



A PANDEMIC INFLUENZA  
EXERCISE  
FOR  
THE EUROPEAN UNION

# EXERCISE COMMON GROUND

**Serial 5.0**  
Final Report  
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## Executive Summary

### Introduction

Exercise COMMON GROUND was conducted by the UK's Health Protection Agency (HPA) as a Command Post Exercise (CPX) over a two-day period on 23 to 24 November 2005. This exercise was the second of two European Union exercises commissioned by the European Commission (EC) to evaluate the ability and capabilities of Member States to respond to a health-related crisis, in this case an influenza pandemic.

### Conduct of the Exercise

The conduct of this exercise as a CPX provided scope for hundreds of players at two levels of response – national and international – to react to a series of fictitious events as they would have to do in the event of a real emergency. (See Appendix A for the level of participation by Member states). Players in the exercise included the EC, European Centre for Disease Control (ECDC), the 25 Member States, European Economic Area (EEA) States, Switzerland, European Agency for the Evaluation of Medicinal Products (EMEA), European Vaccine Manufacturers (EVM), pharmaceutical companies and the World Health Organisation (WHO). The exercise was intended, amongst other objectives, to provide the players with an opportunity to explore international coordination with the EC's Health Emergency Operations Facility and was based on a realistic model of an influenza pandemic developed by the modellers at the HPA.

### Issues Identified

The experience served to heighten the issues identified on Exercise NEW WATCHMAN, which was conducted along similar lines in October 2005. The main issues identified during Exercise COMMON GROUND were that:

- There seems to be some variability as to what extent Member States, EEA States and Switzerland have included an international dimension in their Pandemic Influenza Plans; it was noted that many focused on national issues rather than international affairs during the early stage of the exercise.
- The EC should consider further develop their generic plan taking into account the international dimension of the national plans of Member States to include a checklist of appropriate measures that have to be taken by Member States and the Community applicable to each phase / alert level.
- The roles and responsibilities of the WHO, the EC and the ECDC during a crisis response need to be better understood by the Member States.
- Existing communication tools in the Commission will have to be enhanced and adapted:
  - The Early Warning Response System (EWRS) is a robust system for the purpose for which it was intended. However, it was used as a decision support tool during the exercise, which it was not designed for. The system needs to be used strictly for the



- purpose it is intended under EC law (Decision 2119) i.e. notification of cases, information, consultation and coordination of public health measures.
- A restricted web site for crisis management and situational awareness (Health Emergency and Diseases Information System – HEDIS) which is currently under development needs further enhancement.
  - The system needs to be extended to include adequate decision support capacity and analytical tools.
  - Teleconferences during a crisis posed some difficulties.
  - Member States EEA States and Switzerland need to have adequate command and control centres with good liaison systems (audio and video conference tools, adequately equipped crisis rooms) with other States, the Commission and partner agencies as well as international organisations, in particular the WHO.

### Responding to the Crisis

There were some obvious examples of coordination efforts by the EC and ECDC during the exercise, particularly the holding of audio-conferences with detailed agenda and attention points which helped immediate issues. Also, the setting up by the ECDC of a helpful website, which provided a good overview of the situation and reporting forms for surveillance purposes. Additionally, the EC provided reporting forms for the Member States to feed-back on public health measures taken. These initiatives would be useful in a real crisis.

There were also a number of examples of good, coordinated cooperation on the development of media responses between Member States but overall it appears that most responses to media requests were provided at the national level without reference to or consultation with others. Although not required by Community law, there was no EC coordination on messages to the public. It is desirable that such coordination takes place. Cooperation in providing common, coordinated media themes could be enhanced.

Expanding and improving the capability of the EC to coordinate a response to a crisis is highly desirable. The issues identified in Exercise COMMON GROUND are complex and their resolution will not be easy. However, the value of an exercise is that authorities and organisations are able to learn from their experiences and they have an opportunity to enhance their capabilities so that responses to real crises are improved.

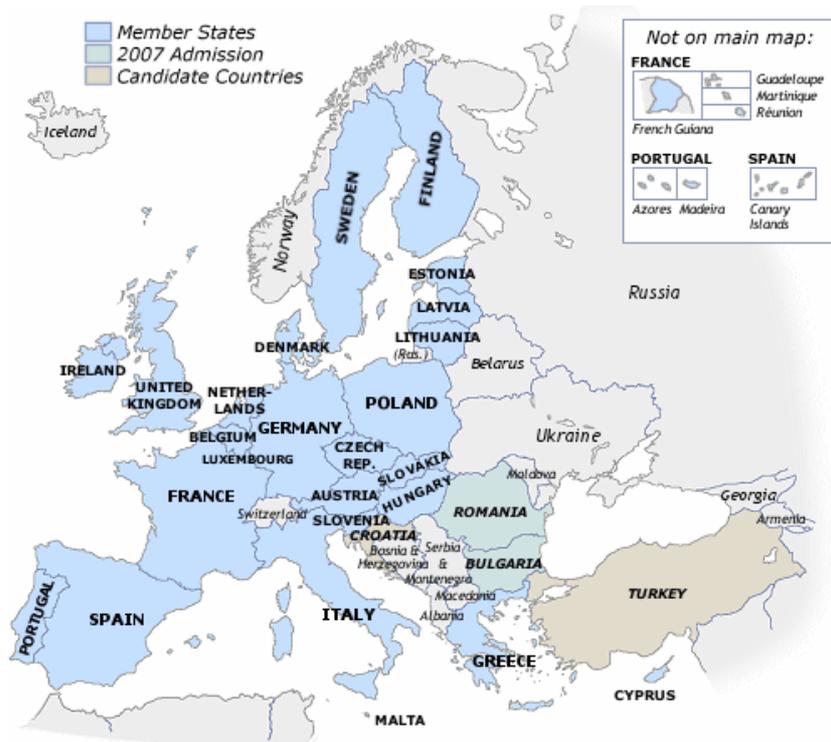
The recommendations can be found in part 6 of this document.



## PART 1 - INTRODUCTION

Exercise COMMON GROUND was conducted as a Command Post Exercise (CPX) over a two day period from 23 to 24 November 2005. This exercise was the second of two European Union (EU) exercises initiated by the European Commission (EC) and was intended to evaluate the functions of the response, within the EU, during an influenza pandemic.

The exercise was commissioned by the Directorate General Health and Consumer Protection (DG-SANCO) of the EC with the contract (General Invitation to Tender SANCO/C3/2004/05) for delivery on behalf of the Member States, being awarded to the Health Protection Agency (HPA) in the UK. In addition to the 25 Member States and the EC, other countries and organisations were invited to take part. Additionally, the newly formed European Centre for Disease Prevention and Control (ECDC) was invited to participate along with the European Economic Area States (EEA), Switzerland, the World Health Organisation (WHO), European Agency for the Evaluation of Medicinal Products (EMA), European Vaccine Manufacturers (EVM) and pharmaceutical companies. The exercise involved, primarily, health departments of Member State governments with an option to include other elements of government response. The exercise core planning team provided guidance and the Member States determined the level and extent of this involvement. As an example of the support for this event, many Member States took the opportunity to run an internal exercise alongside Exercise COMMON GROUND. Literally hundreds of players took part across the EU. **Appendix A** provides an indication of the numbers and the level involved.



From early feedback, the HPA takes the view that Exercise COMMON GROUND was a successful event, which identified many issues for further development. In the words of Commissioner Kyprianou, “To my knowledge an exercise on this scale and of this duration is unprecedented.” Many of the delegates from the Member States, EEA States and Switzerland expressed the view that these types of exercises be repeated on an regular basis.

### Player participation

Player participation involved individuals from the following countries and organisations:

- European Commission



- DG-SANCO
  - Luxembourg
  - Brussels
- Other DGs of the EC
- ECDC
- The 25 Member States
- Others
  - Iceland
  - Norway
  - Switzerland
  - Pharmaceutical Companies
  - EVM
  - EMEA
  - EISS
  - WHO - Geneva and Copenhagen

### **Exercise Objectives**

The objectives identified and detailed in the Invitation to Tender document are:

- Test the execution of the national plans of the Member States and examine their compatibility and inter-operability
- Examine the role and availability of countermeasures
- Determine the availability and suitability of containment measures
- Examine the role of the EC during an influenza pandemic

### **Planning Process**

The exercise process consisted of seven phases:

- Phase 1 – First main Planning Conference which was conducted on 20 and 21 April 2005.
- Phase 2 – Representatives of the Member States, EEA States and Switzerland engaged in a national planning process to establish national objectives and agree the participation in their respective countries.
- Phase 3 – Preparation leading to Planning Conference Two on 7 and 8 July 2005. This was used to confirm the objectives and educate Member State representatives in the methodology of running the exercise.
- Phase 4 – Final preparation for the exercise and Planning Conference Three on 5 October 2005; (with subsequent teleconferences).
- Phase 5 – Conduct the exercise on 23 and 24 November 2005.



## **Exercise COMMON GROUND**

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- Phase 6 – Preparation leading to the submission of a First Impressions Report to inform the EC of the main issues identified during the exercise.
  - Phase 7 – Preparation leading to the post exercise conference on the 2 February 2006 including the presentation and discussion of the draft final report.



## PART 2 - MAIN THEMES

The aim of the contract (SANCO/C3/2004/05 Lot 2) was to develop and conduct a CPX to explore the response to an influenza pandemic.

Within the overarching objectives detailed in the introduction, Exercise COMMON GROUND was intended to evaluate:

- Compatibility and interoperability of response plans of the Member States;
- Surveillance, laboratory diagnostics, quality and effectiveness of implementation of preventive and countermeasures to reduce transmission of risks, including restriction of movements of human, and access availability, distribution and use of equipment, products (in particular vaccines and antivirals), substances and materials, logistics, emergency health and social services' measures;
- The adequacy of resources and arrangements for the implementation of plans; and
- EU aspects.



## PART 3 - EXERCISE PLANNING

The planning, conduct and reporting of the exercise was coordinated by the HPA through the Emergency Response Department of the Centre for Emergency Preparedness and Response under contract to the EC. Planning ran from award of contract on the 1 January 2005 to the exercise date. During this period, three planning conferences were held at the EC's Jean Monnet Building in Luxembourg. The Exercise Planning Group consisted of members from the HPA, the EC, national delegates from each of the Member States, EEA States and Switzerland. The WHO (Geneva and Copenhagen), EMEA, ECDC, EVM and pharmaceutical companies also took part. A smaller core planning team consisting of a dedicated HPA exercise team plus experts in pandemic influenza who helped to advise on the development of the scenario was also formed.

During the planning process the exercise planning group was presented with draft versions of the exercise documentation and were requested to provide feedback and input. A number of different versions were produced over the period with final approval for the exercise documentation being given after the third planning conference (on 5 October 2005) during subsequent teleconferences. Planners were provided with documentation, which described the roles, and functions of players, controllers and evaluators and a number of briefings on the exercise process were given at the three planning conferences.

A secure web-space enabled the HPA core planning staff to present the different versions of the exercise documentation in a manner that permitted the wider planning group to review and comment on the documentation. This system proved invaluable, in that all planners were able to access drafts at their convenience.

The use of document sharing software should be further explored in future exercises.



## PART 4 - SCENARIO

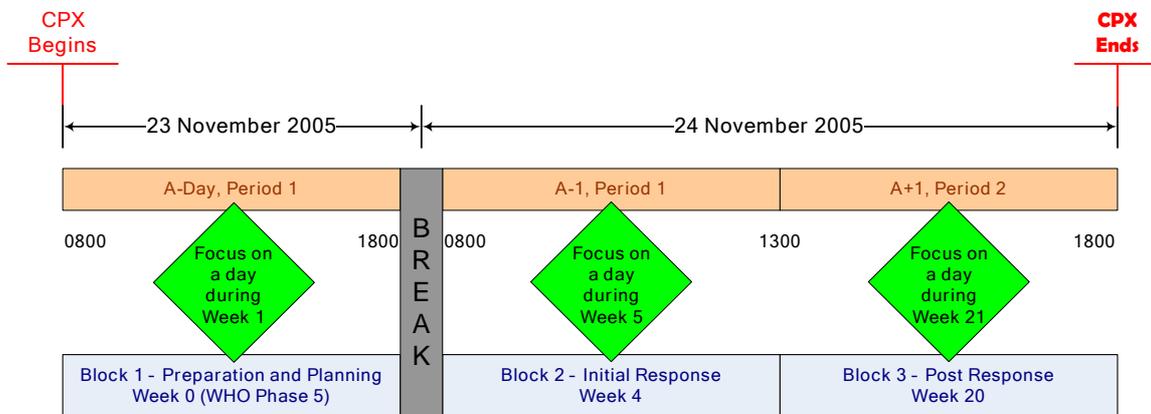
The exercise was designed to represent the period of pandemic influenza over twenty-six weeks.

Time compression was used in the exercise to enable the development of exercise events; because the spread of the pandemic was longer than the actual period of exercise play, it was necessary to accelerate the passage of time portrayed in the exercise. To enable the spread of cases in Member States, EEA States and Switzerland to develop around Europe, twenty-six weeks was effectively concentrated into two days of exercise play. The use of time compression is always a difficult concept and may have caused some problems in exercise play.

### Scenario Overview

The exercise timeline was delivered in three blocks of time to reflect the different phases of the pandemic cycle. Block 1 represented preparation and planning; Block 2 considered the initial response phase and final Block 3 addressed the response later in the pandemic phase.

A Command Post Exercise is designed to evaluate the systems, procedures, planning and coordination capabilities of decision makers and their supporting staff. The use of time-compression (to allow for the development of the exercise to its fullest extent) imposes some dramatic challenges to exercise players. They seldom have an opportunity to fully analyse a situation and implement actions to deal with it before the next 'incident' occurs. This pressure is often deliberate but the results have to be judged



### Scenario Outline

- **Block One**
  - It is 23 November 2005. Today, strains of pandemic influenza from two patients in Thailand, not linked by a known chain of transmission were confirmed. The subtype has been identified as H5N8 (The exercise virus was identified as H5N8. this was a deliberate artificiality so that players would not become immersed in the mass of detail available on viruses); preliminary evidence suggests this subtype is able to be transmitted from human to human. WHO declares global pandemic influenza Phase 5 to be in immediate effect.



- WHO has urged national authorities in all countries to be alert that cases of influenza due to H5N8 may appear worldwide and to implement preparedness measures.
  
- **Block Two**
  - It is now 21 December 2005, four weeks after the WHO alert level 5 was issued and two weeks after the WHO alert level was raised to 6.
  
  - Current numbers indicate in excess of 800,000 new clinical cases in Thailand, in the past week. The attack rate is estimated at between 20 and 25%; approximately 7,500 persons are reported to have died suggesting a case fatality rate of 2.5%.
  
  - First indications of influenza activity in the EU have been detected. Several clusters of cases in Denmark, France, Germany, Italy, the Netherlands and the UK have been identified.
  
  - Production of large scale vaccine is still estimated to be several months away but the virus is believed to be susceptible to frontline anti-virals.
  
- **Block Three**
  - It is 21 April 2006, twenty weeks after the first WHO alert level 5 was issued. The alert remains 6 and the world is in the midst of the second wave of the current pandemic.
  
  - Across Europe, millions of new cases of influenza are occurring every week. No country is unaffected and commerce and industry in some areas has ground to a halt as raw materials have run out.
  
  - Supplies of the new vaccine are starting to become available but are severely limited compared to the demand from countries worldwide. Priority groups need to be established to identify those most in need.

The scenario, master events list (**Appendix B**) and the injects were carefully designed to provide the players with a graduated increase in the number of cases in EU countries which would accurately reflect an influenza pandemic.



## PART 5 - EXERCISE EVALUATION

As part of the Invitation to Tender, the HPA was required to develop an Evaluation Methodology, which was to be used to measure the exercise components. During the planning process, an evaluation collection plan was designed, comprising a series of checklists, which encompassed the following:

- External Communications
  - Timeliness
  - Correctness
  - Clarity of Response
  - Accuracy
  - Distribution
- Internal Communications
  - Event Tracking
  - Log maintenance
  - Handover Effectiveness
  - Assessment of the Situation
- International Aspects of National Plans
  - International Aspect
  - Effectiveness
  - Contact Points
- Facilities
  - Suitability
  - Space
  - Tools



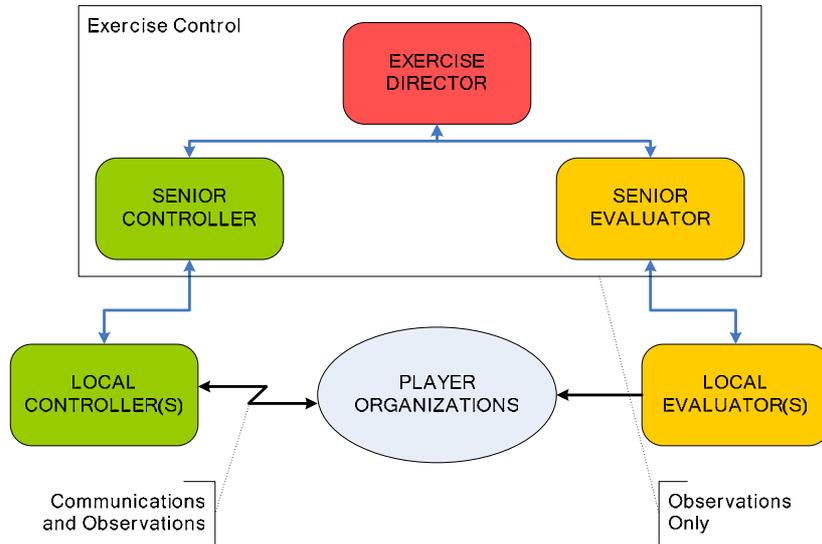
- Staff

Each of the participating countries and organisations were invited to appoint their own evaluator. Additionally, they were also invited to nominate a controller. In some instances, they were the same individual. As part of the exercise planning process, controllers and evaluators were fully briefed on their roles and the reporting structure.



### Exercise Structure

It is very important that exercise evaluation informs the final exercise report, but it is equally important that the evaluation process occur throughout the exercise. To this effect, the evaluators reported to Exercise Control (EXCON) at regular intervals during the exercise to provide the Exercise Director with a greater overall awareness of the progress and direction of the exercise.



During the course of Exercise COMMON GROUND, EXCON's Media Staff developed a series of media injects to evaluate the media response of the communications teams. These injects were directed, as though by the real media, towards particular countries or organisations and were relevant to that particular point in time and to the scenario. An example of these injects can be found at **Appendix C** at the end of this report. The injects were developed around the objectives and the feedback from this work can be found in the following section.



## PART 6 - OBJECTIVES, ISSUES IDENTIFIED AND RECOMMENDATIONS

Objective 1 - Test the Execution of the National Plans of the Member States and Examine Their Compatibility and Inter-operability.

*“In a community like the EU, free of internal borders and with many common activities and free movement of people and goods, any countermeasures taken in one Member State will be bound to affect at least some if not all, other Member States .” (Source: Specifications attached to the Invitation to Tender Document, SANCO/C3/2004/05).*

The first phase of the exercise was intended to give Member States, EEA States and Switzerland the opportunity to begin implementing their national plans following the declaration of WHO Alert Level 5. To a greater or lesser extent, they identified that their internal plans were fit for purpose and provided an opportunity to test command and control structures. The EC attempted to coordinate and inform Member States, EEA States and Switzerland of others preparedness through a questionnaire delivered by the newly developed HEDIS system. The exercise did help Member States, EEA states and Switzerland to identify issues which they had not considered sufficiently; for example:

- National plans focused on national issues. International aspects required more consideration. Due to the time constraints of the exercise, the international dimension of national plans were not fully explored.
- Greater inter-ministerial collaboration and coordination with other countries should be considered. Again, the exercise did not allow the full extent of international collaboration because of time constraints.
- Cooperation between Member States particularly regarding additional amounts of vaccines and antivirals needs addressing
- Issues surrounding expatriates, travel restrictions, restriction of emigration of contact persons and potential for social disorder need further consideration by Member States and discussion in depth with the EC, ECDC and WHO.
- Processes for mass vaccination and quarantining need to be further explored.

The EC activated its European Influenza Plan, with the levels of alert being acknowledged by Member States. The current plan does not however refer to the appropriate countermeasures or contingency measures that might be applicable to Member States. The EC cannot tell Member States what countermeasures they should implement, only recommend what measures can be taken. Also the EC cannot take responsibility for decisions made by the Member States but any decisions taken must be compatible with Community law. Hence the use of the questionnaire which is one tool available to the EC.



The wider availability and greater familiarity with the WHO Plan meant that during the exercise Member States, EEA States and Switzerland used this plan along with their own national flu pandemic preparedness plans.

#### *Recommendation 1*

A generic model of a national plan should be further developed for the Member States. This should be developed, taking into account the national plans of Member States and include a checklist of appropriate measures applicable to each phase / alert level.

In order to explore the compatibility of national plans, Media Inject No 2 (Appendix C, p21) was sent to Germany, Greece, Norway, Malta and Slovenia. It set out to examine the types of public health messages these countries had prepared to release via the media to the public. It went on to ask about interventions such as masks, use of public transport and potential closure of schools.

Malta and Slovenia responded directly and Norway and Germany discussed their answers and responded with a joint statement. Greece responded but unfortunately missed the imposed deadline set by the media players.

All answers corresponded well with each other and provided sensible health advice.

The generic model should also draw from the existing EC pandemic influenza plans, the EC generic preparedness planning document and take into account WHO guidance. The generic pandemic influenza plan would provide a useful tool for Member States and help to secure greater compatibility and inter-operability.

#### Objective 2 - Examine the Role and Availability of Countermeasures.

*“To evaluate surveillance, laboratory diagnostics, the implementation of preventive countermeasures to reduce risk of transmission, including the restriction on movement, the access, availability and distribution of vaccines and anti-virals and emergency health and social services’ measures.” (Source: Specifications attached to the Invitation to Tender Document, SANCO/C3/2004/05).*

#### Travel Restrictions

A general comment amongst Members States’ players concerned the apparent confusion on where they stand with reference to Community law with regards to the implementation of travel restrictions. The majority of players were from health and may not have been familiar with all the conventions which exist. There was some confusion expressed by signatories to the Schengen Convention on issues of freedom of mobility having to be handled differently according to an individuals nationality (Schengen/EC citizen or not). Member States could be helped by seminars organised by the EC to get a better understanding of the legal basis of the provisions regarding travel restrictions.

The issue of border control and closure was addressed at the exercise. For example, there was serious concern expressed, due to the location of drug manufacturers, when Switzerland indicated that they might consider the closure of its borders; it was however, reassuring to note that France’s border closures contained exceptions for pharmaceutical and vaccine materials and workers. It was also reassuring that France lifted the closure when the coordination meeting held by the EC clarified issues and concluded that there was no need for such a measure.



## Social Measures and Business Continuity

A number of national issues were identified which had not been previously considered in planning by some Member States, EEA States and Switzerland. School closures, public order issues, electricity supply and business continuity were all identified. They were not resolved during the exercise, but should be highlighted for future consideration by Member States, EEA States and Switzerland, as those who have considered these issues in detail, could help to inform others.

## Surveillance

There were issues with the demand for more technical details on the H5N8 virus (an artificiality introduced by the exercise planners) and assorted epidemiological data which were supplied as part of the exercise. These details would be needed in the management of pandemic influenza; unfortunately this aspect of exercise play somewhat detracted from the principle objectives – which did not include epidemiological issues.

It was considered by some Member States that surveillance guidelines for an influenza pandemic should be developed in collaboration with the WHO. There should not have to be duplication of effort in reporting of cases and interventions, namely to the Commission through EWRS, the ECDC, EISS and WHO Europe and WHO Headquarters.

Many Member States, EEA States and Switzerland experienced difficulties with EWRS and communications in general. In particular, technical problems such as server failure at both central and national levels were experienced, which accounted for the lack of responses. This is a major concern and highlights the need to improve the robustness and resilience of communication systems and ensure business continuity in this respect. The issues associated with EWRS and communication by teleconference are given in more detail on p21-22.

To explore issues associated with surveillance, Media Inject No 9 (Appendix C) was sent to all Member States and sought to identify numbers of deaths and the mortality rate across the Europe. It also asked Member States what further countermeasures were being planned, such as the banning of public gatherings.

Responses were received from a number of Member States. The lack of responses from other Member States was attributed to problems with communications; either with EWRS or resilience of communication systems within their own country. Among those that replied, there was no evidence of prior consultation or discussion between the players although they were aware that the question had been posed to all players.

## *Recommendation 2*

The Commission should, on behalf of Member States, investigate and clarify the international regulations during an international infectious disease outbreak. Regulations regarding restrictions on travel, airport closure and border control should be explained in the light of the Schengen Convention and the International Health Regulations. There needs to be further discussion to clarify the impact of border closure, specifically the movement of drugs and vaccines when borders are closed. Such measures require further discussion by the European Commission and Member States.



*Recommendation 3*

Collaboration between relevant bodies could be improved with respect to the reporting of cases and interventions and a mechanism established to reduce duplication. Efficient on-line, real-time data input and access by the relevant bodies is needed in a crisis situation and would alleviate the duplication of case reporting. This does not need to be a stand alone system but could form part of the EC's drive to develop improved communications tools.

*Recommendation 4*

Backup communication facilities in Operations/Crisis Rooms should be considered, by the Commission, Member States, EEA States and Switzerland to provide resilience and business continuity in the event of a real emergency.

Objective 3 - Determine the Availability and Suitability of Containment Measures.

*“to include the adequacy of resources and arrangements for the implementation of plans.” (Source: Specifications attached to the Invitation to Tender Document, SANCO/C3/2004/05).*

Specifically, the following activities were evaluated at the exercise:

The availability of existing stockpiles of anti-virals and arrangements for their procurement and release to Member States

The arrangements for the development and procurement of vaccines, the quantities required and the projected timeframes

The availability of a mechanism for co-ordinated distribution and use of anti-virals and vaccines and definition of priority groups

The availability of mechanisms to allocate vaccines and anti-virals between Member States

Treatment capacity for a variable number of casualties, contingency plans in hospitals

The vaccine manufacturers played in the exercise as one virtual company under the auspices of the European Vaccine Manufacturer (EVM) in order to simplify play. The play between EVM and Member States, EEA States and Switzerland, and the EC, WHO, ECDC and EMEA was lively and proactive, stimulating many discussions and bringing many important issues to the fore e.g. the decision making process around the switching from production of seasonal to pandemic vaccine. The antiviral manufacturers played as individual companies in a separate cell. The play



was again, lively, intense and realistic. Many issues were explored around sharing of antivirals, cross border movements of stock and stock sharing.

The exercise showed that Member States appeared somewhat reluctant to share antiviral stocks with each other, which may have been an exercise artificiality. Coordination by EC / ECDC / WHO to ensure fair and equitable distribution of vaccine and antivirals would be desirable and in this respect, the role of the WHO needs to be clarified. It was suggested that there should be greater transparency surrounding the location of antiviral stocks and additionally, the mechanism for prioritisation of these stocks should be clearer particularly with the relevant pharmaceutical companies. A greater knowledge of both would then allow for a more coordinated distribution. There are political issues over sharing this type of information but nevertheless, it should be further considered. To overcome this hurdle, reassurance needs to be given to Member States, EEA States and Switzerland that the sharing of information regarding vaccines or antivirals will benefit their own country and other European countries.

Vaccine and antiviral allocation in a real pandemic will be much more challenging when manufacturers are juggling European and non-European demands simultaneously. The EVM, playing as one unit during the exercise, may have given an over simplified view of this to some Member States, EEA States and Switzerland, but this was unavoidable in the context of the exercise. Consideration should be given to the coordination of EVM's response in the event of a real pandemic.

Most aspects that EVM wanted to consider were reinforced through the exercise, including production, allocation and liability issues. It was felt by EVM that the role of major decision-making was unclear and uncertain. For example, it was not well defined who makes the decision to stop production of seasonal vaccines and switch to pandemic production. Further, the precise steps and timelines from isolation of pandemic strain to vaccine delivery are not clearly identified. Regarding the allocation of vaccines, the role of National Advance Purchase Agreements (NAPA) has not been understood and the Commission should have a role in allocating any excess vaccine capacity that has not been committed to supplying NAPA. Liability issues are currently being discussed with the Commission. EVM also commented that the exercise identified the need for planned, prepared messages to the media to avoid different messages coming from different sources.

As a result of the exercise the EVM are considering establishing a cross-industry group to provide central co-ordination of vaccine manufacture and supply in the event of a real pandemic. However, there are issues including the problems with anti-competitive laws which would need to be waived for the pandemic. These recommendations are made, in the light of the views and experience obtained, from the exercise, by EVM and not the Member States, EEA States or Switzerland.

To evaluate the implementation of countermeasures, Media Inject No 6 (Appendix C) was sent to the German players. They were asked about countermeasures being taken to prevent the spread of pandemic flu following reports of an aircraft arriving from Bangkok with two very ill passengers on board.

The German players explained that screening of the passengers and crew would be carried, but were careful to dampen press speculation that pandemic flu had arrived in Germany.



Another media inject was sent out to address the issue of expatriates. Media Inject No 7 (Appendix C) asked the Spanish Government if they were going to offer antivirals to expatriates from the UK, Germany and other European Member States living in Spain.

Their response was that Spain was asking for collaboration from other countries, especially those with a large number of citizens living there, to provide antivirals to help replenish their supply. They would however offer antivirals to all people at risk.

#### *Recommendation 5*

The EC is encouraged to engage with vaccine manufacturers and pharmaceutical companies to resolve those issues identified under objective 3 (*Determine the Availability and Suitability of Containment Measures*).

#### Objective 4 - Examine the Role of the EC During an Influenza Pandemic.

*“including those mentioned in the Commission working document on pandemic influenza preparedness and response planning, published in March 2004.”*  
*(Source: Specifications attached to the Invitation to Tender Document, SANCO/C3/2004/05).*

It was considered that the exercise was an excellent opportunity to gain a further practical insight into the international management of pandemic influenza. It was thought, however, that in reality, political decision makers would dominate the process much more in real life.

#### Roles and Responsibilities

Sharing of tasks between ECDC and DG SANCO was noticeable. Despite this, many Member States considered that there was a need to clarify and communicate, clear and well defined roles and responsibilities during a crisis.

In order to explore the role of the EC, Media Inject No 1 (**Appendix C**) was addressed to the Commission. This set out to examine the Commission’s response to the increasing number of cases of H5N8 in South East Asia and preparedness in Europe.

The Commission’s Communication Officer answered the “journalist’s” questions on the telephone and refused to put the Commissioner up for interview. He answered questions about preparedness, robustly and authoritatively, but refused to disclose how many cases had been notified by the WHO. It was considered that he answered at the correct level and that interviewing the Commissioner early on could cause over reaction by the media and place unrealistic demands on him over a potentially long timescale.

#### Early Warning and Response System

The players in this exercise used the Early Warning and Response System (EWRS), designed and managed by the Health Threats Unit of DG-SANCO, as a communications tool. A small number of key individuals in each Member State and the Commission have access to EWRS. EWRS is the channel used by the Member States for the exchange of notifications and measures/countermeasures for communicable diseases. There are strict operating procedures in



place for the notification of suspected on confirmed cases which should be followed by EWRS members. The system functioned during the exercise in terms of the players acting according to their legal obligations (Decision 2119/98/EC – informing each other on cases and countermeasures). However, all organisations were hampered by a shortage of trained experienced users with access to the systems.

EWRS was used extensively during the exercise (437 messages and 3672 responses) to enable communication between European Commission bodies and Member States, EEA States and Switzerland. EWRS was available to all Member States plus Norway, Iceland and Switzerland. There was considerable overloading and heavy traffic on the system. In the early stages of the exercise, EWRS performed effectively, however, as the exercise progressed the system rapidly became overwhelmed with messages. The resulting criticism from players was that excessive time and resource was expended tracking relevant information and for some, this became impossible. This created a great deal of frustration amongst players. Almost without exception, every participant commented on EWRS and the difficulties of extracting information in a timely and effective manner. As the EWRS was the only system for simultaneous pan-European communication available. Member States, EEA States and Switzerland used the system for all sorts of information exchange when it was developed only for official notification of cases and measures and coordination of the latter as laid down in community Legislation. It should be emphasised that EWRS was not developed as a crisis management tool but as an early warning and response system and it should be considered as such.

#### Health Emergency and Diseases Information System

Exercise NEW WATCHMAN identified the need for the rapid collection of comprehensive information from Member States and the need for an accurate overview of the current situation. As a result, the Health Emergency and Diseases Information System (HEDIS), planned for development in 2006, was introduced and used in Exercise COMMON GROUND. It was hoped it would assist in resolving these problems.

Part of HEDIS enables Member States to complete on-line questionnaire(s) and at the same time see the answers given by their partners. Many Member States found that completing the questionnaire was very complicated and time consuming and involved a duplication of effort in that similar questions were being asked by the EC, by ECDC and WHO. The short lead time on the arrival of the new system caused some problems and meant that many of the functions were not used properly. A further aspect of HEDIS was that of mapping. Maps available showed incidences of cases per country rather than the actual situation of small clusters in distinct regions of countries. Hence it was not as informative as it could have been. It should be noted that the system was only at pilot phase and future development will improve the resolution of the maps; such maps will be of high value once these definitional display problems are resolved.

#### Teleconferences

Teleconferencing was also used as a tool for coordination with all Member States and other organisations. Its purpose is to allow the emergence of a common view of the situation and promote the resolution of problems, incompatibility of measures and potential conflicts. There was general agreement that teleconferencing etiquette had improved since the earlier exercise. However, it was considered that they were overlong.

Additionally, it appears that there is a wide variety of sometimes unsuitable teleconferencing equipment being used in some Member States, EEA States and Switzerland. Despite the difficulties experienced with these lines of communication, several Member States and others communicated effectively in a bilateral way, using email and telephone. This is likely to reflect



reality where longstanding agreements and arrangements are in place and are likely to be used in this scenario. Positive feedback was received on the ECDC website, which was quickly established to give an overview of the situation from their viewpoint.

*Recommendation 6*

Member States, EEA States and Switzerland should be given further explanation as to the roles of organisations such as ECDC and WHO Europe and WHO Headquarters to enable them to make coordinated and informed decisions concerning, for example, the movement of individuals. There should be greater clarity on the role of the WHO in relation to ECDC and EC and also between WHO Headquarters and WHO Europe.

*Recommendation 7*

The EC should further consider the development of a new system which allows the rapid collection of comprehensive information from Member States and provides an accurate overview of the current situation. Health Emergency and Diseases Information System (HEDIS) is an option, and future development should be carried out in conjunction with Member States.

*Recommendation 8*

The functionality of EWRS should be reviewed to provide an operational capability or an alternative system should be considered (see recommendation 7). Enhancement of EWRS may include a classification system of messages. For example, filing messages by priority, by category, by country, by measures, improving the management flow of incoming messages and supplementing it with an on-line communication system and a link to an ECDC surveillance system. Moderation of the number of messages posted on the system should also be considered. In the event that EWRS is further developed, the Commission would need to build in resilience should two differing outbreaks occur. There should be further formalised training on the use of EWRS and sufficient numbers of people should be allowed access to EWRS to ensure resilience. Member states should decide on who would have access to their own national Focal point facilities.

*Recommendation 9*

Teleconferences are a vital coordination tool in a crisis and a way forward must be found to make their use more effective.

The EC encourage the purchase of a specified standard of teleconferencing equipment and insist on its use during a crisis. In addition, the Commission should publish teleconference protocols for use in teleconferences. Each teleconference should have a specific purpose, an agenda which clearly outlines discussion points and a list of those participating from the EWRS authorities.

*Recommendation 10*

Implement a procedure for assisting with the coordination and sharing of the key EC-wide



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responses to media queries during a crisis. Additionally, a network of media contacts should be created in the Member States Health ministries (and other relevant institutions) press offices and the opportunities for this group to meet, interact and build-up relationships should be increased.

In order to explore media responses more thoroughly, media representatives should be involved in the planning of future exercises to ensure the interface between operational and media play is more thoroughly examined.



## PART 7 - CONCLUSION

There was a consensus that considerable improvements were made in the month after the earlier exercise, Exercise NEW WATCHMAN, reflecting the willingness of the EC and Member States, EEA States and Switzerland to act rapidly to make improvements once identified. This allowed Exercise COMMON GROUND to flow more easily, and improved the learning outcomes for the players.

Exercises take place to provide reassurance that appropriate measures are in place and that policies, roles, responsibilities and plans are fit for purpose, and should they be considered lacking that remedial measures are taken. All participating States and Organisations identified the need for similar exercises to be carried out as a routine training measure.

The overall impression left by Exercise COMMON GROUND was that, not surprisingly, communication is a vital tool in enabling effective coordination across the EU. The exercise highlighted that systems (hardware, software, protocols, resilience) currently available to facilitate connectivity across the EU in a crisis need further improvement to make them more effective or, if this is not possible, be replaced.

A considerable amount of experience has been gained by the planners during the planning phase of this exercise. A great deal of effort was spent in assembling the planning group which consists of expert representatives from all the 25 Member States plus EEA and Switzerland. The views and experience of this group should not be lost and attempts should be made to utilise and share the experience gained during the running of these exercises.

### *Recommendation 11*

The EC establish the need for, and conduct, complementary exercises which would address other issues, as a routine training measure. These exercises should be developed to include the lessons identified from previous exercises and should be scheduled so as to allow sufficient time for recommendations to be implemented. Objectives for future exercises should be carefully designed to reflect the requirements but also consider the limitations of different exercise delivery methods.

In future exercises involving infectious diseases, modelled epidemiological data should be made available, in advance, to the WHO, the EC and other organisations in addition to the Member States and other participating States. This epidemiological data is required to adapt plans and would aid the management of the disease.

### *Recommendation 12*

The EC should consider using utilising the experience gained by the planning group in order to further develop and inform their systems and plans.



**APPENDIX A - OVERVIEW OF PARTICIPATION**

<b>Country/Organisation</b>	<b>Participants</b>
Austria	<b>10</b>
Belgium	<b>28</b> in Crisis Room. 24 Organisations including Government, Federal, Laboratories, Hospitals. (+ 5 on standby)
Cyprus	<b>23</b> representing 14 Ministries/Services
Czech Republic	<b>10</b> representing 4 Organisations
Denmark	<b>13</b> representing 3 Organisations: Danish Ministry of the Interior & Health, Board of Health, Statens Serum Institute
Estonia	<b>25</b> on 2 sites
Finland	<b>60</b> representing 18 Organisations (Ministries, Public Health Institute, National Agency for Medicines)
France	<b>70</b> representing at 5 locations and <b>1</b> Minister
Germany	<b>55</b> representing 9 organisations
Greece	<b>12</b> representing Ministry of Health and Public Health Institutes; plus 10 observers
Hungary	<b>35</b> (Ministry of Health, Chief Medical Office, National Epidemiological Centre and 20 Regional Public Health Institutes)
Ireland	<b>9</b> representing Public Health Advisory Team. Approximately <b>8</b> Intergovernmental Group (representing Police, Transport, Justice, Finance Marine, Agriculture, Finance, Foreign Affairs). IT, Communications/Media. <b>1</b> Minister
Italy	<b>40</b> representing all National Institutions and Regional Administrative Organisations
Latvia	<b>23</b> representing 14 Organisations
Lithuania	<b>28</b>
Luxembourg	<b>1</b> Minister, High Commissioner for National Protection, Media, and First Responders
Malta	<b>4</b> & by phone: Minister, Police, Civil Protection, CEO, Virologist, Media, Hospitals, PCT
The Netherlands	<b>150</b> from 50 Organisations
Poland	<b>50</b> Central Operation Room and <b>100</b> in various Ministries
Portugal	<b>45</b> Health Ministry, Internal Affairs, Foreign Affairs, Agriculture and Defence
Slovakia	<b>12</b> from 3 Organisations
Slovenia	<b>26</b> (Ministry of Health, National Institute of Public Health, Health Inspectorate of Republic of Slovenia, Agency for Medical Products and Medical Devices of the Republic of Slovenia, 9 Regional Institutes of Public Health, General Police Directorate, Pharmaceutical Chamber of Slovenia, Administration for Civil Protection and Disaster Relief.)
Spain	<b>50</b>



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Country/Organisation	Participants
Sweden	7 representing the National Board of Health & Welfare. 1 Ministry
UK	20 from Department of Health including 1 Secretary of State, 1 Chief Medical Officer and 2 ministers; 4 from Health Protection Agency
Iceland	22
Norway	150 Several Ministries, 2 Health Regions including Hospitals, Police, Medicines Agency, 2 Municipalities, 1 County
Switzerland	8
EMEA	2
Vaccines	9 from 8 Organisations
Antivirals	4 from 3 Organisations (Roche, GSK, Novartis)
WHO	17
ECDC	20 (scientific, surveillance, media/IT/support)
EISS	2
European Commission	65 from locations in Luxembourg, Brussels and different Directorates; including the Commissioner, two members of his cabinet and the spokesman



**APPENDIX B - MASTER EVENTS LIST**

ID No	Insert Date	Insert Time (GMT)	Scenario Day	Inserted By	Given To	Insertion Means	Insertion Place	General Description
<b>BLOCK 1</b>								
1.1	23/Nov	08:00	23 Nov 05	Local Controller	All Players	Hand In	All Locations	Opening Scenario for Block 1
1.2	23/Nov	08:15	23 Nov 05	Local Controller	All Players	DVD	All Locations	Newscast
1.3	23/Nov	08:20	23 Nov 05	MS & EFTA Controller	Senior Player	Script of Telephone Call to Hand In	All Member States and EFTA Countries	Call from Health Minister's Office requesting information
1.4	23/Nov	08:20	23 Nov 05	EC Controller	Senior EC Player	Hand In	EC	Forecast of Vaccine Availability and antiviral supply
1.5	23/Nov	12:00	23 Nov 05	EC Controller	Commissioner of Health	Copy of Letter	EC	Letter from WHO Director-General requesting assistance
1.6	23/Nov	13:45	23 Nov 05	Local Controller	Senior Player	Hand In	All Locations	Containment Measures
1.7	23/Nov	15:00	23 Nov 05	German Controller	German Senior Player	Transcript of Telephone Call	Berlin	Sick passengers on aircraft
1.8	23/Nov	15:15	23 Nov 05	Spain Controller	Spain Senior Player	Face-to-face	Madrid	Policy for Dealing with Foreign Nationals
1.9	23/Nov	16:30	23 Nov 05	Local Controller	All Players	Hand In	All Locations	Closing Public Event - Media Article
1.10	23/Nov	To be determined	23 Nov 05	Estonia Controller	Estonia Senior Player	Hand In	Tallinn	Update on Orders for Vaccine Supply
<b>BLOCK 2</b>								
2.1	24/Nov	08:00	21 Dec 05	Local Controller	All Players	Hand In	All Locations	Opening Scenario for Block 2
2.2	24/Nov	08:15	21 Dec 05	Local Controller	All Players	DVD	All Locations	Newscast
2.3	24/Nov	08:20	21 Dec 05	Local Controller	Senior Player	Hand In	All Locations	Management of Initial Cases
2.4	24/Nov	09:00	21 Dec 05	EC Controller	Senior EC Player	Hand In	Luxembourg	Public Communications Strategy
2.5	24/Nov	09:15	21 Dec 05	Local Controller	Senior Player	Hand In	All Locations	Border Closure
2.6	24/Nov	10:30	21 Dec 05	MS, EFTA & EC Controllers	Senior Player	Face-to-face	All Member States, EFTA Countries and EC	Sharing of Information
2.7	24/Nov	11:30	21 Dec 05	Local Controller	Senior Player	Hand In	All Locations	Schedule of Vaccine Delivery



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ID No	Insert Date	Insert Time (GMT)	Scenario Day	Inserted By	Given To	Insertion Means	Insertion Place	General Description
<b>BLOCK 3</b>								
3.1	24/Nov	13:00	12 Apr 06	Local Controller	All Players	Hand In	All Locations	Opening Scenario for Block 3
3.2	24/Nov	13:15	12 Apr 06	Local Controller	All Players	DVD	All Locations	Newscast
3.3	24/Nov	13:20	12 Apr 06	Local Controller	Senior Player	Hand In	All Locations	Disruption of Essential Services - Media article
3.4	24/Nov	14:00	12 Apr 06	France Controller	Senior France Player	Face-to-face	Paris	Antivirals and Border Control
3.5	24/Nov	14:30	12 Apr 06	EVM Controller	Senior EVM Player	Face-to-face	Brussels	Vaccine Production Problem
3.6	24/Nov	15:30	12 Apr 06	Local Controller	Senior Player	Hand In	All Locations	Vaccine Issues: Adverse Event and efficacy



## APPENDIX C - SAMPLE OF MEDIA INJECTS

### Media Inject No 1

8.45am GMT

To European Commission from Sky News

Hello this is Jane Cole from Sky News, is there anyone who can talk to me about the flu situation in South East Asia? I have a number of questions.

Is it true that human to human transmission of H5N8 has been confirmed?

Is there anything we can do to stop it hitting Europe?

Presumably the disease is now unstoppable, indeed are we now in a pandemic?

How long will it take to reach us? Are we prepared?

Anyone watching this will want to know that the authorities have plans in place, are you confident that everything that could be done has been done? For instance when will a vaccine be ready?

Can you please let me know who you will be putting up for interview and give me their phone number so I can talk them through this? I need someone on air in 15 minutes time.

### Media Inject 2

To be issued to five countries at one time, Germany, Greece, Norway, Malta and Slovenia

Hi this is Pascal Schmitt, Reuters Europe Correspondent, are you able to talk to me about pandemic flu? The health issues have been well covered, I want to go through what the population should be doing to help themselves. For the piece I'm writing I would specifically like answers to these questions:

How will the man and woman in the street know what they should be doing to prepare for pandemic flu? How are you planning to get information out?

Indeed what should they be doing, what will you be telling them? For instance once it is here should we be wearing masks? Should we use public transport? Will the schools be closed?

What should we do if we think we have this strain of flu?

How long do you think this will last?

Could you please email me your replies. My deadline is 11.00GMT

Please make sure you put Media as the message title



## Media Inject 5

For the French Team and similarly to UK Team

Trailer to promote France 2 Documentary

Charity begins at home or does it?

Lifesaving drugs set aside for France are sent to Cambodia. In this week's programme France 2 will be asking WHY? Shouldn't our first priority be to our own people?

As pandemic flu is ready to strike Europe, our stocks of antiviral drugs, the last line of defence against this killer disease, are being sent out to Cambodia. We do not doubt their need. Influenza has brought the country to its knees. But this should have been foreseen?

As France put its faith in these drugs as a last ditch attempt to stave off the killer virus, we ask politicians and health experts what now? Where is our lifesaving treatment? Why should the inability of others to plan, cause a crisis for France?

Hello

Here are the written questions you asked the France2 to provide. Our deadline is 1600 GMT this evening.

How many antiviral drugs were set aside for the French population?

Can you explain how you prioritised the allocation of antiviral medication?

What percentage of antivirals drugs are going to South East Asia and who in your prioritized list will miss out or will they be distributed on a first come first serve basis?

You have said that providing antivirals to South East Asia could delay the spread of pandemic flu to Europe. What evidence is there to support this and if there is evidence, how much time will this buy us?

## Media Inject 6

Enquiry from Jutta Weiss from Frankfurter Allgemeine Zeitung

Hello I am writing a piece for tomorrow's paper. I understand that a plane from Bangkok which is due to land at Frankfurt Airport has two very ill passengers on board who are suspected of having the pandemic flu strain. I have had eye witness accounts sent to me by text which support my original source for this story. So my questions to you are these:

Can you first confirm, are these two passengers German? If not which countries do they come from?

How many people are on board and how many countries do they represent.

Will you be keeping everyone in quarantine?

Are you giving antiviral drugs to all the passengers?

Are you going to allow the passengers to transfer to their onward flights from Frankfurt?



Are you going to screen all the passengers?

Finally surely you have to agree that the inevitable has happened, pandemic flu has come to Germany and have we now moved on to the next alert phase?

If I could have your answers by 17.30 GMT (UK time) I will be able to make sure your comments inform my article.

Many thanks

Media Inject 7

Questions for the Spanish Team

Hello I am calling from CNN Europe. I am looking at a copy of today's Sun newspaper from the UK. Under the heading Hasta La Vista Baby, it claims, as do other papers, that Spain is refusing to treat thousands of expats from Britain, Germany and other European countries for pandemic flu. Many of these people have chosen to spend their retirement years and indeed their retirement money in Spain. Being elderly they could succumb more easily to the disease. My question to Spain is how many people from this community will die if you do this? Do you know if other countries with large expatriate communities are taking this step? What about Spaniards who are living in other countries – are you going to fund their treatment or are you going to bring them home?

We want this interview for the 18.00 TV news. Can you let me know who you are going to put up and give me a summary of their answers to these questions? I need this as soon as possible

Many thanks

Peter Brown

Health reporter

Media Inject 9

National Media Story - Planning to Fail (To all countries)

Reporter: Julie Smith – Daily Mail

Henri Annie – Le Monde

Thomas Pfeiffer – Die Bild

Luigi Donno – La Stampa

Manuel Domingo – El Pais

and reporters from all players' national newspapers

Hello this is a message from xxxxxx from the national xxxxx newspaper. I would like to speak to someone in charge about pandemic flu. My deadline is 11.00 GMT (UK time). Could you please find someone to speak to me by then? My questions to whoever you put up are these:



As pandemic flu sweeps into this country, can you tell us how many people have already died of the disease?

What is the mortality rate?

Which sections of our community are most at risk?

What should people do if they get flu like symptoms?

Are you going to stop all unnecessary public gatherings, I'm thinking of football matches, cinema going etc?

If we are to believe you, you say you have spent months if not years planning for an epidemic and yet here we are, the disease hasn't even taken a proper hold yet and the health service is in meltdown. All your planning isn't working is it?

What can we do to help ourselves?

Could you please let me know who you are going to let me interview, can you email me the answers to supplement the interview as this is important public information, and can you let our editor know how you are going to keep us informed in future.

Thanks.

Pharmaceutical companies cannot supply existing demand, how long will it be before the hole in France's antiviral stock is filled?

Jean Le Blanc - France2