 2 (symptom onset on 29 November). She was admitted to Gallinero Community Hospital on 1 December; laboratory tests are pending.

In response to these notifications, the MoH has informed the Ministry of Agriculture (MoA) (28 November) and deployed a team to support the public health unit investigation (29 November). Blood samples from symptomatic poultry farm workers have been collected and sent to WHO CC China for testing (30 November). The grandfather of Case 1 has repeatedly refused sample collection. On 1 December, the MoH activated enhanced influenza surveillance with daily reporting at the community and capital hospitals and requested the government to activate the national influenza task force.

The MoA also conducted an investigation and identified further poultry deaths at two other farms in Correl province. Poultry and environmental samples from these farms and the farms in Gallinero have been sent to the Australian Institute of Animal Health for testing (30 November).
## EVENT INJECT FORM

<table>
<thead>
<tr>
<th>EVENT ID</th>
<th>SCHED TIME</th>
<th>INJECT MEANS</th>
<th>SIMULATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>I02</td>
<td>09:30</td>
<td>TC</td>
<td>Erica</td>
</tr>
</tbody>
</table>

### DESCRIPTION OF EVENT

First conversation with IHR NFP

### EXERCISE DATE

2 December

### EXERCISE TIME

09:00

IHR NFP shares the following information:

- We’ve sent a situation report outlining events over the past few days. We are concerned about the identification of what we think is a novel virus and the fact that it has killed two schoolchildren in Gallinero.
- More ILI and SARI cases have been detected today in Gallinero. Briefly, six ILI cases and two SARI cases (from school attended by cases 1 and 2). There are more ILI cases than we would usually expect at this time, and many are children from the Pato Community School.
- We’ve also received lab results from WHO CC China for the symptomatic poultry workers, confirming they are positive for A(H7N7). Lab results from NPHL for the family members of the young girls confirm that they are Flu A positive. Will share this information by email after the call.
- Lots of questions about how to investigate the outbreak:
  - Case definitions (*suspected, probable, confirmed*)
  - Sample collection and testing algorithm (*what samples, how/when to collect, which samples to ship to WHO CC China*)
  - What graphs or tables to monitor outbreak (*linelist, epicurve*)
- MoH is planning a press conference for tomorrow about the novel virus discovery (*Request WHO team to support El Nido by developing talking points*)
- Schedule another call for same time tomorrow

*Italics indicate expected outcomes and are included to guide conversation as needed*

Please note any additional information provided to participants or any other comments:
<table>
<thead>
<tr>
<th>EVENT ID</th>
<th>SCHED TIME</th>
<th>INJECT MEANS</th>
<th>CONTROLLER</th>
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</thead>
<tbody>
<tr>
<td>I03</td>
<td>09:45</td>
<td>Email</td>
<td>Lucy</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF EVENT**

Outbreak update and laboratory results

<table>
<thead>
<tr>
<th>EXERCISE DATE</th>
<th>EXERCISE TIME</th>
</tr>
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<tbody>
<tr>
<td>2 December</td>
<td>09:30</td>
</tr>
</tbody>
</table>

To IHR DO:

As discussed in our call this morning, Gallinero Community Hospital has reported that three ILI cases were seen on 30 November 2015, one ILI case was seen on 1 December 2015, two ILI cases were seen on 2 December 2015 and two SARI cases were admitted on 2 December 2015. The two SARI cases were previously reported as ILI cases on 30 November 2015: one male aged 10 years old and one female aged 8 years old.

The public health unit has investigated these ILI and SARI cases and reports that they all attend Pato Community School, the same school as the two cases of A(H7N7) who died last week. Samples were collected from all cases and sent to NPHL for testing.

Please find attached surveillance report and laboratory reports from NPHL and China CDC.

Regards,

Dr Nelson Haro

National Focal Point for International Health Regulations, El Nido

Attachments:

- PanStop2015_I03a_NPHLResults
- PanStop2015_I03b_CCRResults
<table>
<thead>
<tr>
<th>Sample ID</th>
<th>Region</th>
<th>Testing requested</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>S012</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Influenza B: Negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RSV: Negative</td>
</tr>
<tr>
<td>S013</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Influenza B: Negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RSV: Negative</td>
</tr>
<tr>
<td>S014</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Influenza B: Negative</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>RSV: Negative</td>
</tr>
</tbody>
</table>
WHO Collaborating Centre for Reference and Research on Influenza, Chinese National Influenza Center, National Institute for Viral Disease Control and Prevention

LABORATORY RESULTS
2 DECEMBER 2015

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>ElNido-2015-S001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested by</td>
<td>Central Public Health Laboratory, Calderon, El Nido</td>
</tr>
<tr>
<td>Sample type</td>
<td>Nasal swab</td>
</tr>
<tr>
<td>Testing requested</td>
<td>Genotyping and sequencing following positive H7N7 result</td>
</tr>
<tr>
<td>Results</td>
<td>Influenza A(H7N7)v virus is a triple variant that includes segments from avian, human and swine viruses.</td>
</tr>
<tr>
<td>Comments</td>
<td>These is the first time our laboratory has identified a case of this novel influenza A(H7N7)v.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample ID</th>
<th>ElNido-2015-S002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested by</td>
<td>Central Public Health Laboratory, Calderon, El Nido</td>
</tr>
<tr>
<td>Sample type</td>
<td>Nasal swab</td>
</tr>
<tr>
<td>Testing requested</td>
<td>Genotyping and sequencing following positive H7N7 result</td>
</tr>
<tr>
<td>Results</td>
<td>Influenza A(H7N7)v virus is a triple variant that includes segments from avian, human and swine viruses.</td>
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<table>
<thead>
<tr>
<th>Sample ID</th>
<th>ElNido-2015-S003</th>
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<tbody>
<tr>
<td>Requested by</td>
<td>Central Public Health Laboratory, Calderon, El Nido</td>
</tr>
<tr>
<td>Sample type</td>
<td>Serum</td>
</tr>
<tr>
<td>Testing requested</td>
<td>Influenza serology</td>
</tr>
<tr>
<td>Results</td>
<td>Influenza H7N7 Positive</td>
</tr>
<tr>
<td>Comments</td>
<td>None</td>
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<tr>
<td>Sample ID</td>
<td>ElNido-2015-S004</td>
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<tr>
<td>Requested by</td>
<td>Central Public Health Laboratory, Calderon, El Nido</td>
</tr>
<tr>
<td>Sample type</td>
<td>Serum</td>
</tr>
<tr>
<td>Testing requested</td>
<td>Influenza serology</td>
</tr>
<tr>
<td>Results</td>
<td>Influenza H7N7</td>
</tr>
<tr>
<td>Comments</td>
<td>None</td>
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<table>
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<td>Sample type</td>
<td>Serum</td>
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<tr>
<td>Testing requested</td>
<td>Influenza serology</td>
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<tr>
<td>Results</td>
<td>Influenza H7N7</td>
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<td>Comments</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>Testing requested</td>
<td>Influenza serology</td>
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<td>Results</td>
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<tr>
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<tr>
<td>Testing requested</td>
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<td>Influenza H7N7</td>
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<td>Comments</td>
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<tr>
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<tr>
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<tr>
<td>Comments</td>
<td>None</td>
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</tbody>
</table>
IHR NFP shares the following information:

- Follow-up on issues from previous day’s call (as needed):
  - Case definitions (suspected, probable, confirmed)
  - Sample collection and testing algorithm (what samples, how to collect and store, which samples to test, which samples to ship to WHO CC China, how to ship)
  - What graphs or tables to monitor outbreak (linelist, map, epicurve)
- Two SARI cases have been identified in Gallinero. They live in different villages and are not contacts of known cases. There has also been one death (family member of Case 2).
- Will forward latest laboratory results and surveillance report after this call. In summary, two of six schoolchildren tested positive for Flu A, and Australian Institute of Animal Health has confirmed that three of six farms tested from Correl and Gallinero provinces tested positive for A(H7N7).
- MoH has closed the affected school in an attempt to prevent further transmission.
- MoA has begun culling all poultry flocks with recent poultry die-off in Gallinero and Correl provinces and is disinfecting contaminated areas where possible. MoA team is taking samples from all poultry farms in Gallinero and Correl provinces; these will be sent to Australian Institute of Animal Health for testing.
- Request ground assistance from the WHO Regional Office for the Western Pacific with managing the outbreak and designing and implementing control measures. (Provide list of logistics information needed to deploy team. Once participants mention this information, NFP has a logistics summary that can be sent by email.)
- Schedule another call at same time tomorrow.

*Italics indicate expected outcomes and are included to guide conversation as needed*

Please note any additional information provided to participants or any other comments:
## EVENT INJECT FORM

<table>
<thead>
<tr>
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<td>I05</td>
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### DESCRIPTION OF EVENT

Outbreak report and laboratory results and logistics summary

### EXERCISE

<table>
<thead>
<tr>
<th>EXERCISE DATE</th>
<th>EXERCISE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 December</td>
<td>09:30</td>
</tr>
</tbody>
</table>

To IHR DO:

As discussed on our call this morning, please find attached outbreak report and laboratory results from NPHL. Also attached is a summary of travel-related logistics, which should address the questions raised on the call.

Regards,

Dr Haro

National Focal Point for International Health Regulations, El Nido

Attachments:

- PanStop2015_I05a_OutbreakReport
- PanStop2015_I05b_NPHLResults
- PanStop2015_I05c_TravelLogistics
BACKGROUND

A novel influenza virus has been identified in two schoolgirls from Pato village who died in late November. On 27 November, the public health unit in Gallinero province was notified of the two deaths; the public health unit alerted the Ministry of Health of a potential outbreak after identifying more possible cases, as well as poultry deaths, on 28 November. An investigation team was dispatched on 29 November and enhanced surveillance was established.

DAILY SUMMARY

Two severe acute respiratory infection (SARI) cases, males aged 24 and 45 years old, were admitted to Gallinero Community Hospital with symptom onset dates of 26 and 27 November, respectively. Neither case lives in Pato village, and neither has had contact with any of the confirmed cases. Samples have been collected and sent to NPHL for testing.

The sister of Case 2 died this morning.

Australian Institute of Animal Health has confirmed that poultry samples taken from Farms A and B in Gallinero and Farm D in Correl province, but not Farms C and E in Correl province, were positive for influenza A(H7N7).

TOTAL CASE COUNTS
6 suspect cases
5 probable cases
2 confirmed cases
8 hospitalized patients*
3 deaths, including both confirmed cases of influenza A (H7N7)v

*cumulative
## LABORATORY RESULTS

3 DECEMBER 2015

<table>
<thead>
<tr>
<th>Sample ID</th>
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<th>Testing requested</th>
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<tr>
<td>S016</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
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<tr>
<td>S017</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Positive, Influenza B: Negative, RSV: Negative</td>
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<td>Sample ID</td>
<td>Region</td>
<td>Testing requested</td>
<td>Results</td>
</tr>
<tr>
<td>-----------</td>
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<td>------------------</td>
</tr>
<tr>
<td>S018</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Negative</td>
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<tr>
<td>S019</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Negative</td>
</tr>
<tr>
<td>S020</td>
<td>Gallinero</td>
<td>Respiratory panel</td>
<td>Influenza A: Negative</td>
</tr>
</tbody>
</table>
TRAVEL INFORMATION FOR EL NIDO

Airport

There is an international airport in Calderon (CLD) that receives flights from several cities in the region. The airport has a single runway and terminal.

The airport is located just outside the Calderon city centre. There is no regular transport directly to/from the airport. Taxis are available but must be booked in advance. Buses pass by on the main road, 1.5 km from the airport.

Flight schedule

<table>
<thead>
<tr>
<th>Destination</th>
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<th>Airline</th>
<th>Schedule</th>
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</thead>
<tbody>
<tr>
<td>Manila, Philippines</td>
<td>4h 0m</td>
<td>Sichuan</td>
<td>M, W, F</td>
</tr>
<tr>
<td>Seoul, Republic of Korea</td>
<td>4h 50m</td>
<td>Asiana</td>
<td>T, F, SU</td>
</tr>
<tr>
<td>Tokyo, Japan</td>
<td>3h 45m</td>
<td>Delta</td>
<td>SU, TH, S</td>
</tr>
</tbody>
</table>

Entry requirements

All foreign travellers to El Nido are required to have a visa. Visas are available upon arrival at the Calderon Airport for visitors of most nationalities. A 30-day visa costs US$ 15. Please confirm with your in-country contacts prior to travel whether you are able to purchase a visa on arrival. Visitors staying longer than 30 days must apply for and receive a separate visa prior to arrival.

Your passport should be valid for a period of at least six months from the date of your arrival in El Nido.

Departure Tax

A mandatory departure tax of US$ 20 and an environmental fee of US$ 30 are applicable to all travellers.

Money

There are ATMs in Calderon, but not all of them accept foreign cards. Credit cards are not widely accepted.

Hotels

- Calderon Palace Kempinski
- Sheraton El Nido
- Auberge le Heron
- Les Acacias Hotel
Local transport

Taxis and buses are available for transport within Calderon. Transportation between provinces can be made by bus or by hired private car.

Security

El Nido is generally safe and crime levels are relatively low, but street crime does occur. There have been reports of an increase in burglary, theft and mugging in Calderon in recent months. You should take precautions with valuables and remain vigilant.

Terrorism

There is a low threat from terrorism.

Natural disasters

There are occasional earthquakes, and El Nido has been affected by recent typhoons in the Philippine Sea.

Health information

Medical facilities

Only limited medical facilities are available in El Nido. In the event of serious accident or illness, evacuation by air ambulance to Japan or the Republic of Korea may be required. Make sure you have adequate travel health insurance and accessible funds to cover the cost of any medical treatment abroad and repatriation.

Immunizations

- Confirm primary courses and boosters are up to date as recommended in your home country, including vaccines required for occupational risk of exposure, lifestyle risks and underlying medical conditions.
- Courses or boosters usually advised: hepatitis A and tetanus.
- Other vaccines to consider: diphtheria; hepatitis B; typhoid.
- No yellow fever vaccination certificate required for this country.

Notes on the diseases mentioned above:

- Diphtheria is spread person to person through respiratory droplets. Risk is higher if mixing with locals in poor, overcrowded living conditions.
- Hepatitis A is spread through consuming contaminated food and water or person-to-person contact through the faecal–oral route. Risk is higher where personal hygiene and sanitation are poor.
- Hepatitis B is spread through infected blood and blood products, contaminated needles and medical instruments, and sexual intercourse. Risk is higher for those at occupational risk, long stays or frequent travel, children (exposed through cuts and scratches) and individuals who may need, or request, surgical procedures abroad.
- Tetanus is spread through contamination of cuts, burns and wounds with tetanus spores. Spores are found in soil worldwide. A total of five doses of tetanus vaccine are recommended. Boosters are usually recommended in a country or situation where the correct treatment of an injury may not be readily available.
- Typhoid is spread mainly through consumption of contaminated food and drink. Risk is higher where access to adequate sanitation and safe water is limited.
Malaria

Malaria not normally present unless the illness was contracted abroad.

Local laws and customs

Photography of government buildings is prohibited.

There are heavy penalties for all drug offences.

Plastic bags have been banned for environmental reasons. Visible plastic bags will be confiscated on arrival at the airport.
### EVENT INJECT FORM

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**DESCRIPTION OF EVENT**

National press report on outbreak

**EXERCISE DATE** 3 December **EXERCISE TIME** 14:00

Distribute hardcopy of national press report on outbreak:

- PanStop2015_I06a_NatlPressReport
MPs commend environment protection policy

A visiting delegation of Members of Parliament has commended the country’s environment protection policy.

New plant to address city water woes

Frustration over persistent water shortage among city dwellers could soon wane when water plant begins to supply more 25,000 cubic metres in the next two months.
3 December 2015

Poultry and villagers dying in Gallinero

Residents of Gallinero are facing an unprecedented threat that has taken both poultry and human life.

Two schoolchildren in Gallinero died last week, within days of falling ill to a mysterious disease. The two girls studied together at Pato Community School and were only 5 and 6 years of age.

“This is a tragedy for our community. It has been many years since children of this age have fallen ill and died so quickly,” reported the girls’ teacher at the school. He continued, “We are not unfamiliar with death in this country, but usually it is the very young or the very old who die from disease. These girls were strong and healthy. Just a few days before they fell ill, both were running around and leading games in the school grounds.”

The families of both girls are in shock. Neither would respond to our request for interview, and we have learnt that the mother and brother of one girl and the sister of the other are also ill. A number of other children who attend Pato Community School are also ill and have been unable to attend class.

“I am so worried about my son,” said the mother of one of the sick children. “He is usually such a happy boy with so much energy, but now he is not himself. But I am thankful that he is not as sick as his classmates. I cannot imagine what the parents of [the two girls] are going through right now.”

The schoolchildren and their families are not the only ones who are suffering. Three poultry farms in Gallinero and Correl province have experienced disease that has killed 20% to 60% of flocks, a significant loss to farm owners and the region’s economy.

“We tried to isolate the sick birds, but too many of the flock were infected,” said one of the farm owners, who requested not to be named for fear of further loss.

Although it is not clear whether the girls’ deaths are linked to the poultry deaths, it has been confirmed that the girls were infected with avian influenza H7N9, which has previously been detected in bird populations in Asia. Most patients who have contracted this virus have become severely ill, so it is of great concern to the population of Gallinero – and the broader population of El Nido – that this virus has now appeared in our country.

Ministry of Health officials did not immediately respond to requests for comment.
### EVENT INJECT FORM

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#### DESCRIPTION OF EVENT

Update and public health messaging

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<tbody>
<tr>
<td>4 December</td>
<td>09:00</td>
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</table>

IHR NFP shares the following information:

- Latest laboratory results confirm three sick family members of Cases 1 and 2 are positive for A(H7N7)v and the two SARI cases admitted yesterday are positive for Flu A. One of the family members has died. The SARI cases worked at a Gallinero slaughterhouse. Their condition has deteriorated and they have been transferred to Calderon Hospital. One of the SARI cases attended a celebration in Correl province on 28 November. Details are in the outbreak report. Will forward latest outbreak report and laboratory results. ([What advice and recommendations does the WHO Regional Office team have on investigation and control?](#)

- Poultry from Farm C (in Correl province) have been exported to China through informal export routes. Exports include both live birds for pets and processed meat for consumption. MoA has contacted Chinese counterparts to trace chickens exported to local Chinese markets. MoA has now implemented an export ban covering poultry products from Gallinero and Correl provinces to prevent further potential transmission in avian populations. ([WHO Regional Office to contact China NFP to inform China MoH of exported poultry.](#)

- The culling programme implemented by MoA has caused unrest among the local population and farmers whose flocks are currently not affected and who are refusing to let MoA officials onto their properties. MoH is concerned because of implications on human health. ([risk communications related to culling programme](#)

*Italics indicate expected outcomes and are included to guide conversation as needed*
To IHR DO:

As discussed on our call this morning, please find attached the outbreak report and laboratory results from NPHL and China CDC.

Regards,

Dr Haro

National Focal Point for International Health Regulations, El Nido

Attachments:

- PanStop2015_I08a_OutbreakReport
- PanStop2015_I08b_NPHLResults
- PanStop2015_I08c_CCResults
BACKGROUND
A novel influenza virus has been identified in two schoolgirls from Pato village who died in late November. On 27 November, the public health unit in Gallinero province was notified of the two deaths; the public health unit alerted the Ministry of Health of a potential outbreak after identifying more possible cases, as well as poultry deaths, on 28 November. An investigation team was dispatched on 29 November and enhanced surveillance was established.

DAILY SUMMARY
The two SARI cases that were admitted to Gallinero Community Hospital yesterday deteriorated overnight and are being transferred to Calderon Hospital. Family members have confirmed that both men work in the slaughterhouse in Gallinero. Family members also report that one of the cases, the 24-year-old man, went to a village celebration in Correl province on 28 November.

The brother of Case 1 died early this morning.

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<tr>
<td>04/12/2015</td>
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</table>

Epicurve showing confirmed and possible cases of influenza A(H7N7)v by date of onset

TOTAL CASE COUNTS
- 4 suspect cases
- 4 probable cases
- 5 confirmed cases
- 8 hospitalized patients
- 4 deaths (80% of confirmed cases of influenza A (H7N7)v)
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LABORATORY RESULTS
4 DECEMBER 2015

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<td>H1 (seasonal)</td>
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<tr>
<td>H1 (pandemic)</td>
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| Comments | None |

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<td>Influenza B</td>
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<td>H1 (seasonal)</td>
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<tr>
<td>H1 (pandemic)</td>
<td>Negative</td>
</tr>
<tr>
<td>H3</td>
<td>Negative</td>
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<td>H5</td>
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<table>
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<tr>
<th>Results</th>
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<tbody>
<tr>
<td>Influenza A</td>
</tr>
<tr>
<td>Influenza B</td>
</tr>
<tr>
<td>H1 (seasonal)</td>
</tr>
<tr>
<td>H1 (pandemic)</td>
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<tr>
<td>H3</td>
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<tr>
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<td>H7</td>
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<td>H7N7v</td>
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</table>

<table>
<thead>
<tr>
<th>Comments</th>
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</table>
To Dr Haro:

Attached is a letter from the Regional Director for the Western Pacific Regional Office of the World Health Organization to the Minister of Health of El Nido. In the interest of time given the urgency of the outbreak situation, I am sending this letter electronically and would request that you forward it to the Minister of Health as soon as possible.

Thank you for your assistance in this matter.

Regards,

Dr Olowokure

Attachments:

- PanStop2015_I09a_LetterReFieldTeam
Dr Edwards  
Minister of Health  
Ministry of Health  
Calderon, El Nido  

4 December 2015  

Dear Minister:  

The field team has been deployed to support El Nido in its investigation of the influenza A(H7N7)v outbreak. The team is highly experienced in this type of work and is fully prepared to support the Ministry of Health as needed. The Emergency Operations Centre in Manila is providing additional support and expertise to assist the field team and the country in its response.

I respectfully request that you facilitate the arrival and activities of the field team. They are scheduled to arrive at 11:30 this morning on a direct flight from Manila and will be prepared to begin work as soon as they arrive.

Very respectfully,

Dr Shin Young-soo  
Regional Director
Evaluation form

I RECEIVED all of the information that I needed to engage with my colleagues regarding a rapid containment operation.

<table>
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<th>3</th>
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</table>

Not Enough  Sufficient
Or: not applicable____

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

<table>
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<th>1</th>
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</tbody>
</table>

Not much  Sufficient
Or: not applicable____

3. Did the exercise provide sufficient opportunity to understand the strengths and weaknesses of readiness and capability to implement rapid containment?

   Yes____ No____ If no, please briefly explain why:

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

   Yes____ No____ If yes, please briefly explain why:

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

Thanks for participating!

Please send the completed evaluation form to panstopcontrol@wpro.who.int on 3 December 2015.