

Simulation Exercise Vector Report (edited)

Executive summary

ECDC simulation exercise Vector was a table top exercise which was held in May 2016 in a hotel venue in a MS capital city. The exercise was delivered in English to 26 participating countries from the EU Member States (MS), Enlargement and European Neighbourhood Policy (ENP) countries. The aim was to exercise the public health emergency preparedness of the participating countries to a major outbreak of mosquito-borne viral disease, of both national and international dimensions. DG SANTE, WHO Euro, WHO EMRO and ECDC also participated in the exercise.

The scenario was based on the outbreak of dengue fever in neighbour countries and then within countries.

Overall, the exercise was very well received by participants and highlighted key challenges and areas for development. The main areas for development identified during the exercise were the need to improve vector surveillance and to develop national plans. The main international issues were communication, cooperation and collaboration. Overlapping responsibilities and lack of staff and resources were also highlighted as key issues as well as lack of training for epidemiologists and entomologists. The main suggested solutions were to update surveillance studies, develop action plans, to train epidemiologists and entomologists and to allocate trained resources. Other suggested solutions were to have more exercises and to continue training at international and country level.

Introduction

As part of its activities aimed at supporting capabilities in health emergency preparedness of EU Member States, Enlargement and European Neighbourhood Policy countries, ECDC organized a “simulation exercise training week”.

This “simulation exercise training week”, which was built upon the ECDC "Handbook on simulation exercises in EU public health settings", was based on a training course to equip the course participants with the knowledge and the set of skills that enabled them to conceptualise, plan, conduct and evaluate exercises in their countries and/or organisations. The last two days of the course involved a simulation exercise.

This report covers the simulation exercise which was held on 19-20 May 2016 at a hotel venue in a MS capital city. The exercise was delivered in English to the 26 participating countries (see Annex A for a list of participants and countries).

Aim of the Exercise

To exercise the public health emergency preparedness of the participating countries to a major outbreak of mosquito-borne viral disease, of both national and international dimensions.

Exercise Objectives

The objectives of the exercise were:

- In-country emergency recognition and management: detect and risk assess the situation, activate emergency organisation and plans, manage and monitor the emergency;
- Inter-sectoral collaboration: work effectively between the health and key related sectors, to assess the risks and manage the emergency;
- International collaboration: interact effectively with contiguous and other countries in the wider region, and international authorities, to assess, manage, communicate and work collaboratively to address, mitigate and resolve the international emergency;
- Risk communication: to communicate effectively regarding the health risks, between stakeholders, professionals and the public.

Review and evaluation: for each country to reflect on potential lessons from the exercise relating to their present state of preparedness for public health emergencies, involving mosquito borne viral diseases in particular, and for communicable disease events more generally.

Scenario

The scenario was based on the outbreak of dengue fever in neighbour countries and then within countries which participants responded to using the plans and protocols that ECDC has in place for PHE management. The scenario will be based on an outbreak(s) of a mosquito-borne disease that will address the aim and objectives of the exercise.

Participants

Senior preparedness and response experts from EU Member States, EU enlargement countries, and European Neighbourhood Policy partner countries participated in the exercise. DG SANTE, WHO Euro, WHO EMRO and ECDC also played in the exercise.

31 countries were invited to attend the exercise of which 26 attended.

The exercise was attended by 75 participants (including three independent expert observers, members of ECDC, WHO and the European Commission).

MS, ENP and Enlargement participants:	64
Additional (facilitators):	3
ECDC:	5
WHO EURO, WHO EMRO, European Commission:	3
Overall total:	75

Format of the exercise

The participants were distributed in seven different groups (see table below). Each table was formed by three or four countries from the three different areas (MS, Enlargement and ENP) wherever possible to enable interactions with other countries in the wider region. The European and international agencies were an intrinsic part of the exercise and had their own table.

Each of the tables had a facilitator. Representatives from WHO, ECDC and the European Commission formed table 8.

Table number	Countries
Table 1	Albania, Italy, Croatia, Tunisia
Table 2	Kosovo*, Romania, Moldova, Ukraine
Table 3	Turkey, Bulgaria, Georgia, Armenia
Table 4	Bosnia and Herzegovina, Spain, Lebanon

Table 5	Montenegro, Portugal, Hungary, Morocco
Table 6	The former Yugoslav Republic of Macedonia, Greece, Jordan, Israel
Table 7	Serbia, Cyprus, Egypt, Algeria

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Exercise delivery

A welcome and introductory presentation at the start of the morning session outlined the programme for the day and described how to participate in the exercise. Delegates received paper injects asking them to consider the issues, risks and challenges raised by the scenario provided to them. The scenario although fictitious was as realistic as possible in order to stimulate discussion and engagement. The scenario was based on the outbreak of dengue fever in neighbour countries and then within countries.

During the exercise, delegates worked together by country responding to the scenario and associated questions. Each country recorded their decisions and actions taken on the sheets provided, highlighting gaps or where further development was required. Each country then discussed their findings with other countries on their table and identified 3 key points. A spokesperson on each table fed back in plenary at various points during the day. The green answer sheets were collected at the end of the exercise to inform this report.

A facilitator joined each table to prompt the discussion, and make sure timings were kept to.

The afternoon of day 2 provided the opportunity for reflective evaluation where each country was invited to feedback individually on national and international arrangements, key issues and areas where further development was required.

Subject Matter and Policy Experts from International organisations (WHO Euro, WHO EMRO, ECDC and DG Sante) were available throughout the exercise to provide advice, guidance and support.

Role of facilitators

- Assisting their table by time-keeping, ensuring the green response templates were completed and generally acting as trouble-shooter if needed
- Facilitating appointment of a spokesperson and note taker and supporting them during the exercise
- Reminding their group they are free to interact with other tables if they need to

- Encouraging their group to access advice or clarification from Subject matter and policy experts available if required
- Feedback to ECDC and Exercise control at the end of day 1 and day 2.

Independent expert evaluators

Three of the facilitators were also experts that had been invited by ECDC as independent evaluators, to assist ECDC and its contractor to evaluate the exercise and to identify areas for improvement in the planning and delivery of future exercises. They were asked to send independent reports directly to ECDC.

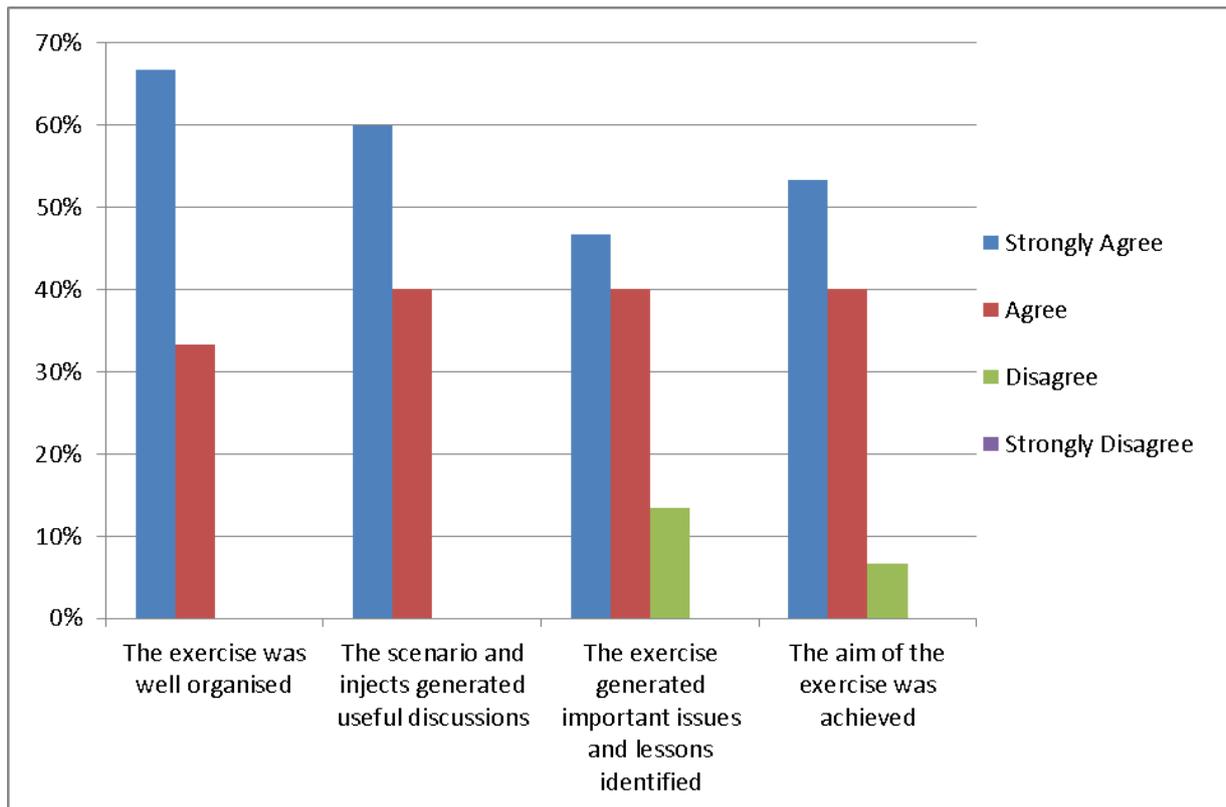
Delegate feedback

Of the 75 participants, 47 submitted completed delegate feedback forms for the simulation exercise.

Table 1 shows the overall participant ratings.

	Strongly agree	Agree	Disagree	Strongly disagree	Total
The exercise was well organised	57%	43%	0%	0%	100%
The scenario and injects generated useful discussions	51%	49%	0%	0%	100%
The exercise generated important issues and lessons identified	40%	51%	9%	0%	100%
The aim of the exercise was achieved	43%	53%	4%	0%	100%

Table 1: Participant ratings



Graphic 1: Participant ratings

Participants were asked what they considered were the main national issues for their countries that needed to be addressed. The general view for the Member States under national issues involved improving vector surveillance. Under the EU Enlargement countries, the surveillance issues were also mentioned along with the need to develop national plans, and for the European Neighborhood Policy partner countries there was no common thread. Overall very similar issues appeared under the three different groups.

Participants were also asked to state the main international issues. Sharing information was the general view for the Member States and communication, cooperation and collaboration were a common thread for the EU Enlargement countries. For the European Neighborhood Policy partner countries collaboration and communication seemed to be also the main issues.

Overall, the exercise was very well received by participants with 100% agreeing it was well organised and 100% agreeing that the scenario and injects generated useful discussions. Only two people attending the exercise thought that the aim of the exercise was not achieved but did not give any reasons.

Reflective evaluation

In addition to the individual feedback forms, participants were also given an evaluation to complete per country. This evaluation contained five different topic areas: internal recognition and management of disease outbreaks, inter-sectoral collaboration, international collaboration, communication and good practice to be shared. The highlights and common threads on the issues encountered and suggested solutions are as follows:

Internal recognition and management of disease outbreaks:

- Old studies on mosquito surveillance and lack of written specific plans for vector borne disease. Vector control management and surveillance needs to be improved. The suggested solutions are: updated surveillance study and develop actions plans.
- Overlapping responsibilities and lack of staff and resources. Suggested solution is allocation of trained resources.
- Lack of training for epidemiologists and entomologists, which is lacking in rural or remote areas, was also raised as a key challenge. Suggested actions: training.

Inter-sectoral collaboration:

- One of the key challenges was to have a clear list of responsibilities and decision makers and the main suggested action was to hold more simulated exercises and meetings with focus on inter-sectoral collaboration, involving non-health and non-human sectors such as veterinarian protection.
- Lack of sufficient or continuous collaboration. Although there was no common thread in the answers under suggested actions, one of the most relevant was the need to establish a mechanism for better collaboration.
- Lack of human and financial resources and the common thread on suggested actions was the need of training

International collaboration:

- Some of the issues in this area were a discrepancy between international organisations' messages and that the communication with non EU countries is less smooth. The main suggested solution was to have more exercises and continuing training at international and country level.
- Other key challenges were the use of IHR for international communication and that the posting platform in ECDC is not user friendly. The suggested action was the improvement of the ECDC platform and improvement of collaboration between national focal points
- Insufficient international collaboration, defect in information sharing and to improve existing open channels with neighboring countries and international agencies. Some of the suggested actions were to develop bilateral response

plans including the information exchange and develop protocols for regular information sharing

Communication:

- Some of the issues were how to face the media, effective communication to health professionals, not having a dedicated communication team and not enough staff. The actions suggested were posters and leaflets to be prepared and disseminated, presenting the real situation in a way that can be better understood, improve communication plan and websites and education of professional staff.
- The need of human resources and gaps in the communication flows. The suggested actions included developing brochures.
- Some countries highlighted their lack of national communication strategy about health risk, lack of a communication platform for emergency communication and no training on communication. The suggested actions included to establish a communication plan at national level and conducting training on communication.

Good practice to be shared:

- some of the examples given were the www.mosquitoalert.com, the flood 2014 and adopting good practices from other crises (e.g. malaria) to respond to VBD
- The good existing system and experience for malaria (malaria elimination)

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Cold debrief

A cold debrief involving members of ECDC, PHE and two independent observers took place by teleconference in June 2016.

Annexes:

A. List of Attendees

List of Attendees

Member States

	Name	Email address
Bulgaria		
Croatia		
Cyprus		
Greece		
Hungary		
Italy		
Portugal		
Romania		
Spain		

ENP Countries

Algeria		
Armenia		
Egypt		
Georgia		
Israel		
Lebanon		
Moldova		
Morocco		
Tunisia		
Ukraine		

EU candidate and potential candidate countries (Enlargement countries)

Albania		
Bosnia and Herzegovina		
Kosovo*		
Montenegro		
Serbia		
The former Yugoslav Republic of Macedonia		
Turkey		

* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence

Additional MS Experts, International Organisations and ECDC Staff

Netherlands		
Norway		
Luxembourg		
WHO EURO		
WHO EMRO		
European Commission		
ECDC		

PHE Staff

PHE		
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