

EU HEALTHY GATEWAYS Joint action
GRANT AGREEMENT NUMBER: 801493
PREPAREDNESS AND ACTION AT POINTS OF ENTRY
(PORTS, AIRPORTS, GROUND CROSSINGS)

MULTISECTORIAL TABLE-TOP EXERCISE AT EU LEVEL

Milestone 4.5
Deliverable 9.3

REPORT from the implementation of the multisectorial table top exercise at ports at European level

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PUBLIC VERSION

Work Package 4: Integration in National Policies and Sustainability

Work Package 7: Maritime Transport

Work Package 9: Capacity building – training

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GLOSSARY

DG MOVE	Directorate General for Mobility and Transport
DG SANTE	Directorate General for Health and Food Safety
ECDC	European Centre for Disease Prevention and Control
EMSA	European Maritime Safety Agency
EpiPulse	European surveillance portal for infectious diseases
EU	European Union
EUSIS	EU SHIPSAN INFORMATION SYSTEM
EWRS	Early Warning and Response System
IHR	International Health Regulations
MDH	Maritime Declaration of Health
MS	Member States
NFP	National Focal Point
NSW	National Single Window
PHA	Port Health Authority
Taiwan CDC	Taiwan Centers for Disease Control
TTE	Table Top Exercise
US CDC	United States Centers for Disease Control and Prevention
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background

A Table Top Exercise (TTE) on communication of information at EU level for public health events on ships was held on 24th March 2021 aiming to help the competent authorities and organisations at national and European level test the guidelines produced for inter-country communication and information flow in outbreak investigations and management of public health events. The exercise provided the opportunity to participants to interact with and understand the structures, procedures, roles and responsibilities (e.g. leading investigation authority, who decides when the event has finished and who gives feedback to the authorities) when responding to an event. A total of **30** persons from five countries (Germany, Greece, Italy, Netherlands and Spain), two shipping companies and ECDC participated as players. Additionally, **63** persons participated as observers (36 from 20 EUMS, 9 from two cruise ship companies, and 18 persons from DG SANTE, DG MOVE, WHO, EMSA, ECDC, US CDC, Taiwan CDC, Japan).

Methods

This was a small scale discussion-based table-top exercise conducted over one-day via the web with the use of Microsoft Teams. The exercise included two scenarios: Scenario A involving cruise ship A carrying 3000 passengers and 1000 crew members that faced an outbreak of gastroenteritis, affecting passengers and crew and Scenario B involving cruise ship B carrying 1200 passengers and 450 crew members that faced an outbreak of COVID-19 affecting passengers and crew members. All players were asked to participate and act in the table-top exercise at the same time, continuously. Players received injects and stated their actions if this scenario and injects would happened in real life. As one of the objectives of the exercise was to support the development of the inter-country communication guidelines¹, the player was expected to consider the draft version of the guidelines in situations when it was different from their regular procedures. To capture the discussion checklists were developed that were completed by the facilitators. The TTE was evaluated via hot and cold debriefing online questionnaires by an external evaluator.

¹ Barbara Mouchtouri, Elina Kostara, Martin Dirksen-Fischer, Kristina Militzer, Jan Heidrich, Doret de Rooij, Corien Swan, Thijs Veenstra, Jorrit Kabel, Brigita Kairiene, Janusz Janiec, Leonidas Kourentis, Lemonia Anagnostopoulou, Christos Hadjichristodoulou. EU HEALTHY GATEWAYS Guidelines for inter-country communication and information flow in outbreak investigations on ships and public health event management (Deliverable 9.4). March 2021. EU HEALTHY GATEWAYS joint action (Grant agreement Number – 801493); 2021. Available at: <https://www.healthygateways.eu/>

Results

Channels of communication

Each country communicated information using different means and various routes internally within and externally outside the country according to the national policy and structure. The following were identified via the exercise:

- (1) The authorities involved in the information exchange during a public health event on board ships are at local (port) level, at central-national level, at EU level (ECDC) and at an international level (WHO).
- (2) The communication routes used are ship-to-port, port-to-ship, port-to-port, port-to-national and sub-national level, national level to international level, national level to port.
- (3) The table top exercise revealed that the tools of communication used were: telephone calls, web-based communication systems and emails. Web-based communication systems include the National Single Window, the EU SHIPSAN Information System - EUSIS, Early Warning and Response System-EWRS, ECDC European surveillance portal for infectious diseases-EpiPulse, International Health Regulations (IHR) National Focal Point (NFP) communication channels and SAFESEANET². In particular:
 - For ship-to-port the main tools used are the NSW for transmission of Maritime Declaration of Health (MDH) and email/telephone communications either directly or via the port agent.
 - For port-to-ship the main tools used are email and telephone either directly or via the port agent.
 - For port-to-port communications players reported spontaneously not as a standard procedure, after stimulated discussion with players and moderators that they would communicate with previous and next port of call. Some players declared they would use EU SIS. When EUSIS was used it was either used by local authorities or the local authority informed national authority and then the national authority informed other ports of call via EUSIS. Although the use of port-to-port communication via EUSIS was not used by all participating authorities as soon as an event was detected, the added value of using it was evident as next port of calls were prepared for responding to the event.
 - For port-to-national and sub-national level players rely heavily on email and telephone.
 - For national level to port players rely heavily on email and telephone.
 - For national level to international level the EWRS and the IHR NFP communication routes were used.
- (4) The authorities heavily relied on communication via emails and telephones. However, it should be noted that communicating information about public health responses exclusively via email/phone/fax has several limitations, including: a) only recipients of such messages will have access to information shared, b) information about response measures will not be stored in one place where all ports of call can access

² **Note:** For COVID-19 cases reporting on board ships, competent authorities can use the SafeSeaNet following the instructions given in the [SafeSeaNet Incident Report Guidelines Addendum on "Reporting COVID-19 cases on board ships"](#). Health authorities do not have direct access to SAFESEANET hence an extra step in communication is added since the information would have to be transmitted from the ship to the national port state control authorities and then to port health authorities.

and review, and c) it is not possible to access historical data about outbreaks that previously occurred on a specific ship d) sensitive information and personal data might need to be shared. Therefore, on-line web based platforms present advantages and provide an EU added value to public health information sharing.

- (5) The health information reported by the Captain to the competent authority at the port (directly or through the NSW) is available only to the port of call and currently cannot be shared with the competent health authorities at the previous or next ports of call. A European Maritime Declaration of Health database would resolve this issue and authorities would have access to past positive MDH of ships.
- (6) Two different flows exist for sharing information about public health responses on ships:
- competent authorities at local level implementing public health measures on ships share information with the next and previous ports of call, either directly or via national level competent authorities using different networks/platforms (e.g. EUSIS, EWRS, ECDC EpiPulse, IHR NFP communication channels) depending on the event ³
 - the ship captain sends health information to the next port of call (via the National Single Window (NSW) or Email or Telephone or other means).

The two different information flows described above must be linked. Channels of communication must be established so that both health information which the ship captain sends to the next port of call, as well as information regarding measures taken by the competent authorities must be shared with the previous and next ports of call.

Coordination of control measures implementation

Various suggestions were made regarding the coordination of communications in regard to the control measures implementation. One of the suggestions discussed was the coordination to be done by the home port. If the homeport is outside of the EU, the first EU port could take the lead. Other suggestions were that coordination could be done at European Level by ECDC if the MS requests this and especially when contact tracing is required and/or there is transmission not only on board ships but also in the community. One more suggestion discussed was that coordination could be a joint venture so instead of having one port to take the lead role, to allow for all ports in the itinerary to take responsibility/lead for communications and decision making with previous and next ports. Additionally, other stakeholders including ECDC, WHO, EMSA should be involved and be kept informed.

³ The communication channels are described in detail in the EU HEALTHY GATEWAYS Guidelines for inter-country communication and information flow in outbreak investigations on ships and public health event management (Deliverable 9.4). March 2021. EU HEALTHY GATEWAYS joint action (Grant agreement Number – 801493); 2021. Available at: <https://www.healthygateways.eu/>)

Closing an event

Participants after discussion suggested that an event should be closed by the last port in the itinerary, since the last port has the entire overview/picture of the event, measures taken etc. and the home port should prepare a final report with lessons learned about outbreak.

Conclusions

The results of the table top exercise will be taken into consideration to revise Deliverable 9.4 - Guidelines for inter-country communication and information flow in outbreak investigations and public health event management.

The TTE achieved its objectives and was highly rated by the participants with 95% of the evaluation questionnaire responders declaring they improved their understanding of their role in the routes of communication during a public health event and 72.5% rated the TTE as highly effective in identifying areas for improvement.

One of the aims of this exercise was to provide recommendations for the sustainability group of the joint action in regards to the inter-country communication as part of response to public health events at ports. The below are summarizing the options to be discussed at the sustainability group of the joint action.

1. Promote the take up of Deliverable 9.4 titled "Guidelines for inter-country communication and information flow in outbreak investigations and public health event management" currently under development by the EU HEALTHY GATEWAYS joint action that will address the gaps identified in this table top exercise and will include the roles of stakeholders involved in outbreak investigation on ships and in general in the management of public health events, as well as flowcharts of information among countries and at European level.
2. Promote the conduct of regular exercises and training in outbreak investigation and event management on board ships to increase response capacity of the competent authorities and promote a harmonized approach.
3. Take up of the four components EU SHIPSAN INFORMATION SYSTEM at European and / or national level. The take up of the Public Health Information – Communication Network will enhance and improve port to port communication and follow up of events. The take up of the European database for storing Maritime Declaration of health will allow access to historical data and facilitate the sharing of information.