

**CAPSCA –MID 2017**  
**TABLE-TOP EXERCISE**

**Aim**

To stimulate discussion concerning preparedness planning for a possible public health event or emergency with a view to improving the preparedness in States, especially within the aviation sector.

**Disclaimer**

The scenario for this exercise is for illustrative purposes only and does not represent the actual situation in any State.

**Scenario:**

The H7N9 avian influenza has led to 300 confirmed cases and 164 deaths worldwide since 2016. The situation in Continental Africa is especially alarming. The following Table lists States in Africa that have reported cases of the H7N9 infection. Fatality rates are high.

<u>Country</u>	<u>Total Cases</u>	<u>Deaths</u>	<u>Cases, 2017</u>	<u>Deaths, 2017</u>
<u>A</u>	70	45	20	14
<u>B</u>	60	35	15	10
<u>C</u>	50	20	15	11
<u>D</u>	43	25	12	11
<u>E</u>	21	10	14	10
<u>F</u>	20	10	11	6
<u>G</u>	20	13	7	4
<u>H</u>	10	6	4	2
<u>I</u>	4	0	2	0
<u>J</u>	2	0	1	0

**Part 1**

The African States A, C and E health authorities separately report several clusters of patients with severe respiratory infections in predominantly agricultural regions. H7N9 infection from poultry is strongly suspected. The WHO dispatches its regional outbreak response team to investigate the cases and seeks permission from State Authorities to investigate.

The joint State A-WHO team suspects, as H7N9 cases, seven individuals in two rural villages in southern provinces of the State “apparently acquired from poultry.” Additional cases in the village are under investigation.

Official reports of influenza infections from States B, D, F, G, H are received but are fragmentary, confusing, and contradictory. They request WHO assistance in investigating these infections.

The international media has begun to devote considerable attention to the influenza cases in these States, relying heavily on unofficial sources of information. The question being posed is: "Is this the beginning of another influenza pandemic?" The "Africa Broadcasting Corp." runs a story on the previous pandemics and the implications for a new avian influenza human pandemic. It interviews health specialists who speculate that a pandemic may develop from these countries.

The WHO announces that it has now confirmed seven new human cases of H5N1 infection in State A after completing sera tests at its reference laboratory. The WHO further reports that a human-to-human mode of infection is "probable" for four of these cases, but is "unconfirmed" for the other three. This announcement together with the proliferation of unconfirmed cases across several other States, raises the possibility of greater human-to-human infection.

State G authorities confirm two new human cases of H7N9 infection and agree to permit WHO experts to join in their investigation. States I and J also have suspect cases.

New, unconfirmed, reports of possible new cases of severe respiratory infection, and of fatalities, emerge in all the above States. Each of these States is reporting a shortage of trained medical investigators and they request international assistance. The WHO has fully committed its personnel in the region to the various investigations and is bringing in additional resources from abroad. The United States has dispatched several teams of CDC investigators to augment the fast-moving investigations.

The WHO issues guidelines based on the existing information available. The WHO announcement outlines recommendations on treatment, prophylaxis, infection control, contact tracing and general disease containment. The WHO advises non-affected countries to review and update their preparedness plans, increase surveillance and develop a communication strategy for their public. WHO does not place any restrictions on travel. It expresses concern over the clusters of human to human transmission.

Many States have begun to implement their influenza preparedness plans. Media outlets throughout the world are saturated with projections of pandemic influenza fatalities based on the 1918 Spanish influenza outbreak. International and local media highlight that there is no vaccine for pandemic human influenza H7N9 in any country and stress

the importance of antivirals for survival. However, antiviral stockpiles in most States are insufficient.

Rumours begin to spread in State A via text messages and e-mails of an unreported flu outbreak in a pocket of the city. The text message chain claims that State A is trying to cover up the outbreak and alerts people to avoid the area and to seek medical advice if unwell.

Several States are recommending that screening of travelers from any country with suspected human H7N9 influenza cases should be commenced immediately. Others claim that screening would be inappropriate without confirmation, and that thermal screening specifically would be ineffective since individuals may be contagious before the onset of fever. Experts are warning that unnecessary screening and quarantining of travelers could have a dramatic effect on business.

Some States issue travel advisories recommending that their citizens defer travel to States A to H. There is increased demand for travel out of these States, coupled with reduced air services into these States. Some States make public statements indicating that human to human transmission is a definite possibility.

Demand for transport increases from all States experiencing H7N9 outbreaks with probable human-to-human transmissibility. Visitors start to leave by air with varying indices of suspicion for influenza. Unaffected States stress the need for screening of departing passengers from the affected States. On a daily basis, thousands of individuals are arriving on international flights from the affected countries.

Airline crews start demanding Tamiflu for prophylaxis and treatment purposes. Airport workers similarly demand prophylaxis. Many airport workers do not attend for work. Resources are severely drained.

Unaffected States are requesting definitive travel advisories from the WHO. Some commence screening by means of thermal imaging for arriving passengers from affected countries and suspect cases of flu are denied entry. Some State airport authorities are implementing measures that are inconveniencing passengers and are even isolating passengers for up to 24 hours. One State has denied entry into its airspace of an aircraft from one of the affected States thought to be carrying passengers suspected of having been exposed to the particular region where the outbreak is particularly severe.

## Part 1 - Discussion Issues

Problem Statements	Agencies
<p>Aviation Sector:            What steps should the affected States take to reduce the risk of the H7N9 viral strain with possible human-to-human transmissibility from being “exported” out of the State?            How should the aviation industry react to the situation?            What steps can be taken to reduce the possibility of travelers exposed to the infection from taking flights out of the State?            What are the coordinated measures required from the State Public Health Authority and the Aviation Authority to ensure that possibly infected passengers do not turn up at the airport?            What measures can possibly be recommended for both affected and unaffected States?            How should the affected States try and maintain air travel links while attempting to contain the movement of infected passengers?            In what way can ICAO and WHO assist affected States?            Can ICAO together with WHO effect updated guidelines for the aviation industry?            Will a globally harmonized preparedness plan for airports help?</p>	<p>Which State agencies should be involved?</p>
<p><i>Communications, Collaboration, Coordination, Cooperation</i></p> <p>What should be the affected States domestic and international public communications strategy at this point?            What messages should the affected States convey to the travelling public, and who should convey them?</p> <p>Multi sectoral collaboration and coordination.</p>	<p>What communications network ought to be in place?            Collaboration, Cooperation and Coordination networks, MoUs, SOPs etc</p>
<p><i>Medical Preparedness</i></p> <p>What steps, if any, should the affected and unaffected States take to prepare for possible</p>	<p>What are the screening</p>

<b>Problem Statements</b>	<b>Agencies</b>
<p>passengers arriving by the various international flights? What infection control measures can airport workers adopt? Can States deny entry to suspected cases of flu?</p> <p>Does the National State Pandemic Preparedness Plan take airport and airline workers into consideration for priority distribution of anti-viral drugs.</p>	<p>measures put in place? Are airport and airline workers considered in the State preparedness plan regarding anti-viral prophylaxis?</p>

## **Part 2**

In a press conference televised around the world, the WHO Director General announces that there is now compelling evidence that some of the human cases of H7N9 infection being reported in the affected States are the result of human-to-human transmission of the virus. The Director General informs the world that human-to-human transmission is virtually certain in some of these States and confirms that the H7N9 virus has mutated.

WHO declares the outbreaks to be a Public Health Emergency of International Concern (PHEIC) and publishes a set of temporary recommendations. The plan calls for exit screening of persons from the affected regions but does not recommend entrance screening for non-affected countries, except those in geographically isolated and infection free areas, such as island States. It also issues a travel advisory recommending that non-essential travel to the affected regions be suspended.

The situation worsens. New human H5N1 cases are reported on a daily basis.

Several unaffected States announce a ban on scheduled international flights from these States. Some aircraft are denied landing rights while others are diverted to nearby airports.

## **Part 2 – Discussion Issues**

<b>Problem Statements</b>	<b>Agencies</b>
<p>What screening strategy needs to be put in place for departing and arriving passengers?</p> <p>Can States unilaterally announce closure of their airspace to aircraft from the affected States?</p>	<p>Coordinated aviation, national and international plan.</p>

<b>Problem Statements</b>	<b>Agencies</b>
<p>What measures (if any) can WHO and ICAO put in place to prevent such measures by unaffected States?</p> <p>How should the aviation sector respond?</p> <p>In the eventuality of airport workers being affected, does the airport authority have contingency plans to continue operations with reduced numbers of staff?</p> <p>What communication strategies can affected States put in place to prevent affected persons from traveling?</p>	