2014 ASEAN REGIONAL FORUM (ARF)
BIO-PREPAREDNESS TABLE TOP EXERCISE
PARTICIPANT GUIDELINES
WEDNESDAY, 27 AUGUST 2014

The primary purpose of this bio-preparedness workshop is to use a realistic scenario and tabletop material that provide participants the opportunity to consider additional planning and details that build on the first day presentation of the workshop. An additional goal is to explore the draft National Bio-Preparedness Guidelines provided and to develop further any other considerations not previously included.

This tabletop exercise is not a test. Rather, the scenario and the five additional injects included are a means by which workshop participants can learn about the primary opportunities and challenges posed during a bio-related event and ultimately develop the draft National Bio-Preparedness Guidelines, included as a template. To ensure all participants gain the most from the scenario and tabletop exercise, all participants are encouraged to engage fully during discussions, raise questions and use their professional expertise to further the work of their assigned group.

The theme of the tabletop exercise is regional bio-preparedness coordination, and its objectives include:

- Raising awareness of the global interconnectedness of pandemics, emerging infectious diseases and bio-terrorism risks;
- Evaluating existing best practices and cross-disciplinary mechanisms for bio preparedness coordination and planning;
- Encouraging increased sharing of bio-related information, research and related surveillance.

Working Groups: Participants will be divided into five working groups. Four of the groups will be geographically based and one will be a senior policy group. All of the working groups will have a blend of professional backgrounds. Before the exercise, the group members will choose a group leader to assist the facilitator to manage the group as it responds to the exercise tasks. Each group will also appoint a briefer to present the group's conclusion in the plenary session on Day 3, Thursday, August 28, 2014.

Facilitators: Each group will have at least one or two facilitators to support the lead facilitators. The facilitators' role is to monitor the group as it works its way through the exercise and scenario, answer any technical questions from the group and, when appropriate, act as the official who is being briefed as part of the exercise following the scenario and inject.

All facilitators will primarily observe and not interfere with the conduct of the exercise/scenario, and be responsible for introducing the exercise scenario and injects. Before each group presents its findings to the plenary session, the facilitators will work with the group leader and assigned briefer to ensure they understand all assigned tasks, have prepared adequately, and have resolved any outstanding issues.

Artificiality: The exercise/scenario will contain a degree of artificiality that is essential to construct the exercise and provide a meaningful role for all participants. For the purpose of this simulated exercise, each working group will play the role of experts convened as a "Regional Bio-Preparedness Task Force," whose primary functions are to coordinate a regional analysis, issue warnings and recommend response actions for an evolving biological challenge.

The way this exercise and scenario is introduced does not seek to replicate established systems, procedures or processes. Participants are encouraged not to "fight the scenario" on the basis that this is not how it is done in a specific country. The design of the tabletop exercise deliberately avoids using real-life procedures, although many of the actions and events included are based on similar real-life examples.

Conduct of the Exercise: This exercise is built around a scenario and utilizes statements by countries, organizations such as the World Health Organization (WHO) and fictitious press releases to provide context to the overall scenario. The scenario is augmented by the regular introduction of supplementary information (*injects*).

Under the group leader, participants will be expected to process and analyze the information and when appropriate, respond directly to a series of tasks or questions. These tasks are meant to serve as an opportunity to discuss key concepts or develop options or potential solutions to a certain problem. Initial tasks will be briefed to the group's facilitators, but the collective and final tasks will be briefed to the entire symposium in the plenary room.

Participants are encouraged to use supporting documentation and, if necessary, access the internet for additional sources of information as required.

Scenario Agenda: The tabletop exercise will open with a baseline scenario followed by five additional injects. The facilitators, group leaders and participants are encouraged to work through all five injects, however there is no requirement to do so if more productive discussions are occurring in the working group.

Baseline Scenario: The Emerging Threat and Initial Response
Inject 1: Increasing Strain on Public Health Systems
Inject 2: Developing a Medical Countermeasures Strategy
Inject 3: Restriction of Movement Strategies and Policies
Inject 4: Strategic Communications and Social Media Considerations
Inject 5: Governance and Risk of Societal Breakdown

BASELINE SCENARIO: THE EMERGING THREAT AND INITIAL RESPONSE

Summary Facts for Baseline Scenario:

- Today is 16 February 2015
- Novel coronavirus first reported 1 January 2015
- World Health Organization issues "Novel Coronavirus Infections Warning" released 9 February 2015
- World Health Organization Issues "Interim Surveillance Recommendations for Human Infection with Novel Coronavirus" released 12 February 2015
- You have been assembled as a Regional Bio-Defense Task Force

Excerpts of relevant released documents are below:

1. REPORT OF UK HEALTH PROTECTION AGENCY 1 JANUARY 2015

A 49-year-old man Pakistani man, who was being treated with a coronavirus respiratory illness similar to the 2014 "Saudi SARS" case, died this morning in a UK hospital. The illness showed similar symptoms to a cluster of possible coronavirus cases in the Netherlands and the United States.

The patient arrived in the UK 5 days ago (26 December 2014) on a flight from Karachi and was admitted to an intensive care ward a day later. Laboratory tests are continuing to determine the threat this new virus might pose. In light of the severity of the illness that has been identified in these cases, immediate steps have been taken to ensure that people who have been in contact with the UK patient were not infected. There is no evidence to suggest that they were infected.

Finally, we stress that our preliminary laboratory analysis is suggesting that this may be a novel form of coronavirus and to date has not been identified in humans. In addition, there is a concern that it might not be the same as the "Saudi SARS" virus and that it might allow for human-to- human transmission. This has not been confirmed.

2. WORLD HEALTH ORGANIZATION: NOVEL CORONAVIRUS INFECTIONS WARNING 9 FEBRUARY 2015

WHO has today stepped up several activities aimed at strengthening the international response to the recent emergence of a novel coronavirus. Coronaviruses are a large family of viruses that includes viruses that cause the common cold and SARS. To date, almost all reported cases have occurred in health workers involved in the direct care of reported cases or in close contacts, such as family members, giving rise to the possibility of human transmission. As of Wednesday 9 February 2015, a cumulative total of 70 suspected or probable cases and 44 deaths (CFR 63%) have been reported from 15 countries.

The speed of international travel creates a risk of rapid spread to additional areas. Because the clinical course and epidemiological behavior of this disease are poorly understood, WHO is calling upon national health authorities to maintain close vigilance for suspected cases. There is currently insufficient justification for any formal restriction in travel or trade.

Country	Cases	Deaths	Country	Cases	Deaths
Indonesia	13	7	Philippines	3	3
Pakistan	11	8	Netherlands	3	2
India	8	5	United States	3	1
Singapore	6	4	Japan	2	1
UK	4	2	Canada	2	1
Saudi Arabia	4	2	Vietnam	2	2
China	4	2	Australia	2	1
Afghanistan	3	3			

3. WORLD HEALTH ORGANIZATION: INTERIM SURVEILLANCE RECOMMENDATIONS FOR HUMAN INFECTION WITH NOVEL CORONAVIRUS
12 FEBRUARY 2015

Based on additional information received since the original surveillance recommendations were published, WHO is updating its guidelines for surveillance. Patients have generally presented with pneumonia, though a significant proportion have also suffered renal failure. The fact that there have been persistent occurrences in clusters and amongst health workers has raised concern about human-human transmission, although there is currently no evidence that this has occurred. The source of the virus, the spectrum of illness and the mode of transmission are currently unknown or yet to be confirmed. The revised surveillance recommendations, along with a number of directed investigations being carried out in most of the affected countries, have been developed to address these key issues. The following should be carefully investigated and tested for novel coronavirus:

1. Patients under Investigation
   - Persons with acute respiratory infection, which may include history of fever or measured fever (> 38 degrees C, 100.4) and cough, AND
   - Suspicion of pulmonary parenchymal disease (e.g. pneumonia or Acute Respiratory Distress Syndrome, based on clinical or radiological evidence of consolidation, AND
   - Residence or history of travel to the Arabian Peninsula or Pakistan within 10 days before onset of illness, AND
   - Not already explained by any other infection or etiology, based on all clinically indicated tests for community-acquired pneumonia under local management guidelines. It is not necessary to wait for all test results for other pathogens before testing for novel coronavirus.
2. Patient Contacts
   - Individuals with acute respiratory illness of any degree of severity who, within 10 days before onset of illness, were in close contact with a confirmed or probable case of novel coronavirus infection, while the patient was ill.
   - Any person who has had close contact with a probable or confirmed case while the probable or confirmed case was ill should be carefully monitored for the appearance of respiratory symptoms. If symptoms develop within the first 10 days after contact, the individual should be considered a “patient under investigation,” regardless of the severity of illness, and investigated accordingly.
3. Clusters

- Any cluster of severe acute respiratory infection (SARI), particularly clusters of patients requiring intensive care, without regard to place of residence or history of travel, AND
- Not already explained by any other infection or etiology, based on all clinically indicated tests for community-acquired pneumonia under local management guidelines.

4. Health Care Workers

- Health Care Workers with pneumonia who have been caring for patients with severe acute respiratory infections, particularly patients requiring intensive care, without regard to place of residence or history of travel, AND
- Not already explained by any other infection or etiology, based on all clinically indicated tests for community-acquired pneumonia, under local management guidelines.

Recommendations for Enhanced Surveillance: Health care providers should report immediately to national authorities, through established reporting channels, all individuals recommended for investigation as above.

- Follow existing protocols for respiratory disease surveillance, which includes the investigation of clusters and other unusual respiratory events.
- Based on current information on confirmed cases, WHO does not advise special screening at points of entry with regard to this event nor does it recommend that any travel or trade restrictions be applied.
- Member States that have the capacity may wish to also consider testing:
    - Patients with pneumonia with no other known etiology, without regard to place of residence or a history of travel. This could include retrospective testing of stored respiratory specimens from patients with pneumonia of unexplained etiology.

Reporting

- WHO requests that probable and confirmed cases be reported within 24 hours of classification through the Regional Contact Point for International Health Regulations at the appropriate WHO Regional office.

4. REQUEST TO REGIONAL BIO-PREPAREDNESS TASK FORCE (RBPTF) 16 FEBRUARY 2015

Following the meeting of regional health ministers in Hanoi on 14 February 2015, it was agreed that the RBPTF would undertake an immediate study into how the region can best respond to the unfolding novel coronavirus outbreak. The Task Force is therefore requested to provide the following:

1. An evidence-based assessment of the global and regional threat. What are your primary concerns, given the current situation?
2. Provide a prioritized checklist of key bio-preparedness activities that will support regional risk mitigation efforts, including but not limited to:
    - Risk Assessment and Management of outbreak
    - Case Management
    - Epidemiology
    - Public Health
    - Diagnostics and verification of results
    - Laboratory safety infection control logistics
    - Risk Communication

3. Provide a model for a regional information architecture to support existing information-sharing channels and to strengthen regional cooperation efforts during a pandemic crisis.
4. An assessment of how the Bio-surveillance National Guideline Template helps in responding to the crisis
5. Other relevant bio-surveillance, protection and mitigation considerations for the region.

Be prepared to brief your findings in 45 minutes to the facilitator. Do not exceed a seven minute brief.