EXERCISE AEOLUS
FINAL REPORT

07 & 08 October 2008

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EXECUTIVE SUMMARY

Introduction

Exercise Aeolus was commissioned by the European Commission (EC) Directorate General for Health and Consumers (DG SANCO) and conducted by the UK's Health Protection Agency (HPA) as a command post exercise over a two-day period from 07 to 08 October 2008. The exercise was the second in a three year programme of exercises and training on behalf of the European Commission relating to public health matters.

The main purpose of Exercise Aeolus was to examine the capability of departments and institutions at Member State and Commission level to work together and share information during a fast-evolving health threat which cuts across departmental responsibilities. The exercise addressed cross-sectoral communication and collaboration at national and EU level.

Participants

All twenty-seven Member States (MS) of the European Union were invited to participate in the exercise, plus representation was invited from the European Free Trade Association (EFTA) States (Iceland, Liechtenstein, Norway and Switzerland).

Representatives from health organisations within each EU Member State and EFTA State participated actively in the exercise. Planners were also encouraged to invite relevant law enforcement, food and medicines agencies within their country to participate during the exercise.

In addition, European and International organisations participating in the exercise included the European Centre for Disease Prevention and Control (ECDC), Europol, several departments within DG SANCO, and the European office of the World Health Organisation (WHO-Euro).

Main issues

Exercise Aeolus demonstrated that in a real event, departments and institutions at a Member State (MS) and DG SANCO at Commission level are able to be brought together at short notice and share information and work together to ensure a faster resolution to an EU wide health threat that crossed different departments and institutions

The main issues identified during Exercise Aeolus were:

- A clear policy and etiquette is required on the functions and usage of the alerting systems and communication tools (RAS-BICHAT, EWRS, HEDIS, audio/video conferences)
- There is a need for a framework amongst communications specialists for the more efficient sharing of local information: approved public messages, information about media approaches, media monitoring results, agreed briefings and communications strategies
- Technical improvements need to be made to the alerting and communications tools to make them more user friendly
- Relationships between health organisations and law enforcement agencies should be developed further

RESUME EXECUTIF

Introduction

L'exercice Aeolus a été commissionné par la Direction Générale de la Santé et Protection des Consommateurs (DG SANCO) de la Commission Européenne (CE) et dirigé par l'Agence pour la Protection de la Santé (HPA) en tant qu'exercice poste de commande sur une période de 2 jours du 07 au 08 Octobre 2008. Cet exercice fut le second d'un programme sur trois ans d'exercices et de formations concernant les problèmes de santé publique au nom de la Commission Européenne.

Le but principal de l'exercice Aeolus était d'examiner la capacité des départements et institutions au niveau des Etats Membres et de la Commission à travailler ensemble et à partager les informations durant une menace sanitaire à évolution rapide qui recoupe des responsabilités départementales. Cet exercice visait la communication et la collabaroration entre secteurs au niveau national et de l'Union Européenne (UE).

Participants

Les vingt-sept Etats Membres de l'Union Européenne ont été invités à participer à l'exercice, les Etats Membres de l'Association Européenne de Libre-Echange (AELE) ont également été invités à être représentés (Islande, Liechtenstein, Norvège et Suisse).

Des représentants des organisations sanitaires de chaque Etat Membre de l'UE et de l'AELE ont activement participé à l'exercice. De plus, les organisateurs ont été encouragés à inviter les agences policières, alimentaires, et médicales appropriées de leurs pays à participer à l'exercice.

Des organisations européennes et internationales ont également participé à l'exercice, y compris le Centre Européen de Prévention et de Contrôle des Maladies (CEPCM), plusieurs départements au sein de DG SANCO, et le bureau européen de l'Organisation Mondiale de la Santé (OMS-Euro).

Points principaux

L'exercice Aeolus a prouvé que lors d'un véritable évènement, les départements et institutions au niveau des Etats Membres et de la Commission (DG SANCO) peuvent sans préavis travailler ensemble et partager les informations afin de permettre une résolution plus rapide à une menace sanitaire qui implique divers départements et institutions.

Points principaux indentifiés au cours de l'exercice Aeolus:

- Une politique claire et une étiquette sont requises pour les fonctions et l'utilisation du système d'alerte et des outils de communication (RAS-BICHAT, EWRS, HEDIS, conférences audio/video).

- Il y a un besoin d'encadrement entre les experts en communication afin de partager de manière efficace les information locales: messages publics approuvés, informations concernant les relations avec les medias, surveillance des résultats médiatiques, instructions et stratégies de communication approuvées.

- Des améliorations techniques des outils d'alerte et de communication sont nécéssaires afin de les rendre plus facile à utiliser.

- Les rapports entre les organisations sanitaires et les agances policières devraient être developpés plus avant.

PART 1 – INTRODUCTION

A. BACKGROUND

The need for each Member State to share information between departments and be able to investigate has been expressed on several occasions and was taken up in the 2005 Commission Communication on Generic Preparedness Planning. In particular, the requirement to be able to share sensitive information adds to the difficulty, and this becomes even gets more complex when this information needs to be shared across departments throughout Europe.

Exercise Aeolus was an initiative of DG SANCO designed to provide Member States (and other interested organisations) with an opportunity to evaluate and improve preparedness for public health emergencies. The exercise addressed cross-sectoral communication and collaboration at national and EU level.

B. AIM & OBJECTIVES

Aim
To examine the capability of departments and institutions at a Member State and Commission level to work together and share information during a fast-evolving health threat which cuts across departmental responsibilities.

Overarching objectives:
To explore the use and functionality of current systems and communication tools in sharing information at a national, EU and international level.

The agreed objectives of the exercise were:
1. To examine the transfer, access and management of secure information

2. To explore the role and functionality of all currently available communication systems in an environment where secure and non-secure information needs to be exchanged

3. To explore the use and utility of HEDIS in providing a situational overview and an information repository for MS

4. To explore the role of the Commission in co-ordinating measures and MS

5. To explore the co-ordination of public and media messages.

C.   SCENARIO DESCRIPTION

The scenario was based on the covert, deliberate contamination of a protein supplement drink resulting in cases of unusual illness appearing over Europe and necessitating rapid exchange of sensitive data across administrations, departments and participating countries.

In synopsis form, the exercise scenario unfolded as follows:

- The intelligence community within MS received information relating to European domestic extremist groups and criminal organisations with potential capability to contaminate food and/or pharmaceutical products;

- Cases of unusual illness in a specific demographic group began appearing in several MS countries, with one death;

- Over a number of days reports were received that all participating MS had identified clusters of cases and a small number of deaths were occurring; and

- Credible reports appeared in the media that a criminal group had claimed responsibility for contaminating material.

D.   PARTICIPANTS IN THE EXERCISE

All twenty-seven Member States of the European Union were invited to participate, plus representation was invited from the European Free Trade Association (EFTA) States (Iceland, Liechtenstein, Norway and Switzerland).

Representatives from health organisations within each EU Member State and EFTA State participated actively in the exercise. In addition, planners were encouraged to invite relevant law enforcement, food and medicines agencies within their country to play during the exercise.

The following countries and organisations participated in the exercise:

EU Member States

- Austria
- Belgium
- Bulgaria
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom

EFTA States

- Norway

Other Organisations

- European Centre for Disease Prevention and Control (ECDC)
- Europol
- European Office of the World Health Organisation (WHO-Euro)

European Commission

- DG SANCO (Emergency Management Team, Health Emergency Operations Facilities in Luxembourg and Brussels, External Communications)

Observers to the exercise

- European Commission: Secretariat General (SG), Directorate General Justice Freedom and Security (DG JLS), Joint Research Centre (JRC), Directorate General Information Society and Media (INFSO)

See *Appendix A* for a full list of participants

PART 2 – CONDUCT OF THE EXERCISE

A.   EXERCISE DESIGNERS & FACILITATORS

The Health Protection Agency is a UK public sector body that combines public health and scientific expertise, research, emergency planning and training within one organisation. The exercises team of the agency's Emergency Response Department has considerable experience in the design, development and conduct in the UK and Europe of a wide range of exercises designed to test preparedness of the health community, government departments and other supporting partners.

Exercise Aeolus is the second exercise in a three year framework contract commissioned by DG SANCO of the European Commission to provide training and exercises to Member States.

B.   EXERCISE LOCATION

The exercise was controlled from a central location in the UK with players participating from their own control rooms or Emergency Operations Centres in their Member State or organisation.

C.   EXERCISE DATE AND TIME SCHEDULE

The exercise was conducted over a 2-day period from 07 to 08 October 2008 during the "core hours" from 09:00 to 17:00 (CET) daily.

D.   EXERCISE FORMAT

Exercise Aeolus was conducted as a command post exercise. Therefore, participants either activated their Health Emergency Centre (or equivalents) in their Member State or organization, or brought together individuals who would be involved in responding to the crisis in a single room to analyse the situation and to determine what the response would be.

Communications between players was by regular telecommunication lines, phone, video, facsimile and e-mail. To fulfill the exercise aim and objectives, the exercise made extensive use of EU alerting and communications tools: EWRS, RAS-BICHAT and HEDIS.

The play in this exercise took place over two days but represented activities that would occur over a period of several weeks. The exercise therefore made use of a time jump to 'skip' time periods in order to maximise activity and exercise value.
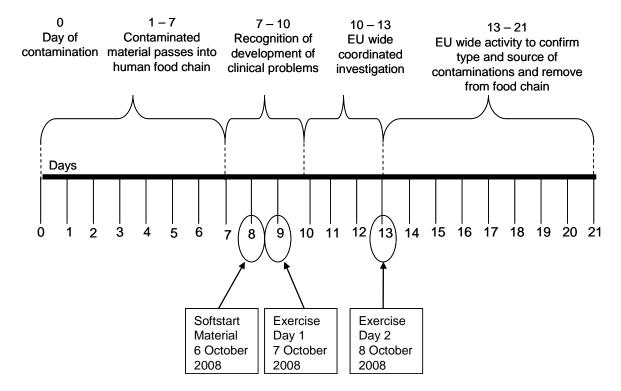
In this exercise, therefore, Day 1 focused on Day 9 of the scenario timeline. Day 2 of the exercise focused on Day 13 of the scenario timeline. (Activities were increased slightly above what might normally be expected in order to maximise exercise value)

Scenario Timeline

The scenario timeline for Exercise Aeolus is as shown in the following diagram.

Soft Start

On Monday 06 October (the day before the exercise) all players were emailed 'soft start' material. This material provided players with background reading ahead of the exercise and included simulated reports from web-based sources and the media which warned of likely biological attacks.

Day 1

At the start of the exercise on Day 1, following a simulated audio-conference between the EC and Europol, the EC issued a RAS-BICHAT alert message to players informing them of intelligence that suggested an imminent covert biological attack was likely. Shortly after that, cases of unusual illness in a specific demographic group began to appear in seven Member States. A news broadcast in Malta reported of the sudden death of a young man

and following further investigations in Member States it became apparent that all Member States were affected.

Day 2

At the start of Day 2, a simulated news broadcast reported between 200 and 300 cases of similar, unexplained illness across Europe. Each Member State received a summary of cases identified in their country up to Day 13 and were prompted to involve law enforcement colleagues fully in the response.

PART 3 – EVALUATION OF THE EXERCISE

A. POSITIVE EXPERIENCES

Although issues were encountered and technical improvements need to be made: Exercise Aeolus demonstrated that in a real event, departments and institutions at a Member State (MS) and DG SANCO at Commission level are able to be brought together at short notice to share information and work together. This capability to work together and share information would ensure a faster resolution to EU wide health threats that crossed different departments and institutions.

A number of MS also highlighted that they could rely on the DG SANCO and the ECDC to manage the event.

The exercise provided a very useful opportunity for MS health organisations to work with law enforcement colleagues and established a base for relationships and co-operation going forward. It also assisted in roles being more clearly identified with a better understanding of who would need to be involved in such a threat. In addition, the exercise served to raise awareness in the separate investigative communities in MS (public health/epidemiology and law enforcement/criminal) of the types of information each MS would be seeking in this scenario.

The exercise attracted interest from senior level participants. Within the European Commission the Commissioner for Health participated actively during the afternoon of Day 1 of the exercise. In two Member States, Ministers of Health observed their players in action within their Emergency Operations Centres. In one Member State, the Director General participated in a simulated media interview. This senior level engagement was extremely positive and added an extra level of realism to the exercise.

For some Member States this was the first opportunity to test and familiarise themselves with the communications tools and so the time spent using the systems was beneficial and valuable.

MS highlighted that they found the summary on HEDIS useful. The benefit of a single source where MS and other organisations can get real time information was acknowledged.

Click and Meet audio conferences were considered (by most participants) an improvement to control audio conferences than was experienced in previous exercises. They also improved during exercise play as people became more experienced with using the system.

B.   PROBLEMS ENCOUNTERED, LESSONS IDENTIFIED AND RECOMMENDATIONS FOR IMPROVEMENT

The lessons identified from this exercise are based on the analysis of the following:

- o feedback received from Exercise Controllers in the International Post Exercise Review
- o subsequent completed evaluation checklists received on the exercise (which includes feedback from Local Immediate Post Exercise Reviews).

i)   Cross-Sectoral Communications within MS

The exercise began with a RAS-BICHAT alert message from DG SANCO to all Member States and organisations playing, informing them of intelligence that suggested an imminent covert biological attack was likely.

In response to this first alert on RAS-BICHAT, Member States either verbally or via email alerted relevant organisations in their country including the Ministry of Interior, Police, regional public health authorities and health protection agencies. Some also alerted national food safety and medicines agencies. In most cases alerting happened within minutes of receiving the RAS-BICHAT message.

Many Member States opened their Emergency Operations Centres and convened emergency meetings to identify roles and responsibilities and develop a strategy to respond to the unfolding incident.

It is apparent from the exercise that relationships exist between health, law enforcement, civil protection and food authorities within Member States. Some of these contacts take place routinely in formal meetings, governed by Standard Operating Procedures; others are ad hoc arrangements dependant on the circumstance or crisis.

Players appeared to be familiar with the coordination mechanisms in place within their Member State during such a crisis; however, feedback from the exercise highlighted the importance of engaging relevant agencies (particularly law enforcement agencies in this scenario) at the earliest opportunity in order to benefit both the health epidemiological and criminal investigations.

Recommendation 1
Where there is a suspicion by health organisations of criminal or terrorist activity, competent bodies, including law enforcement agencies should be informed at the earliest opportunity in order to be able to evaluate the need to participate in the investigative response.

ii) Risk Assessment

- **National level**

In response to the initial alerts posted on RAS-BICHAT and EWRS, Member States engaged scientific colleagues and officers in infectious disease in risk assessment activities. Many Member States strengthened surveillance with some alerting hospitals and clinics within their country.

In assessing the content of the initial alerts, most Member States consulted with national health experts as well as seeking intelligence from Ministry of Interior/police colleagues, chemical and poison centres.

In order to establish relevance for their country, many Member States requested further details from colleagues in other Member States and from European agencies seeking more clinical information and requesting toxicological analysis. Some Member States only had a limited numbers of cases appearing in their country and therefore at national level considered the risk low.

- **European level**

ECDC

As it became apparent that a number of European countries were affected, a few Member States requested that ECDC and the EC (DG SANCO) arrange an audio-conference with Member States to clarify the case definition, discuss symptoms, laboratory investigation results and consider control measures. Across the two-day exercise, three EU-wide audio-conferences took place. Technical difficulties were encountered with these audio-conferences and these are further explored under *'Suitability of Communication Tools'*.

During the first audio-conference, ECDC proposed a case definition to assist in monitoring the situation. Following the audio-conference they drafted a questionnaire for all Member States to use. The draft questionnaire was circulated to all Member States for comment via EWRS. Member States were active in suggesting amendments or enhancements to the questionnaire and many implemented it quickly, although some adapted it before distributing it to health organisations within their country.

There was mixed reaction to the case definition with some finding it very helpful, whilst others found it too specific.

On Day 2 of the exercise it became apparent that the illness was due to consumption of body building supplements which had been contaminated by an aflatoxin. During the audio conference with Member States and the EC (DG SANCO), despite the scenario not being a communicable disease, ECDC offered further support in epidemiological follow-up which appeared to be welcomed and ECDC continued with the investigation. In addition, ECDC proposed to organise an additional audio conference with clinicians in Member States, requesting one clinician per Member State to participate and present guidance on the care of patients.

Some feedback reflects concern that ECDC may have been acting outside of its remit by continuing with the epidemiological investigation where the source was not a communicable disease. (ECDC has a mandate in communicable disease as set out in Article (3) of 851/2004/EC).

Recommendation 2
A better understanding is required by Member States as to which European scientific body would be responsible for risk assessment and epidemiological investigation of health affects which are not as a result of a communicable disease. *See also Recommendation 7*

Europol
Identification of causative agent was critical for Europol. A full threat assessment by them could not be accomplished until the agent was identified. During the evaluation of the exercise, Europol raised concerns about the delay in achieving the agent identification by non law-enforcement authorities in view of the many cases and timeframe since the outbreak.

Whilst this delay may have been exercise artificiality, it highlighted concerns about shared responsibilities and distinctive roles. It was felt that some authorities may be too focussed

on the perpetrators and that this may distract resources from agent identification. *See Recommendation 4*

Further development of bridging security and health such as training in forensic epidemiology was requested by a number of Member States with feedback suggesting that training could be standardised across Europe.

Recommendation 3

During a fast evolving health threat, Member States should ensure trained forensic epidemiologists are available. Where none are identified, Member States may wish to consider conducting joint forensic epidemiology training with participants from both health and law enforcement sectors and liaise with the EC, Europol, ECDC and National Experts to support the training, in order to maximise the expertise and knowledge available from these organisations/individuals.

- **International Level**

During the exercise, the World Health Organisation players liaised with colleagues in Geneva to understand the risk assessment process at international level. It was acknowledged that temporary recommendations might be needed in the event of a 'Public Health Emergency of International Concern' (PHEIC) and it was likely that an Expert Committee would convene.

iii)   Information Exchange Process

EWRS and RAS-BICHAT were the main communications tools used by Member States to exchange information and communicate with each other. (See *Suitability of Communications Tools* for an evaluation of these tools and how they were used during the exercise.)

- **Sharing of data between national agencies**

During the exercise there was a potential requirement for health information to be exchanged with non-health organisations, particularly law enforcement agencies. Public Health and Law Enforcement have different needs for data, particularly if there is a potential for victims to also be perpetrators.

In some countries no formal protocols appear to exist between Health and Law Enforcement on the exchange of health data. However the area of exchange of

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information between national health authorities and law enforcement is governed by national legislation and players were cognisant of the need to respond within the law concerning, for example, confidentiality. In some instances where requests were made for the sharing of data, health did not provide access to the clinical records and laboratory results of all suspected cases as it was determined that full access was not required. In other cases, health authorities identified patients and facilitated the questioning of individuals by law enforcement authorities.

In order to efficiently manage a fast-evolving threat it is however important that the respective roles and responsibilities as well as limitations are clearly identified in advance. Working together at national/local level on a routine basis will strengthen arrangements.

Recommendation 4

In line with the 'Bridging Security and Health' paper and in light of this exercise; Health organisations and competent bodies, including law enforcement and intelligence agencies in Member States should consider formalizing and structuring their relationships by developing protocols which
- outline the triggers for engagement
- identify distinctive roles and shared responsibilities
- define any restrictions in law
- state what data/intelligence can be shared between the organisations
- outline how the two-way exchange of data and intelligence can be facilitated
- take into account security clearance status of individuals

- **Sharing data with European Agencies**

Good interaction with DG SANCO enabled Europol to fulfil their organisation's aim[1], by providing MS Law Enforcement agencies playing in the exercise with valuable strategic information from public health which was sometimes not accessible to law enforcement agencies at national level

Despite Europol's restrictive legal framework, the exercise demonstrated that it is possible for Europol to exchange information outside of MS Law Enforcement. However, this information exchange can only take place where cooperation agreements have been established. This meant that during the exercise, Europol was not able to exchange information with ECDC as no agreement for this purpose currently exists, nor could they provide Member States with intelligence outside of their national focal points in law

enforcement.   It is worth noting though, that Europol may receive and/or use information from any source.

> **Recommendation 5**
> DG SANCO, Europol and ECDC should consider establishing an agreement for the exchange of information in the event of a Europe wide fast evolving health threat where criminal or terrorist activity is suspected.

- **International information exchange and the International Health Regulations**

The World Health Organisation (WHO) was represented by the European office (WHO-Euro) in the exercise. However, WHO players noted that, in an event of this nature, the WHO headquarters in Geneva would be involved and therefore their course of action in a real incident would be different.

Some Member States did not formally report a Public Health Event of International Concern (PHEIC) to WHO as they only had limited numbers of cases in their country and therefore no evidence to suggest their was a need to do so. However, all Member States reported their cases on EWRS with many assuming that this would constitute potential notification of a PHEIC and would avoid unnecessary duplication of information.

Only a small minority of Member States requested information from the WHO on the situation in non-EU countries.

No Member States asked for technical collaboration from the WHO; however, some sought advice on protective measures and decontamination for police. In response WHO provided advice to Member States through the national focal points.

iv)   **Interoperability (Intra Community Exchange of Information) at European Level**

On the whole players indicated that they understood the differing roles of organisations at European Level.

- **Neighbouring Countries**

A number of informal cross communication networks were established between neighbouring countries in order to exchange information on possible cases, the epidemiological situation, microbiological protocols, control measures being implemented

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[1] Europol is the European Union law enforcement organisation that handles criminal intelligence. Its aim is to improve the effectiveness and cooperation between the competent authorities of the Member States in

and for preparing common statements for the media (e.g. some members of the Black Sea Economical Cooperation (BSEC) sought to exchange information on cases directly with each other).

- **European Agencies**

Once the contamination was identified as aflatoxin in a body building supplement, many were unclear as to which organisation at a European Level would be responsible for the development of the risk assessment and how coordination between agencies would happen. (It is noted that at 15:53 on Day 2 of the exercise a message was posted on HEDIS stating that Commission Directorate D (Food Safety) would take the lead in the crisis management with Directorate C continuing to co-ordinate Public Health issues) In the exercise ECDC continued to lead on the epidemiological investigation.

During the second day of the exercise, injects confirmed that the illness in cases was related to the contamination of a body building supplement. Players therefore highlighted the need at this stage, for involvement of the European Food Standards Agency (EFSA) for risk assessments and independent scientific advice relating to food safety and identified that the Rapid Alert System for Food and Feed (RASFF) would have been triggered in this scenario.

Despite the contaminated products in the scenario being sold on the internet, there was an expectation that the products in question would have been withdrawn from shops and fitness centres by national food safety authorities following instructions from the European Commission.

Players also highlighted the involvement of the European Medicines Association (EMEA) and its role in evaluation and supervision of medicines for the benefit of public health.

Recommendation 6
DG SANCO may wish to liaise with EFSA and EMEA to gain a better understanding of how unregulated products, available on the internet, would be controlled and managed in this or a similar scenario.

Recommendation 7
The Commission should facilitate discussions at European level (to include ECDC, ECHA, EMEA, EFSA, Europol and JRC) to establish how coordination between agencies would happen when health affects are not as a result of a communicable disease. In particular

preventing and combating serious international organised crime and terrorism.

where multiple risk and threat assessments are produced, handover procedures and protocols should be produced to ensure individual agency plans are interoperable.

The outcomes of these discussions should then be communicated to all relevant parties.

v)   Data Management & Security of Communications Tools

- **Transfer, Access & Management (Storage) of Secure Information**

In general, players felt that the alerting and communications tools in the exercise were reliable, flexible and secure, although some problems were encountered during the exercise and many made recommendations for improving the functionality of tools (see *Suitability of Communications Tools*).

There is a general assumption that information held in EWRS, RAS-BICHAT and HEDIS is secure, particularly as access to the sites are for nominated individuals only and are password protected. In addition, EWRS and RAS-BICHAT give visual verification that a message has been received and therefore players were easily able to determine that the intended person had received their message. However it is worth noting that EWRS, RAS-BICHAT and HEDIS are not validated for carrying or holding any classified information.

In addition as EWRS, RAS-BICHAT and HEDIS are all web based applications, some players felt that security can not be assumed as they could be subject to cyber attack. *See Recommendation 19*

In the majority of cases where emails were used to pass messages outside of the EWRS and RAS-BICHAT systems, they were acknowledged after being received. However, a number of Member States did not receive confirmation of receipt of email or did not check that their message had actually been received. Players acknowledged that whilst during a crisis fast decision making is required, standard procedures and rules should be adhered to as would be in normal 'day-to-day' activity.

Recommendation 8
In light of this exercise Member States and European Agencies may wish to review their protocols on the transfer of messages in a crisis, particularly via email. In order to be sure that the intended recipient has received the message it is suggested that direct email is avoided and use is made of the communication tools for this purpose.

When working with secure information (data), players implemented protocols in accordance with their national legislations. In some countries this included holding the exercise in secure meeting rooms with access control and only allowing authorised personnel with security clearances to participate.

The majority of Member States appear to have established protocols for the management (filing and archiving) of classified/secure/sensitive information. A few indicated they have no systems and it is down to individuals to manage this information.

The majority of players demonstrated adequate record keeping practices during the event, although some Controllers highlighted that this was an area that could be improved.

Member States indicated that the facilities used during the exercise for the storage of classified/secure/sensitive information were adequate for the purposes.

Recommendation 9
The EC (DG SANCO), in its ongoing work with the HSC General Preparedness Group, may like to produce guidance to Member States and European Agencies on:
- the standard facilities and data management processes required during an emergency
- best practice on the transfer, access and management of secure/classified information during a crisis.

- **Personal Data**

Personal data appeared to be processed, updated and stored fairly, accurately and lawfully during the exercise. However, the law varies between countries. Some health organisations in Member States transferred personal data, including full names, to law enforcement agencies whilst others were restricted from doing so by national law.

Recommendation 10
In light of this exercise, Member States and European Agencies may wish to review how personal data is exchanged particularly at times of crisis when there is a high work load and more people become involved in the response. (In these circumstances it is possible to forget to make data anonymous.)

vi) **HEDIS - Situational Overview & Information Repository**

The majority of players used HEDIS as a tool to obtain an awareness of the coordination of measures and of the situation as it developed across Europe.

Specific areas that players identified as useful were:
- The maps and country tables
- Minutes of audio conferences
- Table of illness across the EU
- Questionnaires

For the management of major public health events, the benefit of a single source where MS and other organisations can get real time information was acknowledged. Some players indicated they found HEDIS useful to aid them in preparation of internal and press briefings. However there were a number of issues that arose that meant HEDIS was not used to its full potential and caused participants to become frustrated. These are summarised as below:

- Some players were not familiar with using HEDIS
- There was a significant delay in information being put onto HEDIS, with players making most use of the system on Day 2 of the exercise.
- Players were not always confident of the accuracy of some of the information, citing discrepancies on the number of fatalities and on the distribution of cases by gender and therefore made use of other sources to verify the data and assist in national decision making.
- Many chose not to include the information on HEDIS for briefings because of the time it took to access the data and/or download the maps, charts and graphs. (In one case it was suggested that some of the same information is more conveniently available from other sources (e.g. Google Earth).
- Some players had technical difficulties when completing the questionnaires.
- Under European law Member States and other organisations are required to use EWRS and RAS-BICHAT and they were unclear how these systems interacted with HEDIS.
- Players were unsure where new information was being put onto HEDIS, which meant that a number missed an important audio conference.

Recommendation 11
In order to add value to the management of the crisis at national level and get consistent use of HEDIS for national decision making and briefing purposes; further work needs to be done to ensure that information posted is accurate, authenticated and verified and that it

appears in a timely manner. Efforts should be made to make the system more user friendly – so that new important messages will be recognized easily at a time when there can be an overload of information.

Recommendation 12
Information posted onto HEDIS should be referenced with its source to assist users in verifying its content.

Recommendation 13
Use of HEDIS as a single point of information should be continued to be promoted and the training of MS should be continued to ensure all are familiar with its capabilities. HEDIS itself could include an education tool and a simple manual would also be helpful.

During the exercise some Member States used HEDIS as the point of reference for the notification of European-wide audio-conferences. However, many highlighted that the notification of the audio-conferences (particularly on the first day of the exercise) appeared too late. In addition, players also looked to the other communication tools for this information.

Recommendation 14
The procedure for notification of European-wide audio-conferences in a crisis should be agreed in advance and be clear to all participants; particularly for the first audio-conference scheduled.

Recommendation 15
Whilst it is acknowledged that each MS/organisation will have their own timings and 'battle rhythm' for responding during a crisis and that the response is often driven by the crisis itself; a process should be developed whereby a 'forward rhythm' at EU level is established in the light of unfolding circumstances. This 'forward rhythm' should include timings of:
- all EU-wide audio-conferences
- updates on risk assessment, situation reports, activity reports and where they will be located (e.g. HEDIS),
- updates on risk management and co-ordination measures
- media and public communications, including press and ministerial briefings
and ensures that HEDIS provides a 'Common Recognized Information Picture'

vii)   **Suitability of Communications Tools**

The Communication Tools used during Exercise Aeolus were considered by participants to be crucial for the effective coordination and communication during a fast evolving health crisis. Whilst some improvements since previous exercises were evident, there is an urgent need for further development and progress, prior to the next EU-wide exercise.

- **Web-based systems**

The purposes of rapid alert systems such as RAS-BICHAT and EWRS are laid down in European law (e.g. for EWRS in the Commission Decision 2000/57/EC). However, many players were confused about which tool to use for which type of information.

As the scenario unfolded, messages and alerts of cases began appearing on EWRS and RAS-BICHAT. Many Member States, who appeared to be unsure about the appropriate modes of communication, included the same case information and messages relating to both the criminal and health investigations were included on both EWRS and RAS-BICHAT. This duplication of effort wasted valuable time and caused confusion. Players were unsure at times whether data posted in RAS-BICHAT had been cross-checked with information in EWRS, by the MS who posted it.

Attempts were made during the exercise to resolve the duplication and confusion with the following message issued by the SANCO C3 team:

'In order to guarantee smooth and effective communication of the event, we would like to propose the following: All case related information should be communicated through the EWRS system from now on. If there is any information related to a possible criminal investigation or events it should be communicated through RAS-BICHAT[2].

In addition, the following message contained in an update on threat assessment was posted onto EWRS:

'ECDC suggests that Member States send updates on the case count directly to ECDC, using the Aeolus.support@ecdc.europa.eu email (exercise specific address), and use the EWRS only for significant epidemiological developments or public health measure. ECDC will provide updated information whenever necessary and at least every 2 hours[3].

Although there was confusion between these tools, it is worth noting that players took into account that all messages sent by EWRS are automatically forwarded to the World Health Organisation and therefore players didn't duplicate these messages to WHO.

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[2] RAS-BICHAT message 07-10-08 11:31:36 and EWRS message 10/7/2008 11:35:19 AM

The confusion and duplication of effort identified above, highlights the urgency of clarifying the role, functioning and interplay of the various communication systems, i.e. which communication systems are needed; what is the trigger to use the communication systems; which kind of situations should be covered by which communication system.

In addition, Member States and organisations often have limited staff available to dedicate to time consuming monitoring of EWRS, RAS-BICHAT and HEDIS and therefore need to know in advance which systems will be used.

Recommendation 16

A clear policy is required, in advance of any incident, on the functions, usage and interplay of each system (RAS-BICHAT, EWRS, HEDIS) i.e. when, how and which system should be used for which subject matter/content and at what level of incident.(Analysed, digested and validated information should be found in only one site

To aid this policy development, the tools should be reviewed to ensure they are as user friendly as possible and the most relevant information is available easily and quickly. *(It is understood that a review is already being undertaken by DG SANCO via the EWRS committee and other consultative user groups).*

Rigorous testing and exercises of EWRS, RAS-BICHAT, HEDIS and audio-conference systems should be held prior to Exercise Tor (the next EU-wide exercise) to avoid encountering the same problems and issues.

<u>Retrieval of information</u>

It is the opinion of some players that the design of EWRS and RAS-BICHAT does not support the need for the rapid flow of information in a crisis. Players found it difficult to retrieve the most relevant information highlighting the way the tools capture information as an issue, meaning that many messages can be overlooked. They were unsure where information was being posted and noted that the tools do not update automatically. Players also identified that it was difficult to know when messages had been read and which were new, highlighting that the tools (particularly EWRS) were overloaded with messages.

Recommendation 17

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[3] EWRS message 10/7/2008 1:07:08 PM

As part of the review and policy development advised under Recommendation 16 above clear instructions are required for when a new alert or thread is added within EWRS and RAS-BICHAT, when it is appropriate to continue with an existing alert or thread and how alerts and messages should be classified.

Security of the Communication Tools

Participants highlighted that with the potential use of brand names of products and other personal/confidential information within the tools they could be targeted for cyber attack.

With the heavy reliance on web-based tools and systems for communicating in a crisis, it is essential to know the security and resilience of the tools.

Recommendation 18

DG SANCO and ECDC should establish what the security (both in terms of access and types of information included in the system) and resilience of the relevant web-based tools are in order to assess adequacy and identify any potential gaps or weaknesses.

Technical difficulties with the Communication Tools

A number of Member States experienced difficulties logging into the systems which were mostly rectified during the exercise.   All the communications tools made use of exercise test sites rather than the real sites which may have exacerbated the problem.

Europol has 'read-only' access to RAS-BICHAT and they had a specific technical issue during the exercise with RAS-BICHAT generated emails filtered as spam and therefore they could not read the RAS-BICHAT alerts.

Recommendation 19

If Europol are required to access RAS-BICHAT during a real incident then the technical difficulties should be considered as soon as possible. Consideration should also be given to allowing Europol access to HEDIS in order to provide them with a single source of information.

- **Audio and Video Conferences**

As identified in 'Section A - Positive Experiences', Click and Meet audio-conferences were considered an improvement to control audio-conferences than was experienced in previous exercises.   However, there was frustration of some players who felt that overall

audio-conferences were still far from satisfactory. The areas identified by participants for further improvement are included below.

Invitations

During the exercise, three audio-conferences and one combined audio- and video-conference took place. The invitation to attend these audio-conferences appeared in different communications tools (i.e. on one occasion in EWRS and another in HEDIS). Some players missed the fact there was an audio conference as the invitation was not easily identified in the communication tools and was sometimes noticed after the audio conferences had started. *See Recommendation 14*

Technical difficulties

A number of players had difficulty connecting to the first two audio-conferences or found the connection during the audio-conference was of very poor quality. There was also a failure during one of the teleconferences which meant that delays occurred in the coordination of the epidemiological investigation. Although the Minutes of the audio-conference held on Day 2 were posted in HEDIS, feedback indicates players didn't always find them.

Duration of call

Feedback indicates that players found the audio-conferences too long. The audio-conferences covered issues relating to risk assessment, risk management and coordination of measures. One call was extended to discuss communication issues.

Some players also felt that too much time was spent on risk assessment during audio-conferences which impacted on the time available for discussion on risk management and coordination of measures.

Recommendation 20

A clear protocol should be produced for audio-conferences which:

- identifies the topic to be discussed (e.g. risk assessment, risk management, coordination of measures, risk communication)
- includes a generic agenda, annotated with start and end time and suggested timings for each topic
- outlines the rules of conduct
- explains the mechanisms and technology involved
- describes in what format and timescale the minutes will be provided

To ensure that all participants understand the discussions and agreed actions, minutes of each audio-conference (which clearly state the decisions of the meeting) should be produced by the host within an agreed timescale and provided to participants in an agreed format.

Combined video and audio conference

The final meeting with all players was a combined audio- and video-conference. The video-conference element was selected as a more secure means of communication and chosen in order to test the viability of this method during a real crisis.

Feedback from the exercise clearly indicates that players were very dissatisfied with this approach. They found it confusing, with a mix of many voices and ineffective with little progress in the discussions apparent.

Following the completion of the exercise, DG SANCO requested specific feedback to improve video-conference meeting facilities to make them more reliable in the future.

Recommendation 21

If Europe-wide video-conferencing is considered a safe and appropriate means of communication during a crisis, the following actions are recommended:
- a rationale for its use to be produced
- a minimum technical specification with checklist should be produced for all participants.
- a protocol and guidelines for its effective use should be produced (see Recommendation 20)

These actions could be undertaken in conjunction with the work already ongoing by the HSC General Preparedness Group on establishing minimum standards for Emergency Operations Centres.

viii)   Co-ordination of Measures

Member States were anticipating a more proactive role from the Commission on control measures. In order to avoid acting differently, Member States had expected to receive broad guidelines early in the crisis that they could then adapt at a national/local level. European Commission players were actively involved in risk management (e.g. on Day 2 of the Exercise a questionnaire on measures was posted onto HEDIS). However, feedback indicates that they didn't demonstrate this to Member States during the exercise.

Players were of the opinion that the co-ordinated EU level decisions took too long and therefore were not always implemented by all Member States.

In the majority of cases Member States did not make any specific requests for assistance or expertise from other Member States or offer to address other Member States needs. There were some discussions with neighbouring countries, but in the main, Member States looked to the European Commission, working with the European Centre for Disease Prevention and Control, to co-ordinate risk assessments, control measures and other initiatives e.g. laboratory capacity.

However, it is worth noting that in the absence of recommendations or decisions and co-ordination at EU level, the actions of other Member States hastened national decision making.

- **Recall of products**

During the exercise players identified there would be a need to remove the contaminated products from sale. It was noted that a decision to recall products would affect trade in these kinds of product in Member States. In addition, Justice Departments in Member States would be involved due to probable illegal production. Therefore, any decisions on product recall and measures being taken with regard to illegal production should be communicated across Europe and internationally.

- **Laboratory Capacity**

Feedback indicates that players found the scenario useful for exploring capacity of national specialist laboratories, particularly in toxicology and chemicals.

During the exercise there was a need to establish laboratory capability across the EU for detecting aflatoxins in human specimens. A number of Member States made their own arrangements for the testing of samples directly with other countries and some used EWRS to request assistance. To obtain an EU-wide picture of the capacity available, a questionnaire was posted onto HEDIS asking MS to identify laboratory capacity in their country and whether other MS could provide samples to them.

ix) Co-ordination of Public and Media Messages

In the early part of the exercise, there was considerable variation in the position taken by different MS and by Europol in terms of responses to media inquiries. For example, in response to inquiries about the current situation, some MS gave full details of patients

being treated, including names and ages whereas others were careful not to confirm any information. While clearly there may be differences between the level of detail of information Communications teams in Member States and European Agencies are empowered to divulge to the media, it would be useful to take a common agreed approach to the issue of information to the media early in an incident. This would alleviate the pressure being applied on communicators by journalists who have gained detailed information from other MS.

Recommendation 22

There is a need to agree a common code of practice to guide the publication to the media of personal information, statistics and updates in press statements and responses to the media in the early phases of an outbreak or incident, before official EU or ECDC information is available.

There was a view strongly held by some MS (and to begin with, Europol) that bioterrorism should not be mentioned as a possible source of the exposure. The media speculated wildly on this and it would have been hard to reverse this trend without hard evidence to discount the rumours. Similarly, information was readily given in response to media inquiries by a number of MS as soon as a likely contaminated product was identified. This could have led to public confusion, panic and even potential litigation, had this been a real situation.

It became clear that while information was being shared between communicators, there was no clear co-ordination strategy for bringing that information together.
MS responded individually to media inquiries even as it became clear that the incident crossed a number of MS borders. There were inconsistencies in response, including casualty numbers and some MS asked for leadership in communication strategy via HEDIS.

Recommendation 23

The HSC Communicators Network, which was formed after the Exercise in November 2008, should establish a framework for the more efficient sharing across the EU of local information: approved public messages, information about media approaches, media monitoring results, agreed briefings and communications strategies.

There was a considerable time lapse before the Communications lead at the Commission in Brussels became aware of the evolving incidents across Europe. Better linkage

between the decision makers in Luxembourg and Brussels and EU communications professionals would improve efficiency, timely release and ensure better consistency of messages.

Recommendation 24

There would be benefit from a Communications capability based in the Luxembourg Offices of DG SANCO to ensure consistency of messages between the Luxembourg and Brussels HEOF, the SANCO press and media officials, the Official Spokesperson and the Commissioner in Brussels and to keep all Communications players informed of an evolving incident or outbreak and the likely media interest.

It was 11:15 on Day 1 before the first authoritative statement was issued by the EU on the outbreak. After this it was relatively easy for the MS to use the information and keep their responses consistent with the information previously given. In a rapidly evolving incident of this type, it is crucial to keep the media appropriately informed so they can assist by publicising public health messages through their media outlets. In the absence of authoritative information being available to the media, journalists and broadcasters would create their own potentially alarmist headlines and stories. Lack of certainty in a common message was cited by some MS as a major cause of concern.

Recommendation 25

That the WHO outbreak guidelines are followed to ensure that information is issued as early in an outbreak or incident as possible.

The communicators' network held their first audio-conference at 17:45 on Day 1. By this time the first EU statement had gone out (at 11:15), information about media interactions strategies and statements had been shared on EWRS and a Commission questionnaire had been circulated requesting information about measures to inform the public. Not all of this had been accessible to members of the communicators' network in advance.

Recommendation 26

It is preferable that the HSC Communicators' Network members share information about public statements in advance of publication and wherever possible should forewarn another MS/Institution if they are identified in a statement before it is issued. Notwithstanding the need for scientific and technical experts to brief communicators, Members of the HSC Communicators' Network should have access to a specifically designed section of HEDIS and be trained in its use, to enable this as a communications tool.

x)   Issues identified relating to Exercise Organisation for the improvement to the planning of future EU-wide exercises

1. Involvement of other player organisations

A number of MS advised that they would have found it useful to have the involvement of EMEA (European Medicines Agency) and EFSA (European Food Standards Agency) in the exercise. EMEA were invited to play but unfortunately had to withdraw shortly before the exercise.

2. Involvement of law enforcement agencies

Involvement of relevant national law enforcement agencies in exercises need to include the Europol National Units (focal points). Although this may make the planning more complex it will add an increased level of response/reality.

3. Insufficient clinical information

A number of MS reported that play suffered within their country from lack of detailed injects to engage their crisis management groups fully. It was suggested that MS exercise controllers have a bigger input into creating injects for their own country.   This view is supported by exercise control, but would require extra time allocated for this during the planning process.

4. Realism of scenario

There was a mixed response by players to the scenario: some found it very original and therefore helpful; others found it unrealistic. This is thought to be in part due to the lack of detailed injects provided to MS and also down to how individual MS respond to a crisis (i.e. injects provided a level of information that many Ministries of Health would not normally receive in a real situation).

5. Master Events List and detailed injects

National controllers require more detailed information including the Master Events List and all relevant injects as early as possible, ideally 2 weeks in advance of the exercise.

6. Training for evaluators, planners, co-ordinators

Exercise Controllers received basic training at the final planning conference prior to Exercise Aeolus as to their role, how the format and timings would work and an overview

of how the scenario and injects would unfold. In order to provide additional clarity and aid in national preparation it is recommended that additional time is allowed for training and preparation which could include a simple 'dress rehearsal' or 'walk through' of the exercise.

7. Using 'test' or 'exercise' sites

To avoid confusion with the real communications tools, during the exercise, access to RAS-BICHAT, EWRS, and HEDIS was via 'test' or exercise specific sites. This created some additional problems for those hosting the systems and increased access and technical issues over and above what is likely to happen in real life.

8. Testing and training of Communications Tools

As highlighted in Recommendation 16; the Communications Tools should be thoroughly tested separately to the exercise, in order that the exercise can focus on the content, rather than the technology. In addition participants should be fully trained on the tools prior to participating in an exercise.

9. Two- Day Exercises – Controller Interaction

During the two day exercise, controllers were able to individually phone, email or fax Exercise Control with any questions or comments. However it was felt that for future exercises where more than one day is envisaged, that time is allowed at the end of the first day for all Controllers to feedback via audio conference how play on the first day has unfolded and identify any changes that may need to be implemented to the Master Events List or injects for the second day of play.

10. Evaluation Documentation

The evaluation handbook and checklist was very detailed (32 pages in length). Whilst the document provided the opportunity for thorough evaluation, consideration should be given to simplifying evaluation handbooks and checklists for future exercises.

PART 4 – CONCLUSIONS AND RECOMMENDATIONS

Exercise Aeolus was successful in examining the capability of departments and institutions at a Member State (MS) and Commission level to work together and share information during a fast evolving health threat which cuts across departmental responsibilities.

The exercise provided a thorough exploration of the use and functionality of current systems and communication tools in sharing information at a national and EU level with a number of recommendations made for the improvement and enhancement of these tools.

Cross-sectoral communication and collaboration at national and EU level was tested with recommendations for further collaboration between health, law enforcement, food and medicines agencies and with the public and media.

The recommendations that follow are drawn from the lessons identified above:

Recommendation 1
Where there is a suspicion by health organisations of criminal or terrorist activity, competent bodies, including law enforcement agencies should be informed at the earliest opportunity in order to be able to evaluate the need to participate in the investigative response.

Recommendation 2
A better understanding is required by Member States as to which European scientific body would lead on risk assessment and epidemiological investigation of health affects which are not as a result of a communicable disease. *See also Recommendation 7*

Recommendation 3
During a fast evolving health threat, Member States should ensure trained forensic epidemiologists are available. Where none are identified, Member States may wish to consider conducting joint forensic epidemiology training with participants from both health and law enforcement sectors and liaise with the EC, Europol, ECDC and National Experts to support the training, in order to maximise the expertise and knowledge available from these organisations/individuals.

Recommendation 4

In line with the 'Bridging Security and Health' paper and in light of this exercise; Health organisations and competent bodies, including law enforcement and intelligence agencies in Member States should consider formalizing and structuring their relationships by developing protocols which
- outline the triggers for engagement
- identify distinctive roles and shared responsibilities
- define any restrictions in law
- state what data/intelligence can be shared between the organisations
- outline how the two-way exchange of data and intelligence can be facilitated
- take into account security clearance status of individuals

Recommendation 5
DG SANCO, Europol and ECDC should consider establishing an agreement for the exchange of information in the event of a Europe wide fast evolving health threat where criminal or terrorist activity is suspected.

Recommendation 6
DG SANCO may wish to liaise with EFSA and EMEA to gain a better understanding of how unregulated products, available on the internet, would be controlled and managed in this or a similar scenario.

Recommendation 7
The Commission should facilitate discussions at European level (to include ECDC, ECHA, EMEA, EFSA, Europol and JRC) to establish how coordination between agencies would happen when health affects are not as a result of a communicable disease. In particular where multiple risk and threat assessments are produced, handover procedures and protocols should be produced to ensure individual agency plans are interoperable.

The outcomes of these discussions should then be communicated to all relevant parties.

Recommendation 8
In light of this exercise Member States and European Agencies may wish to review their protocols on the transfer of messages in a crisis, particularly via email. In order to be sure that the intended recipient has received the message it is suggested that direct email is avoided and use is made of the communication tools for this purpose.

Recommendation 9

The EC (DG SANCO), in its ongoing work with the HSC General Preparedness Group, may like to produce guidance to Member States and European Agencies on:
- the standard facilities and data management processes required during an emergency
- best practice on the transfer, access and management of secure/classified information during a crisis.

Recommendation 10
In light of this exercise, Member States and European Agencies may wish to review how personal data is exchanged particularly at times of crisis when there is a high work load and more people become involved in the response. (In these circumstances it is possible to forget to make data anonymous.)

Recommendation 11
In order to add value to the management of the crisis at national level and get consistent use of HEDIS for national decision making and briefing purposes; further work needs to be done to ensure that information posted is accurate, authenticated and verified and that it appears in a timely manner. Efforts should be made to make the system more user friendly – so that new important messages will be recognized easily at a time when there can be an overload of information.

Recommendation 12
Information posted onto HEDIS should be referenced with its source to assist users in verifying its content.

Recommendation 13
Use of HEDIS as a single point of information should be continued to be promoted and the training of MS should be continued to ensure all are familiar with its capabilities. HEDIS itself could include an education tool and a simple manual would also be helpful.

Recommendation 14
The procedure for notification of European-wide audio-conferences in a crisis should be agreed in advance and be clear to all participants; particularly for the first audio-conference scheduled.

Recommendation 15

Whilst it is acknowledged that each MS/organisation will have their own timings and 'battle rhythm' for responding during a crisis and that the response is often driven by the crisis itself; a process should be developed whereby a 'forward rhythm' at EU level is established in the light of unfolding circumstances. This 'forward rhythm' should include timings of:

- all EU-wide audio-conferences
- updates on risk assessment, situation reports, activity reports and where they will be located (e.g. HEDIS),
- updates on risk management and co-ordination measures
- media and public communications, including press and ministerial briefings

and ensures that HEDIS provides a Common Recognized Information Picture

Recommendation 16

A clear policy is required, in advance of any incident, on the functions, usage and interplay of each system (RAS-BICHAT, EWRS, HEDIS) i.e. when, how and which system should be used for which subject matter/content and at what level of incident.

To aid this policy development, the tools should be reviewed to ensure they are as user friendly as possible and the most relevant information is available easily and quickly. *(It is understood that a review is already being undertaken by DG SANCO via the EWRS committee and other consultative user groups).*

Rigorous testing and exercises of EWRS, RAS-BICHAT, HEDIS and audio-conference systems should be held prior to Exercise Tor (the next EU-wide exercise) to avoid encountering the same problems and issues.

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- identifies the topic to be discussed (e.g. risk assessment, risk management, coordination of measures, risk communication)
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To ensure that all participants understand the discussions and agreed actions, minutes of each audio-conference (which clearly state the decisions of the meeting) should be produced by the host within an agreed timescale and provided to participants in an agreed format.

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- a rationale for its use to be produced and endorsed by all Member States
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- a protocol and guidelines for its effective use should be produced (see Recommendation 20)

These actions could be undertaken in conjunction with the work already ongoing by the HSC General Preparedness Group on establishing minimum standards for Emergency Operations Centres.

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APPENDIX A – PARTICIPANTS

COUNTRY	ORGANISATION PARTICIPATING	Number of Participants	Total per Country
Austria			
	Ministry of Health, Family and Youth		
	Ministry of Interior/police		
	Ministry of Defence		**15**
Belgium			
	Ministry of Health		
	Scientific Institute		
	International Relations Health		
	Flemish Community		
	French Community		
	Brussels		
	Federal Health Ministry Cabinet	1	
	Internal Affairs, Department Crisis Centre	2	**3**
Bulgaria			
	Ministry of Health	3	
	Ministry of Interior	2	
	National Investigation Services	1	
	National Medical Coordination Center	3	**9**
Cyprus			
	Ministry of Health:		
	Medical and Public Health Services		
	State General Laboratory		
	Pharmaceuticals Services		
	Ministry of Justice and Public Order:		
	Cyprus Police		
	Europol National Unit		
	Interpol National Central Bureau		
	Counter Terrorist Office		

	Criminal Investigation Department		
	Police Operations Office		
	Ministry of Interior:		
	Civil Defence		
	Press Information Office		
	Law Office of Cyprus Republic		
	Ministry of Agriculture		**18**
Czech Republic			
	Ministry of Health	9	
	Ministry of Interior	8	
	Ministry of Agriculture	1	
	Police		
	Czech State Institute for Drug Control & Toxiological Information Centre		**18**
Denmark			
	Centre for Biosecurity and Biopreparedness	3	
	Department for Epidiemiology	4	**7**
Estonia			
	Ministry of Social Affairs	4	
	Ministry of Interior	2	
	Health Protection Inspectorate	6	
	Health Care Board	1	
	Veterinary & Food Board	1	
	Intoxication Information Centre	1	
	Agency of Medecines	1	
	Tax and Customs Board	1	**17**
Finland			
	Ministry of Social Affairs and Health		
	Ministry of Agriculture and Forestry		
	National Public Health Institute		
	Finnish Food Safety Authority		
	National Agency for Medicines		

	National Bureau of Investigations		
	Helsinki Police Department, CTU, CBRNE		
	Center of Excellence for Serious Chemical Incidents		**19**
France			
	Ministry of Health		
	Ministry of Interior		
	Health Security Agency		
Germany			
	Ministry of Health		
	Ministry of Interior		
	Ministry of Food, Agriculture and Consumer Protection		
	Robert Koch-Institut (Central Federal Institution for Disease Control and Prevention)		**20**
Greece			
	Hellenic Centre for Disease Control		
	National Health Operations Center		**7**
Hungary			
	Ministry of Health	22	
	LE	15	
	Collaborative Authority	11	**48**
Ireland			
	Department of Health and Children	5	
	Health Services Executive	7	
	Irish Medicines Board	1	
	Food Safety Authority of Ireland	1	
	An Garda Siochana	1	**15**
Italy			
	Ministry of Labour, Health and Social Policies		
Latvia			
	Ministry of Health	6	
	Public Health Agency	8	
	Infectology Center of Latvia	3	

	Centre of Emergency and Disaster Medicine	3	
	Food and Veterinary Service	2	
	Health Inspectorate	1	
	Security Police	2	
	Crisis Management Council of Latvia		**25**
Lithuania			
	Ministry of Health		
	State Public Health Service		
	Centre for Communicable Disease Preventioin and Control Centre		
	Health Emergency Situations Centre		
	State Food and Veterinary Service		
	Fire and Rescue Department under Ministry of the Interior		
	State Medicines Control Agency		
	Police Department		**26**
Luxembourg			
Malta			
	Ministry of Health		
	Police and Security Service		
Netherlands			
	Ministry of Health, Welfare & Sport		
	CIB		
	VWS	9	
	BZK/NCC	1	
	NCTb/EBB	1	
	VGP	1	
	RIVM	2	
	VROM/LLN-ta	1	
	NCTb/DR	1	
	Justitie	1	
	VWA	2	**19**

Poland			
	Ministry of Health		
	Chief Sanitary Inspectorate		
	National Center of Security		
	Ministry of Interior (Department of Crisis Management and Defense)		
	Ministry of Defense		
	Military Institute of Hygiene and Epidemiology		
	Border Guard Headquarters		**40-50**
Portugal			
	Directorate-General for Health	5	
	Directorate-General for Health – Emergency Unit	12	
	Health Authorities	7	
	Egas Moniz Hospital	1	
	Technology Institute	1	
	Ministry of Health Press Office	1	
	Law enforcement	2	
	National Health Institute	1	**30**
Romania			
Health Ministry	Emergencies Situation Centre	1	
	Public Health Authority	2	
	NATO Department	1	
	Pharmaceutical Department	1	
	Medical Department	2	
	External Relations	1	
	Press Department	1	
	State Sanitary Inspection	1	
	Bucharest Public Health Institute with Romanian CDC	6	
	National IHR Focal Point Centre	2	
Interior Ministry	Police National General Inspectorate	1	
	Emergency Situations National General Inspectorate	2	**21**

Slovakia			
	Public Health Authority	13	
	Regional Veterinary and Food Administration	1	
	Ministry of Interior	1	
	Ministry of Transport, Posts and Telecommunications	1	
	Ministry of Defence	1	
	Comenius University, Dept of Public Health	2	**19**
Slovenia			
	Ministry of Health		
	Police Directorate		
	National Institute of Public Health		
	Centre for Communicable Disease		
	Health Inspectorate		
	Ministry of Interior Affairs		
	Agency for Medicines and Medicinal Products		
	Regional Institute of Public Health		
	Administration for Civil Protection and Disaster relief		**30**
Spain			
	Ministry of Health	11	
	National Centre for Epidemiology	3	
	Regional Health Service of Madrid	1	
	Regional Health Service of Andalucía	2	
	Civil Protection (Ministry of Interior)	2	
	National Office EUROPOL	1	**20**
Sweden			
	National Board of Health and Welfare		
	Social Ministry		
	Swedish Police Service		**15**
United Kingdom			
	Department of Health		
	Food Standards Authority		

	SOCA		
Other Participants			
Norway			
ECDC			
	PRU		
	HCU		**30**
Europol			
	Counter Terrorism Unit	1	
	Open Source Team	1	**2**
WHO -Euro			
			2
DG SANCO			
	Emergency Management Team		
	HEOF Brussels		
	HEOF Luxembourg		
	External communications		**10+**