

# SHARP



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## JA SHARP WP8

## FINAL REPORT

# International Tabletop Exercise Points of Entry – Control Measures, Contact Tracing

**Athens, 08 – 09 December 2022**

Virtual or in person at Royal Olympic Hotel  
Panorama Hall

### Working group Int'l TTE:

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## Acronyms and abbreviations

<b>ECDC</b>	European Centre for Disease Prevention and Control
<b>EWRS</b>	Early Warning and Response System
<b>IHR (2005)</b>	International Health Regulations
<b>MDH</b>	Maritime Declaration of Health
<b>NFP</b>	National Focal Point
<b>PPE</b>	Personal Protective Equipment
<b>PoE</b>	Points of Entry
<b>TTE</b>	Table-top exercise
<b>WHO</b>	World Health Organisation
<b>EUMS</b>	European Union Member States

## 1. Background

The Joint Action SHARP aims to strengthen preparedness in the EU against serious cross-border health threats and to support the implementation of the International Health Regulations (IHR) (2005). The different work packages will help in sustainable capacity building to prevent, detect, and respond to biological outbreaks, chemical contamination, environmental and unknown threats to human health. By consolidating the existing capacities of members and supporting improvement in those countries where IHR capability gaps exist, the JA SHARP contributes to ensuring a safer environment for all EU citizens.

Implementing the IHR (2005) core capacities in the different countries requires trained personnel in different sectors and at different levels.

SHARP joint action through work package 8 (WP8) is called to ensure collaborations between partners and agencies related to the strengthening of the implementation of the IHR and involved in the training and exchange of work practices.

In this context, the National Public Health Organization – EODY, will carry out a tabletop exercise at international level with the aim of planning and implementing practices, to control the spread of transboundary diseases at national and international level as well as to capture the overall state of preparedness of Points of entry of the EU countries and not only, as to cover the full range of threats for public health.

When it comes to public health emergencies at Points of entry, effective risk communication is crucial in informing people about the threat and ensuring their compliance with recommended measures by involving authorities (national/international). To be able to do so, public health officials require the knowledge and skills to design and implement effective risk communication strategies, take measures in accordance with any legislation framework and to implement an effective contact tracing.

## 2. Roles and responsibilities

### **Organizers:**

National Public Health Organization Greece

University of Thessaly, Lab Hygiene and Epidemiology

## **Working group Int'l TTE:**

E.Hadjipaschali, N.Bitsolas, A. Liona, L.Kostopoulos, S.Sapounas

Christos Hadjichristodoulou, Barbara Mouchtouri, Elina Kostara, Leonidas Kourentis, D.Kafetsouli

## **Control team:**

The control team was consisted of the exercise controller, 2 facilitators, 2 evaluators, exercise organizers, supporting personnel to the controller and facilitators.

**Exercise Controller:** Mr I.Micropoulos, National Professional Officer Migration and Health Programme,

WHO Euro

The Controller was responsible for starting and ending the exercise and acting as the central point of contact for questions and problems arising during the exercise. Exercise controller answered participant questions and kept groups focused on the question/discussion at hand and prompted (but not lead) participant discussions. The exercise controller in agreement with the facilitators could at any point decide to end the exercise if it is necessary.

## **Facilitators:**

Mr Daniel Rixon, Public Health Wales, UK

Mrs Juliane Seidel Robert Koch Institute, Germany

The facilitators were responsible for keeping the discussions on track and in line with the exercise's design objective. The facilitators instructed the players through the scenario and were passive participants in the conduct of each exercise. The facilitators were responsible for the injects during the exercise and to ensure that the exercise run smoothly. During discussion-based exercises, the facilitator in charge presented each section or chapter of the scenario and the scheduled time allocated for reflection.

## Evaluators:

Dimitra Kafetsouli, University of Thessaly, Greece

Nick Bitsolas, National Public Health Organization, Greece

The evaluators developed evaluation criteria and tools (checklist, questions for hot and cold debriefing etc.), log exercise activity, evaluate exercise activity, analyze results, and contribute to the exercise report.

The evaluators also led the evaluation and debriefing session.

## Observers:

Observers included participants from the following:

Tanja Schmidt WHO Europe

Julia Langer European Commission

Konstantinos Gogosis Ministry of Health Greece

Anna Tsekoura Ministry of Citizen Protection

Observers did not have an active role during the exercise and may only take part during the discussion sessions or if the controller or director asks them for their input.

## Notekeepers:

Note keepers kept detailed notes during the exercise using the note keeper's checklist.

Mrs A.Liona, National Public Health Organization

Mrs E.Christoforidou, UoThessaly

## 3.Target audience

Participants in person:39

Participants online:91

Total participants: 130

Number of countries: 19 countries

Priority has been given to low GNI countries.

A total of **130 participants (remote and on-site) from 19 countries** participated in the TTE representing national officials, the transport industry, EU institutions and WHO. The list of participants is presented in Annex 2.

## Countries and organisations attending in person.

<b>Austria</b>	Federal Ministry of Social Affairs, Health, Care and Consumer Protection Department VII/A/12 – Crisis Prevention and Crisis Management – Health Sector
<b>Bosnia Herzegovina</b>	Ministry of Civil Affairs of Bosnia and Herzegovina / Department for Health
	Public Health Institute of the Republic of Srpska
<b>UK</b>	Public Health Wales / Health Protection
<b>Finland</b>	Finnish Institute for Health and Welfare
	Plan International Moldova
<b>Germany</b>	Robert Koch Institute Department for Infectious Disease Epidemiology
<b>Greece</b>	National Public Health Organization (EODY)
	Laboratory of Hygiene and Epidemiology, Faculty of Medicine, University of Thessaly
	Hellenic Aviation Service Provider(ΥΠΑ)
	Aegean airlines security and facilitation
	1 <sup>ST</sup> Regional Health care Authority of Attica (Directorate of Public Health)
	Passenger Rights & Air carriers Operating Licensing Section/ Economic Oversight Division / General Directorate of Economic Oversight and Administrative Support
	WHO EURO, Migration and Health Programme
	Center for Security Studies (KEMEA) - Ministry of Citizen Protection
	UNIVERSITY OF THESSALY / ADMINISTRATION-IT DEPT.
Public Health Authority of the Region of Crete	
<b>Italy</b>	Ministry of Health
<b>Portugal</b>	Public Health Unit of Matosinhos
	Serviço Sanidade Fronteiras – Porto Leixões
<b>Serbia</b>	Institute of Public Health of Serbia

## Countries and organisations attending online.

<b>Czech Republic</b>	Ministry of Transport and Construction of the Slovak Republic Department of Chief Public Health Officer
<b>The Netherlands</b>	Public Health Services
	Public Health Service Kennemerland, Department Infectious Diseases Control
<b>Finland</b>	City of Helsinki / Social Services and Health Care Division / Epidemiological Operations Unit
	Finnish Institute for Health and Welfare (THL)
<b>Germany</b>	European Commission
	General Department of Public Health, Region of South Aegean
	National Public Health Organization



<b>Greece</b>	Ministry Of Health / Directorate of Public Health and Environmental Health/ Department of Communicable Diseases
	Region of Central Macedonia, Directorate of Public Health
	EKAB - National Centre for Emergencies
	1 <sup>ST</sup> Regional Health care Authority of Attica/Directorate of Public Health
	ECDC
	Piraeus Port Authority/Cruise and Ferry Terminal is Department
	Aegean Airlines S.A
<b>Ireland</b>	National Port Health Operational Unit
	HSE Dept of Public Health
<b>Italy</b>	Istituto Zooprofilattico Sperimentale della Pugliae della Basilicata
	Istituto Superiore di Sanità, Dep. Infectious Diseases
<b>Latvia</b>	State Emergency Medical services
	Department of Disaster Medicine preparedness planning and coordination
	Latvian Centre for Disease Prevention and Control/Department of risk analysis and Prevention of infectious diseases
<b>Malta</b>	Ministry for Health/Port Health Medical Services
	Infectious Disease Prevention and Control Unit, Ministry for Health, Malta
<b>Poland</b>	Department for Epidemic Prevention and Border Sanitary Protection
	Chief Sanitary Inspectorate
<b>Portugal</b>	Regional Health Administration - Regional Public Health Department and Regional Health Authority
	INSA/DDI
	Funchal Public Health Unit
	Public Health Department – Regional Health Administration of Central Portugal
	ULSBA Ministry of Health
	ARSAlgarve / Departamento Saúde Pública e Planeamento
	Local Health Authority, General Directorate of Health
	Global Health Authority
	Northern Region Public Health Department
	RHAb Lisbon and Tagus Valley
Lisbon and Tagus Valley Regional Health Administration / Department of Public Health	
<b>Sweden</b>	The Public Health Agency of Sweden

## Authorities

### Point of entry level authorities

- ▶ Public health authorities at the ports (local level)
- ▶ Public health authorities at the airports (local level)
- ▶ Port and airport administration authorities
- ▶ Any authority that is competent to respond to public health events and make decisions at a local

### point of entry level

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## Central level coordination authority of the country

- ▶ IHR National Focal Points
- ▶ EWRS National Focal Points
- ▶ Any authority that is competent to respond to public health events and make decisions at a central national level

## Private Sector

- ▶ Cruise line
- ▶ Airlines

<b>Austria</b>	Federal Ministry of Social Affairs, Health, Care and Consumer Protection Department VII / A / 12-Crisis Prevention and Crisis Management – Health Sector
<b>Bosnia and Herzegovina</b>	Ministry of Civil Affairs of Bosnia and Herzegovina / Department for Health
	Public Health Institute of the Republic of Srpska
<b>UK</b>	Public Health Wales / Health Protection
<b>Finland</b>	Finnish Institute for Health and Welfare
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<b>Serbia</b>	Institute of Public Health of Serbia

## 4. Time

Day One, 8 December 2022 10:00 – 18:00 EET {09:00-17:00 CET, 08:00-16:00 GMT}

Day Two, 9 December 2022 10:00 – 16:30 EET {09:00-15:30 CET, 08:00-14:30 GMT}

## 5. Aims and objectives

**To support discussion among representatives from the EU countries on the overall state of preparedness of PoE and in particular on the management of events due to infectious diseases at points of entry.**

Cross sectoral collaboration and coordination is required between local authorities in different points of entry and different countries to take actions and thus effective communication between authorities at different countries and different levels (local level and national level) is of great importance.

Risk communication is crucial and major aspect in public health crisis management, especially in cross border events.

Additionally, representatives from national authorities were practiced their skills in Intra-sectoral collaboration: between sectors within health (hospitals, community health canter, home care agencies) and inter-sectoral collaboration: between health and non-health care sectors (social services, transportation, housing, private sector, employment).

By completing the table-top exercise (TTE) participants were able to improve plans for:

- ▶ Communication and coordination between points of entry authorities internationally or within the same country
- ▶ Cross sectorial coordination at national and European level 3
- ▶ Understanding the criteria for reporting/ or not of an event at European/ international level
- ▶ Implementing evidence-based measures at points of entry and contract tracing at national and European level.

## 6. Methods

The exercise was taking place Hybrid (in person and online).

The type of exercise was a discussion-based table-top-exercise.

The exercise content was divided into two days of which was covered in interactive session with time for discussions.

- ▶ Scenario-based learning sessions
- ▶ Discussions to share concrete examples, experiences and good practices from participating countries
- ▶ Invited expert Controller and facilitators to guide group discussions.

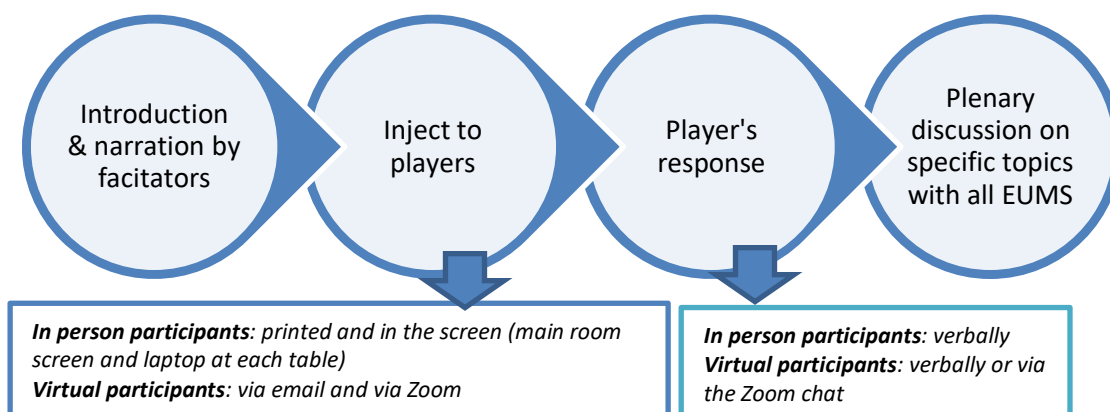
A dedicated email for participants was set up and a chat to report any technical problems accessing the exercise or during the event online.

All communication during the exercise, was begin and end with the word “EXERCISE”.

Working language: English

Six (6) sessions, 13 injects.

The exercise flow is presented in Figure 1 below.



## Injects

The players received injects which contain information that was expected to trigger some actions from the players. Some examples of injects include Maritime Declarations of Health, laboratory results, etc. All injects were delivered from the control team in printed format to all players participating in person and were also presented in the screen to be viewed by both players participating in person and remotely. In addition, remote participants received the injects in their emails. When an inject was presented to a player, the facilitator asked each player to verbally explain the kind of information received.

## Player actions

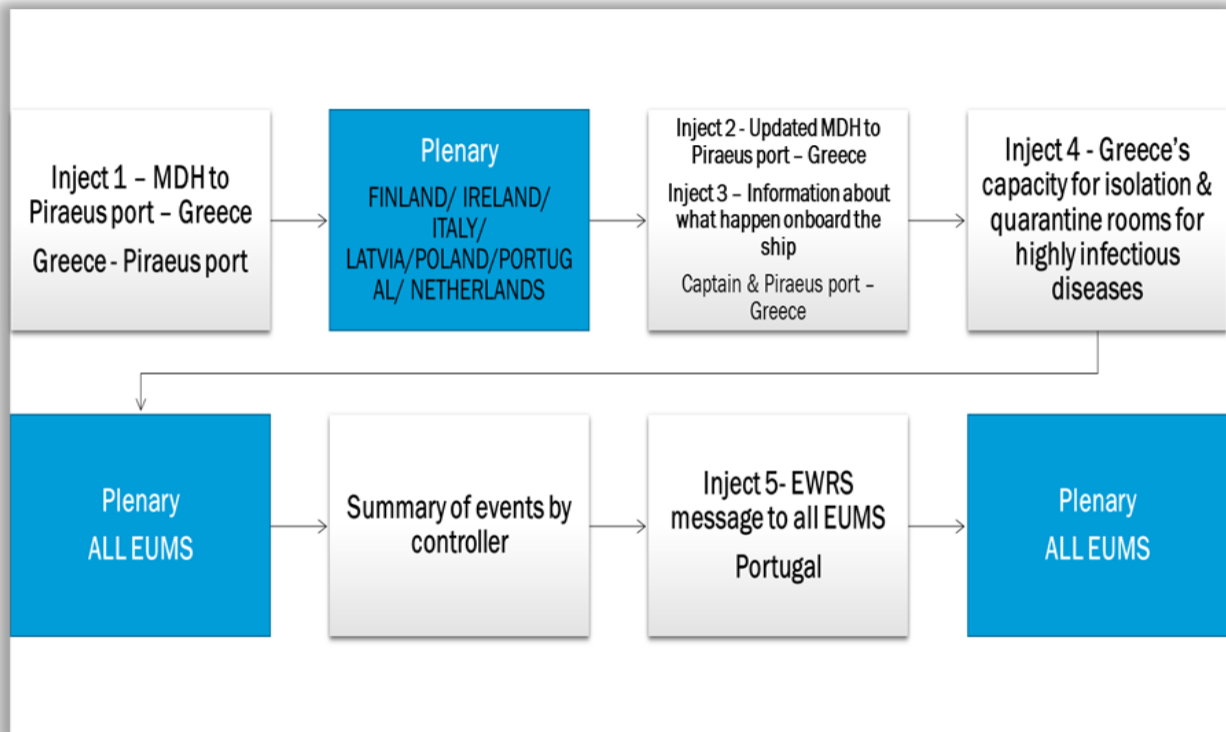
After receiving the injects, the facilitator allowed 5-10 minutes to the player and the rest of participants to review the inject. Then the players were requested to inform verbally the rest of the participants of what their response would be in a real-life situation. In real life situation, a player may need to complete some documents in order to communicate to another authority (e.g. complete an MDH, send an email to a central level authority, report via EWRS etc.). To facilitate the process of the exercise some of these files that may be used, had already been completed. In this case where files have already been developed by the control team, the player informed verbally the rest of the participants what was the process of completing the specific document and who would be the recipient. In most cases these documents served as injects for the

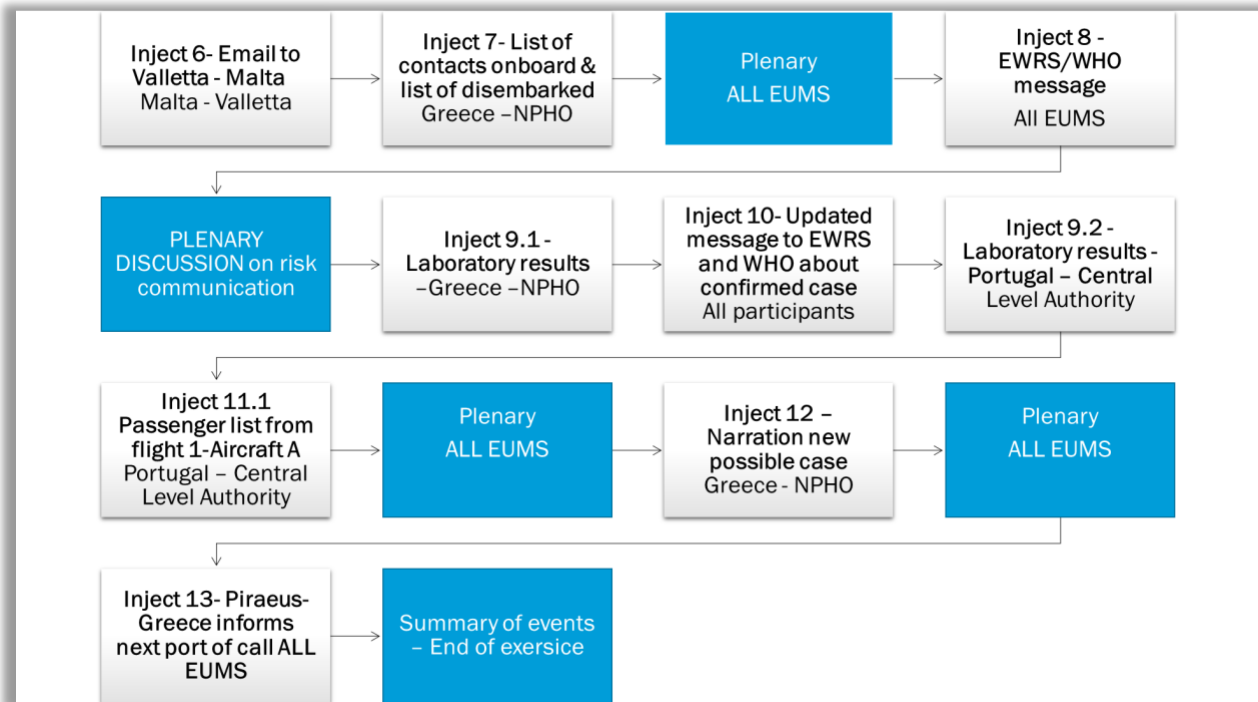
player that was receiving them. This was a discussion-based exercise and there was no action of players foreseen. In the event that a player would respond to an inject by communicating to another authority via email, then this player explained this verbally to the participants. After the players (players-recipients of the inject) in each event commented and shared their actions the facilitator initiated a plenary session and asked all other players/participants to comment and discuss the response and provide feedback on whether they would act differently.

## Participants and players

Country	Role of players in the exercise
<b>GREECE</b>	<ul style="list-style-type: none"> <li>▶ <b>EUMS – 4 National Central Level authority</b> (EWRS/IHR NFP, Contact tracing teams, responding to public health events at PoE)</li> <li>▶ <b>Port B - Port health authority</b></li> </ul>
<b>MALTA</b>	<ul style="list-style-type: none"> <li>▶ <b>EUMS – 3 National Central Level authority</b> (EWRS/IHR NFP, Contact tracing teams, responding to public health events at PoE)</li> <li>▶ <b>Port A – Port health authority</b></li> <li>▶ <b>Airport C - Public Health Authority</b></li> </ul>
<b>PORTUGAL</b>	<p><b>EUMS – 2 / National Central Level authority</b> (EWRS/IHR NFP, contact tracing teams, responding the public health events at PoE)</p> <p><b>Airport B – Public Health Authority</b></p>
<b>Cruise ship</b>	<b>Cruise Ship A, Celestial Cruises / Optimum Shipmanagement Serv. SA</b>
<b>All other participating countries</b>	
<b>AUSTRIA</b> <b>BOSNIA HERZEGOVINA</b> <b>CZECH REPUBLIC</b> <b>FINLAND</b> <b>GREECE</b> <b>IRELAND</b> <b>ITALY</b> <b>LATVIA</b> <b>MALTA</b> <b>POLAND</b> <b>PORTUGAL</b> <b>SERBIA</b> <b>SLOVAK REPUBLIC</b> <b>SWEDEN</b> <b>THE NETHERLANDS</b> <b>UK</b>	<p>The facilitators asked the above players from Greece, Malta, and Portugal to describe their response and actions to each inject received.</p> <p>Facilitated plenary discussion took place after each inject.</p> <p>After the above mention players from Greece, Malta and Portugal describe their response and actions then the facilitators asked all other participating countries in alphabetical order if they wish to comment on the response and what their actions would be if they were to receive the information presented in the inject.</p> <p>The main topics to be discussed include:</p> <ul style="list-style-type: none"> <li>▶ Communication and reporting of an event detected at PoE</li> <li>▶ Response measures</li> <li>▶ Contact tracing</li> <li>▶ Risk communication</li> </ul>

## Schematic exercise flow





## 7. Workshop contents and results/ Learning activities and discussions

### Exercise design and contents

The scenario was based on the detection of two possible case of Ebola on board an airplane and on board a cruise ship and which is on a 8-day cruise around the Mediterranean. Two crew members (couple) were travelling from a non-EU country to EU to join board cruise ships the one in Portugal and the other in Malta. Crew member 1 started developing symptoms during his journey with his health deteriorating after boarding and working on board Cruise Ship A. His wife (crew member 2) stayed in Portugal in a hotel.

The scenario started with the cruise ship detecting the possible case of Ebola and informing the competent authorities via the Maritime Declaration of Health.

The scenario was designed to engage the response of both local level public health authorities, maritime and aviation sectors as well as national level authorities, and to seek to explore how information is shared and how the response is coordinated at both the local, national and European levels.

The scenario was also designed to ensure that countries will be better prepared to face future health emergencies at sea and their points of entry, such as ports.

The scenario allowed participants to discuss the following in relation to the public health response:

- ▶ Detection and verification of event
- ▶ Preliminary risk assessment
- ▶ Patient Management
- ▶ Contact tracing and management
- ▶ Contaminated environments, waste etc (ship, airports, aircraft)
- ▶ Equipment
- ▶ Communication & reporting the event
- ▶ Risk communication

The scenario sequence is presented in Annex 3

## **Injects**

INJECT 1. MDH to Piraeus port - Greece

INJECT 2. Updated MDH to Piraeus port - Greece

INJECT 3. Information to Cruise Ship A of what happened on board

INJECT 4. Greece's capacity for isolation rooms for highly infectious diseases

INJECT 5. Email to Valletta port - Malta

INJECT 6. EWRS/IHR message to EUMS (1)

INJECT 7. List of contacts onboard the ship & List of contacts that disembarked at Piraeus port - Greece

INJECT 8. EWRS/IHR message about ship contacts (2)

INJECT 9. Laboratory diagnosis results - 9.1: Greece & 9.2 Portugal

INJECT 10. EWRS/IHR message about confirmed case (3)

INJECT 11. 11.1 Passenger list from flight 1-Aircraft A & 11.2 Passenger list from flight 2-Aircraft B

INJECT 12. New possible case

INJECT 13. Piraeus port - Greece informs next port of call (EU Common Ship Sanitation Database - port to port communication form).



## 8. Material for Orientation

- A. **Facilitators guide:** A facilitators guide was developed including the summary event list and master event list with expected response and suggested discussion points as well as other supporting materials for the facilitators. The guide is presented in Annex 4
- B. **Concept note:** Outlines the key elements for the preparation of the TTE (i.e. aim, objectives and date of the TTE; target audience; methods; TTE team members and their roles). See document here: <https://files.constantcontact.com/fce0156f801/4df8579a-edb5-4f7c-ad2b-c8840ef43edb.pdf?rdr=trueAnnex> 1
- C. **Maps:** Maps were displayed on the screen showing the travel history of persons in accordance with the exercise scenario.
- D. **Injects for players:** Hard copies of the injects were disseminated to players and displayed on the screen in accordance with the scenario. Injects are presented in Annex 5
- E. **Injects for facilitators:** A document including all injects incorporating also suggested discussion points per inject were prepared for the facilitators. Injects are presented in Annex 5
- F. **Note keeper checklist:** the completed note keeper checklist are presented in Annex 6

### ECDC

Technical guidance on risk assessment guidelines for diseases transmitted on aircraft (RAGIDA). Part 2:  
Operational guidelines - Second edition

<https://www.ecdc.europa.eu/en/publications-data/technical-guidance-risk-assessment-guidelinesdiseases-transmitted-aircraft>

### WHO

[www.who.int/ihr/ports\\_airports/en/](http://www.who.int/ihr/ports_airports/en/)

#### Maritime Declaration of Health

#### EWRS form

#### IHR NFP form

#### Recommendations for Core Capacities at PoE:

[https://www.rki.de/DE/Content/Infekt/IGV/igv\\_node.html](https://www.rki.de/DE/Content/Infekt/IGV/igv_node.html)

#### RKI recommendation for the core capacities of ports in accordance with the IHR Regulations in Germany:

[https://www.rki.de/DE/Content/Infekt/IGV/Kernkapaz\\_Flughaf\\_EN.pdf?blob=publicationFile](https://www.rki.de/DE/Content/Infekt/IGV/Kernkapaz_Flughaf_EN.pdf?blob=publicationFile)

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## 9. Evaluation and follow-up

Two evaluation questionnaires were developed to assess the TTE.

A hot debriefing questionnaire was disseminated to participants after the end of the exercise and a cold evaluation questionnaire disseminated to participants at least one week after the end of the exercise.

The detailed evaluation results are presented in Annex 7(hot debriefing) and Annex 8(cold debriefing).

### Summary of hot debriefing

A total of 52 (25 online and 27 on site) participants completed the **hot debriefing questionnaire**.

Point of entry level authority, central level authority and other sectors were evenly represented and 57.69% of all responders have attended TTEs in the past.

Almost all responders (98.07%) believed the exercise helped them identify areas of improvement in their work practice and 92.3% stated that following the TTE they intend to make changes to their work practice.

The majority of responders (94.23%) believed that the event was well structured and organized and that all relevant fields of expertise were represented. All responders (100%) were satisfied by the information regarding the TTE provided by the organizers prior to the event.

92.31% of responders believed that the scenario was reflecting reality while 96.15% found the tools disseminated during the exercise satisfactory or excellent. The vast majority of the responders (92.31%) were satisfied by the length of the exercise and 86.23% believed that the speed/pace of the TTE was good. Almost all the responders (98.08%) were satisfied by the opportunity to participate in plenary discussions and 96.08% agreed that the TTE provided networking opportunities. The technical support was satisfactory or excellent according to 98.08% of the responders.

### Summary of cold debriefing

A total of 45 participants completed the online **cold debriefing questionnaire** online, at least a week after the end of the TTE. A total of 97.73% of the responders believed that the table-top-exercise objectives were achieved and 95.45% declared they improved their understanding of their role in responding to a public health event at Point of Entry. 90.91% of responders believed that the TTE was valuable in identifying any gaps in their practice up to now and 88.37% rated the TTE as effective or highly effective in demonstrating ways of improvement. The majority of the responders (90.7%) believed that the TTE was relevant and contributed to strengthen preparedness in the EU against serious cross-border threats to health.

**Overall, there was a noticeable improvement in the responders perception in the following domains after their participation in the exercise:** Communication and coordination between points of entry authorities (before: 68.3% after:79.49), Understanding the criteria for reporting/or not of a public health event at European /international level (before: 65.12% after:82.5%), Implementing evidence-based measures at point of entry and contact tracing at national and international level (before:66.66% after:75%), Cross sectorial coordination at national and European level (before: 66.66% after: 77.5%) and Risk communication (before:60.46% after:80.49%).

### External evaluator comments

- ▶ TTE: support discussion amongst representatives from the EU countries on the overall state of preparedness of PoE and management of events due to infectious diseases at PoE
- ▶ Adequate number of representatives from local and international level organisations. (adding value to the conversation and information exchange)
- ▶ Participants from transport sector (marine, aviation), health sector (local health authorities, central health authorities)
- ▶ Wide variety of expertise and roles
- ▶ Excellent timekeeping and organisation
- ▶ Importance of identifying key people and best means of action  
“what” to do, “who” is doing it and “how” it is done
- ▶ Exchanging practises between different countries
- ▶ Understanding role of different sectors and their course of action
- ▶ Reminder of procedures and protocol already in place, in order to act more effectively under the pressure of a real-life event.
- ▶ Further involvement and assessment of other PoE (aviation, ground crossing) in future TT

Annex 9

## 10.Communication

The exercise was communicated through social media and a press release (in Greek and English) was came out after the end of the event. The results of the dissemination are presented in Annex 10

## 11. Conclusions

In the exercise there was adequate representation from wide variety of sectors and countries which ensured adequate discussion and information exchange.

The exercise facilitated the exchange of practices between different countries and to understand the role of different sectors and their course of action and acted as a reminder of procedures and protocol already in place, in order to act more effectively under the pressure of a real-life event.

**Responding to an event of a highly infectious diseases in the context of international travel is a very complex multisectoral and multilevel task that can be successfully achieved only jointly.**

The exercise helped participants to realize the full picture of the problem, to better understand the roles and the viewpoints of each other and gave opportunities for some insights about preparedness, response, communication, and risk communication. In addition, it was made evident how performance of local or national plans can impact international response and how competent authorities rely to each other.

Even after the experience of COVID-19 pandemic, a lot more remain to be done. Some questions that arose during the exercise are summarized below:

- ▶ How prepared are we to deal with events at PoE?
- ▶ Are the existing plans adequate?
- ▶ What are the realistic timeframes needed for each response action taken and discussed?
- ▶ Do all sectors and staff involved in the response understand the roles and responsibilities?
- ▶ What is clear and what is still not clear?

Public health experts are working and discussing about capacities many years now, especially after 2007 when IHR entered into force. However, have the existing contingency plans considered:

- ▶ the actual needs to deal with events on international travel
- ▶ the volumes of travelers we receive at the PoE?
- ▶ the capacities needed to manage events/evacuate ships with
- ▶ thousands of pax at a busy port in the middle of a touristic period?

Many lessons have been learned from COVID-19, but are public health authorities prepared to deal with the next major public health event affecting a high number of international travellers ensuring at the same time business continuity?

It was noted during the exercise that the needs and gaps can be different depending on the country and the local situation. International contact tracing still poses many challenges for public health authorities especially in receiving timely information from relevant bodies.

In addition, participants discussed the high importance and appropriate means of risk communication and how it receives less attention and could be given priority. Participants highlighted the importance of message communicated to prevent unnecessary panic amongst key workers, close contacts, and general public.

There is a clear need for further utilisation of existing materials, plans, networks, communication platforms.

Gaps were identified in hierarchy of procedures and prioritization of action. The importance of identifying the key people and best means of action was noted (“what” to do, “who” is doing it and “how” it is done). There was however a general consensus on actions to take before and after laboratory confirmation of cases.

Finally, the regular conduct of exercises including tabletop, simulation exercise and intra/ after action at local, regional, national, and international levels can help improve preparedness planning and response. Further involvement and assessment of other PoE (ground crossing) will also be beneficial in a future TTE.

## **Acknowledgements of collaborations**

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## Annexes

### ANNEX 1: [ANNEX 1](#)

1. Agenda TTE Athens 2022\_SHARP
2. Call TTE Athens 2022\_SHARP
3. Concept note TTE Athens 2022\_SHARP
4. Control team list TTE Athens 2022\_SHARP
5. Evacuation Plan TTE Athens 2022\_SHARP
6. Flyer TTE Athens 2022\_SHARP
7. Group setting TTE Athens 2022\_SHARP
8. Participant pack TTE Athens 2022\_SHARP
9. Practical information TTE Athens 2022\_SHARP
10. Presentation instructions slides\_ TTE Athens 2022\_SHARP
11. Certificate TTE Athens 2022\_SHARP

### ANNEX 2: [ANNEX 2](#)

### ANNEX 3: [ANNEX 3](#)

### ANNEX 4: [ANNEX 4](#)

### ANNEX 5: [ANNEX 5](#)

### ANNEX 6: [ANNEX 6](#)

### ANNEX 7: [ANNEX 7](#)

### ANNEX 8: [ANNEX 8](#)

### ANNEX 9: [ANNEX 9](#)

### ANNEX10: [ANNEX 10](#)