# ECOC BURDYEAN CENTRE FOR AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: December 2009

Insert Time: 09:30hrs

Exercise Direction: To be given to: All tables – info only

<u>Inject 1a – Scenario background</u>

Approximately 1.8 million foreign pilgrims attend the Hajj, the largest annual pilgrimage in the world, from countries all around the world. In 2009 the Hajj will run from 25-29 November 09.

The Hajj coincides with the dry season across the Northern region of Africa. This part of sub-Saharan Africa from Senegal to Ethiopia is called the meningitis belt due to the relatively high incidence of meningitis. Taking all these factors into account, not surprisingly therefore, the Hajj has long been associated with outbreaks of meningitis, the most recent major outbreak being in 2000, where 330 cases (71 deaths) were reported between 28 February and 26 May in pilgrims or contacts in 12 different countries due to the *Neisseria meningitidis* W135 serogroup. Following this, attempts were made to encourage pilgrims to get vaccinated with the quadrivalent (A, C, W135, Y) vaccine, but uptake was not 100% and cases occurred again in 2001. Since then the Saudi authorities have insisted that pilgrims are vaccinated and produce a certificate to confirm this before they are allowed a visa for entry to the country.

As with all vaccines, ACWY Vax (GSK) for example is not 100% efficient and efficacy varies slightly depending on the serotype, with  $W_{135}$  exhibiting seroconversion rates in clinical trials of 92.3% in subjects aged 6-30 years. There is also the possibility that the vaccine could be incorrectly administered/stored or the vaccine certificates being presented could be faked (the cost of vaccination for example is \$90). One could therefore conclude that, although now less likely following the measures taken by the Saudi authorities, there still could be an outbreak of meningitis at the Hajj.

# ecoc Buropean centre for Dissessing the centre for

#### EXERCISE ORANGE CIRCLE



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:30hrs

**Exercise Direction:** To be given to: MS Slovenia

Inject 1b - Message - Slovenia

Note: For the purposes of the exercise, today's date is 8 December 2009

From: Public Health Authority of the Republic of Slovenia (IVZ RS)

Subject: Outbreak of Meningococcal disease in Slovenia

Notification of 5 confirmed cases of *Neisseria meningitis*. The cases are 3 males (aged 1y, 10y and 52y) and 2 females (aged 4y and 28y). They are all hospitalized. The 52y male recently returned from the Hajj. The 1y male and 4y female are his grandchildren in the same household. The 28y female and her 10y son is from the same area but not related to the first cluster. Her husband is well but he has also recently just returned home from the Hajj pilgrimage.

The cases are from Kranj and Ljubljana and are currently being treated in the local hospitals.

Analysis of samples is ongoing and confirmatory serogroup results should be available later today.

An EWRS notification is about to be sent.

More information will be provided when available.





Organisation:		
Inject Number:	Inject 1b	
Inject Title:	Message - Slovenia	
	ACTION TAKEN	
Record th	e actions that you have taken to address the issues raised in response to this inject.	
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	

# EUROPEAN CENTRE FOR DELASE PREVENTION

#### **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009 (Sent 07/12/09 at 1800)

Insert Time: 09:30hrs

**Exercise Direction:** To be given to: MS Denmark

Inject 1c - Message - Denmark

Note: For the purposes of the exercise, today's date is 8 December 2009

From: Serum Institut (SI)

Subject: Possible outbreak of Meningococcal disease in Denmark

Report of 4 epidemiologically linked probable meningococcal cases. The cases are 2 females (1y and 3y) and 2 males (5y and 27y). All cases attended a gathering organized by the local Imam welcoming the safe return home of Hajj pilgrims from the local community. All cases are not related and live in different households. Clinical histories and Lumber puncture cerebrospinal fluid samples are suggestive of bacterial meningococcal meningitis. All cases are seriously ill and hospitalized in Copenhagen.

Confirmatory tests are being carried out by the hospital laboratory.

An EWRS notification is about to be sent.

Further details will be shared as they become available.





Organisation:	
Inject Number:	Inject 1c
Inject Title:	Message - Denmark
	ACTION TAKEN
Record th	e actions that you have taken to address the issues raised in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.

# ECOC BURDPEAN CENTRE FOR AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:30hrs

Exercise Direction: To be given to: All tables – info only, no response required

Inject 2a - News report - Reuters

Note: For the purposes of the exercise, today's date is 8 December 2009

# **Public news**

Friday, 8 December, 2009, 08:28 GMT

## Meningitis outbreak linked to Hajj pilgrims

Pilgrims returning from the Hajj in the Middle East may have unknowingly passed deadly meningitis bacteria to their friends and family in Europe. Suspected outbreaks of Meningitis have been reported in Denmark and Slovenia.

Clusters of individuals in Denmark and Slovenia have been admitted to local hospitals suffering from severe flu like symptoms, fever, vomiting and sensitivity to light. Although these cases have yet to be confirmed, there are very strong indications that these individuals may have contracted Meningitis from relatives returning from the Hajj.

Meningitis occurs when the membranes that line the brain and spinal cord become infected, resulting in associated symptoms of fever, aversion to light, stiffness in the neck, vomiting and a fierce rash.

The spread of Meningitis amongst pilgrims travelling to the Hajj has been dramatically reduced in recent years through the implementation of vaccination policies. Saudi authorities now insist on the production of a certificate even before a visa is granted.

However, the vaccination is not 100% effective nor does it eradicate carriage. Therefore, it is possible for pilgrims to acquire the bacteria and pass it on to vulnerable friends and family members when they return home.





#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:30hrs

Exercise Direction: To be given to: All tables – info only

Inject 2b - ProMED Mail report



MENINGOCOCCAL DISEASE, W135 in Malaysia

\*\*\*\*\*\*\*\*\*\*\*\*

Date: 8 Dec 2009 08:26:07

Source: The Newspaper, Malaysia.

The Ministry of Health has reported a significant increase in the number of meningitis confirmed as N. meningitidis serogroup W135 since the beginning of December 2009. To date, 40 cases have been confirmed. Although some cases are returning Hajj pilgrims, the majority are non pilgrims. In a brief statement, while attending the opening of a local health centre, the minister of health reassured the public that every effort is being put into investigating this unusual increase in order to ensure appropriate control measures are implemented.

An outbreak of meningitis with a similar serogroup occurred in 2000 which led to the implementation of compulsory meningitis vaccine by the Saudi Authorities on all pilgrims pre travel. Hajj officials confirm that all pilgrims from Malaysia were vaccinated before they travelled.

# ECOC BURDYEAN CENTRE FOR AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:35hrs

**Exercise Direction:** To be given to: All tables

Inject 3a - Outbreak of Meningococcal disease in Denmark

Note: For the purposes of the exercise, today's date is 8 December 2009

**EWRS Message** 

Reporting member

Name: Denmark

Institution: Serum Institut (SI)

**Event Information** 

Message Content: Early Warning - Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: Neisseria meningitidis

Reporting reason: A1

Country of occurrence: Denmark

Date of Onset/detection: 7 December 2009

Message:

Exercise Exercise: This is Exercise Orange Circle

The Danish health authorities have identified 4 <u>confirmed</u> cases of *Neisseria meningitidis* within a group of people gathered to celebrate the safe return of recently returned pilgrims from the Hajj. The cases are 2 females (1y and 3y) and 2 males (5y and 17y). None of the cases have any significant travel history. The cases's families are friends but they are not related and live in different households. They are currently hospitalized in Copenhagen. Antibiotic chemoprophylaxis has been prescribed to close household contacts of the cases.

The outbreak was brought to the attention of Danish authorities by the Meningitis reference laboratory who today confirmed *N. meningitidis* from samples sent by the admitting hospital. Further analysis of samples is currently underway.

We are currently awaiting further details and clinical information from the admitting hospitals of the cases and will provide that information as appropriate to others as it becomes available.

Under IHR, we have informed the WHO.





Organisation:	
Inject Number:	Inject 3a
Inject Title:	EWRS - Outbreak of Meningococcal disease in Denmark
	ı

ACTION TAKEN
Record the actions that you have taken to address the issues raised in response to this inject.
Include with whom you have consulted and what actions, if any, you have recommended.
This sheet will be collected by the control staff.

# EUROPEAN CENTRE FOR DREASE PREVENTION

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:35hrs

**Exercise Direction:** To be given to: All tables

Inject 3b-Outbreak of W135 meningitis in Slovenia

Note: For the purposes of the exercise, today's date is 8 December 2009

**EWRS Message** 

Reporting member

Name: Slovenia

Institution: Public Health Authority of the Republic of Slovenia (IVZ RS)

**Event Information** 

Message Content: Early Warning – Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: *Neisseria Meningitidis* Reporting reason: Serogroup W135

Country of occurrence: Slovenia

Date of Onset/detection: 7 December 2009

Message:

Exercise Exercise: This is Exercise Orange Circle

Notification of 5 confirmed cases of *Neisseria meningitis* serogroup W135. The cases are 3 males (aged 1y, 10y and 52y) and 2 females (aged 4y and 28y). They are all hospitalized. The 52y male recently returned from the Hajj. Vaccination records show that he was vaccinated with ACWY vax pre travel to Saudi Arabia. The 1y male and 4y female are his grandchildren in the same household. The 28y female and her 10y son are from the same area but not related to the first cluster. Her husband is well but he has also recently just returned home from the Hajj pilgrimage. He also received ACWY vax pre travel. Antibiotic prophylaxis have been prescribed to the household and close contacts.

Under IHR, we have informed WHO.





Organisation:		
Inject Number:	Inject 3b	
Inject Title:	Outbreak of W135 meningitis in Slovenia	
	ACTION TAKEN	
Record the	e actions that you have taken to address the issues raised in response to this inject.	
	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	
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#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 8 December 2009

Insert Time: 09:35hrs

Exercise Direction: To be given to: All tables – info only

Inject 3c - Developing situation in France

Note: For the purposes of the exercise, today's date is 8 December 2009

#### Information from the Institut de Veille Sanitaire

Subject: Outbreak of Meningococcal disease in France

Be advised of the notification of 3 confirmed cases of *Neisseria meningitis*. The 3 cases are all males (aged 2y, 8y and 52y). They are all hospitalized. The 52y male recently returned from the Hajj. The 2y male and 8y male are his grandchildren in the same household.

Analysis of samples is ongoing and confirmatory serogroup results should be available later. More information will be released when available.

Under IHR, WHO have been informed.





Exercise Date:	8 December 2009 (for 11:30hrs)	
Insert Time:	09:35hrs	
Exercise Direction:	To be given to: ECDC	
	<u>Inject 4</u> - Notification of Round Table	
A Round Table discuss	sion will be held at 11:30 exercise time (actual start time <b>09:45</b> to end	
at 10:15hrs). To discus	ss the developments in the outbreak of meningococcal disease.	
Collect the available in	formation under the two main headings of 'News of the day' and	
'Round table report'.		
The answer sheet for this inject is divided into 2 columns, to allow you to prepare for the		
meeting.		





# **EXERCISE - EXERCISE - EXERCISE**

Organisation:	
Inject Number:	Inject 4
Inject Title:	Round table notification

#### **ACTION TAKEN**

Record the actions that you have taken to address the issues raised in response to this inject.

Include with whom you have consulted and what actions, if any, you have recommended.

This sheet will be collected by the control staff

This sheet will be collected by the control staff.		
NEWS OF THE DAY	ROUND TABLE REPORT	

# ecoc Buropean centre for Dissessing the centre for

#### **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 10:30hrs

Exercise Direction: To be given to: All tables - info only

<u>Inject 5</u> - UK News report

Note: For the purposes of the exercise, today's date is 9 December 2009

Report from the 9 December 2009

# Meningitis cases in EU increase following Hajj pilgrim return



Millions take part in the Hajj every year

A number of European countries have seen a rise in a rare form of meningitis cases since the return of pilgrims from the Hajj in Saudi at the end of November. It is thought that pilgrims returning from the Middle east may have brought back harmful meningitis bacteria and passed it to friends and family.

18 cases thought to be linked to pilgrims returning from the Hajj have been reported in Romania, Slovenia, Denmark, Sweden, France and Poland. In each case the individual affected was associated with someone who had attended the pilgrimage.

It is thought that close contact with non-vaccinated friends and family is enough to cause serious illness.

A Saudi Health Ministry official, Abdul Kabar said; "The number of cases detected in the Kingdom is very low in comparison to other Middle Eastern countries. The number did rise during the pilgrimage season, but these did not originate in Saudi Arabia."

Since 2001, Saudi authorities have introduced a strict vaccination policy which demands that a certificate of vaccination is provided before a visa is granted and pilgrims can embark on their journey to Mecca.

# ECOC BURGHEN CENTRE FOR DEBASE RAYBERTION

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 10:30hrs

**Exercise Direction:** To be given to: All tables

Inject 6a - EWRS Romania

Note: For the purposes of the exercise, today's date is 9 December 2009

**EWRS Message** 

Reporting member

Name: Romania

Institution: National Centre for Communicable Diseases Surveillance and Control (ISPB)

**Event Information** 

Message Content: Early Warning - Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: Neisseria Meningitidis

Reporting reason: A1

Country of occurrence: Romania

Date of Onset/detection: 8 December 2009

Message:

Exercise Exercise Exercise: This is Exercise Orange Circle

Notification of 2 Cases of *Neisseria meningitidis* W135 have been reported in Romania; early indications are that cases had not travelled recently but are close relatives/friends of Hajj pilgrims who have just returned. ISPB is currently working on the 2 cases and has increased surveillance to locate further cases. Both cases are being treated in Bucharest.

Under IHR, we have informed WHO.





Organisation:	
Inject Number:	Inject 6a
Inject Title:	EWRS Romania
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised in response to this inject.
	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.

# ECOC BURDYEAN CENTRE FOR AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 10:30hrs

**Exercise Direction:** To be given to: All tables

Inject 6b - EWRS Sweden

Note: For the purposes of the exercise, today's date is 9 December 2009

**EWRS Message** 

Reporting member

Name: Sweden

Institution: Swedish Institute for Infection Disease Control (SMI)

**Event Information** 

Message Content: Early Warning - Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: Neisseria Meningitidis

Reporting reason: A1

Country of occurrence: Sweden

Date of Onset/detection: 5 December 2009

Message:

Exercise Exercise Exercise: This is Exercise Orange Circle

Three cases of *N. meningitidis* W135 have been reported in Sweden since 5 December 2009; The one 60y male case has attended the Hajj and returned to the country on the 2nd December 09. There are 2 female cases and their family connections are being investigated All cases are being treated in Stockholm.

Under IHR, we have informed WHO.





Organisation:	
Inject Number:	Inject 6b
Inject Title:	EWRS Sweden
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised in response to this inject.
	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.

# ecoc Buropean centre for DELEGE PHYSICION

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 10:30hrs

**Exercise Direction:** To be given to: All tables

Inject 6c - EWRS Poland

Note: For the purposes of the exercise, today's date is 9 December 2009

**EWRS Message** 

Reporting member

Name: Poland

Institution: National Institute of Hygiene (PZH)

**Event Information** 

Message Content: Early Warning - Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: Neisseria Meningitidis

Reporting reason: A1

Country of occurrence: Poland

Date of Onset/detection: 8 December 2009

Message:

Exercise Exercise: This is Exercise Orange Circle

Two cases of *N. meningitidis* are being investigated as being linked to Hajj pilgrims.

The Polish reference laboratory confirmed one isolate of *N. meningitidis* W135. The isolate is from the wife of a recently returned Hajj pilgrim. No further epidemiological details are available.

The laboratory received a further isolate from a woman aged 19 years where early reports show no known association with the Hajj. The laboratory typing results from this case are awaited.

All cases are hospitalised in Lublin.

Under IHR, we have informed WHO.





Organisation:	
Inject Number:	Inject 6c
Inject Title:	EWRS Poland
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised in response to this inject.
	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.
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# ecoc

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 10:30hrs

Exercise Direction: To be given to: All tables – info only

Inject 6d- EWRS French cases

#### **EWRS Message**

#### Reporting member

Name: France

Institution: Institut de Veille Sanitaire

**Event Information** 

Message Content: Early Warning - Level 2

Syndrome/Disease: Meningitis

Additional specification:

Pathogen: Neisseria meningitidis W135

Reporting reason: A1

Country of occurrence: France

Date of Onset/detection: 7 December 2009

Message:

Exercise Exercise: This is Exercise Orange Circle

#### Cases of meningococcal disease

Following the request to hospitals to be vigilant for possible meningococcal disease cases we have just been informed of a 4 cases of probable meningococcal meningitis and septicemia, 2 cases in Paris and 2 in Marseille.

The breakdown is as follows;

Paris – 2 males (15y and 50y). Both live with family members who have just recently returned from the Hajj pilgrimage

Marseille – 1 male (5y) who is cared for by grandparents who have just returned from Hajj pilgrimage.

1 female (60y) non Muslim. Travel history is unknown (currently in intensive care with bacterial septicaemia)



**Exercise Date:** 

# **EXERCISE ORANGE CIRCLE**



# **EXERCISE - EXERCISE - EXERCISE**

9 December 2009

Insert Time:	10:35hrs
<b>Exercise Direction:</b>	To be given to: ECDC
	<u>Inject 7</u> - Notification of Round Table
	sion will be held at 11:30 exercise time (actual time <b>10:45</b> to 11:00hrs). developments in the outbreak of meningococcal disease.
Collect the available in 'Round table report'.	formation under the two main headings of 'News of the day' and
The answer sheet for the meeting.	his inject is divided into 2 columns, to allow you to prepare for the





# **EXERCISE - EXERCISE - EXERCISE**

Organisation:	
Inject Number:	Inject 7
Inject Title:	Round Table notification

#### **ACTION TAKEN**

Record the actions that you have taken to address the issues raised in response to this inject.

Include with whom you have consulted and what actions, if any, you have recommended.

This sheet will be collected by the control staff.

NEWS OF THE DAY	ROUND TABLE REPORT



**Exercise Date:** 

**Insert Time:** 

# **EXERCISE ORANGE CIRCLE**



# **EXERCISE - EXERCISE - EXERCISE**

11:00hrs (for Teleconference disclosure)

9 December 2009

Exercise Direction: To be given to: MS Denmark
Inject 8 – Additional information – Denmark (confirmed W135)
Note: For the purposes of the exercise, today's date is 9 December 2009
From: Serum Institut (SI)
Magazara
Message:
All 4 coops of Naissayis manipolitidis is now confirmed as the WASE somewhat
All 4 cases of Neisseria meningitidis is now confirmed as the W135 serogroup.





Organisation:		
Inject Number:	Inject 8	
Inject Title:	Additional information message – Denmark (confirmed W135)	
ACTION TAKEN		
Record the	e actions that you have taken to address the issues raised in response to this inject.	
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	





## **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 11:00hrs (for Teleconference disclosure)

**Exercise Direction:** To be given to: MS Slovenia

Inject 9 - Notification of Typing from Slovenia

From: Public Health Authority of the Republic of Slovenia (IVZ RS)

Subject: Notification of Typing

Typing results of the 5 confirmed cases of W135 have identified them to be the type 37 (ET-37) strain. This strain is known to result in a high case fatality rate.





Organisation:	
Inject Number:	Inject 9
Inject Title:	Notification of Typing – Slovenia
	ACTION TAKEN
Record th	e actions that you have taken to address the issues raised in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.





## **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 11:00hrs (for Teleconference disclosure)

Note: For the purposes of the exercise, today's date is 9 December 2009

**Exercise Direction:** To be given to: MS Romania

Inject 10a - Additional information of cases in Romania

Information from the National Centre for Communicable Diseases Surveillance and Control (ISPB)

The 2 Cases of *Neisseria meningitidis* W135 reported in Romania are identified as **4yo** 

(Linked to inject 6a - 10:30hrs)

male and 10yo male.





Organisation:	
Inject Number:	Inject 10a
Inject Title:	Additional details of cases in Romania
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.





#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 9 December 2009

Insert Time: 11:00hrs (for Teleconference disclosure)

**Exercise Direction:** To be given to: MS Sweden

Inject 10b - Additional information of cases in Sweden Note: For the purposes of the exercise, today's date is 9 December 2009 Information from the Swedish Institute for Infection Disease Control (SMI) The 2 female cases - reports indicate that the two cases are related and one of their mothers has recently returned from the Hajj pilgrimage. (Linked to inject 6b - 10:30hrs)





Organisation:		
Inject Number:	Inject 10b	
Inject Title:	Details of case in Sweden	
	ACTION TAKEN	
Record the	e actions that you have taken to address the issues raised in response to this inject.	
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	





# **EXERCISE - EXERCISE - EXERCISE**

**Exercise Date:** 9 December 2009

**Insert Time:** 11:00hrs (for Teleconference disclosure)

**Exercise Direction:** To be given to: MS Poland

<u>Inject 10c</u> - Additional information of cases in Poland	
Note: For the purposes of the exercise, today's date is 9 December 2009	
Information from the National Institute of Hygiene (PZH)	
The isolate received from a woman aged 19 years - the results show it identified as <i>N. meningitidis</i> strain W135.	
(Linked to inject 6c – 10:30hrs)	





Organisation:	
Inject Number:	Inject 10c
Inject Title:	Details of case in Poland
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised in response to this inject.
	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.





### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:00hrs

Exercise Direction: To be given to: All tables – info only

Inject 11a - Scenario update

Note: For the purposes of the exercise, today's date is 19 December 2009

As a result of the *Neisseria meningitidis* W135 serogroup outbreak within returning pilgrims from the Hajj, a targeted mass vaccination campaign was initiated.

The 6 main affected Member States of Denmark, Slovenia, Poland, Romania, France and Sweden was where the campaigns were centred.

As with all mass vaccination events some minor adverse effects were reported in the initial days but did not highlight any significant issues.

# ECOC BURDYEAN CENTRE FOR AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:00hrs

Exercise Direction: To be given to: All tables – info only

Inject 11b - CDC information as of 28 February 2008

Source - www.cdc.gov:

'GBS and Meningococcal Vaccine

The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), in partnership with state health departments, are investigating cases of Guillain-Barré syndrome (GBS) among adolescents who recently received tetravalent (A, C, Y, W135) meningococcal conjugate vaccine.

As of February 25, 2008, more than 15 million doses of vaccine have been distributed, and the Vaccine Adverse Event Reporting System (VAERS) has received 26 confirmed case reports of GBS within 6 weeks of receipt of meningococcal vaccination. Twenty-four people, 11 to 19 years of age, experienced symptoms within 6 weeks after receiving the vaccine. Two other reports of GBS among people aged 20 years and older also have been confirmed. The symptom onset was 2 to 33 days after vaccination. The timing and onset of neurological symptoms are reasons to gather further information.

While this data suggests a small increased risk of GBS following meningococcal vaccine immunization, there are a number of limitations in the data. The findings should be viewed with caution until they can be studied further and clarified. At this time, CDC is unable to determine if the used vaccine increases a risk of GBS in people who receive the vaccine. GBS is a rare illness, and the expected background population rates of GBS are not known precisely. An ongoing known risk for serious meningococcal disease exists. Therefore, CDC recommends continuation of current vaccination strategies.

CDC recommends that adolescents and their caregivers be informed of this ongoing investigation as part of the consent process for vaccination. The Meningococcal Vaccine Information Statement (PDF) should be used.

Whether receipt of Meningococcal vaccine might increase the risk for recurrence of GBS is unknown. People with a history of GBS who are not in a high-risk group for invasive meningococcal disease should not receive vaccine.'

# ecoc Buropean centre for AND CONTROL

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:00hrs

Exercise Direction: To be given to: ECDC, WHO and EMEA – info only

**Inject 11c – Danish News Agency** 

#### Report from the 19 December 2009

#### Meningitis vaccination causes paralysis

One person in Denmark and one person in Poland have had a severe adverse reaction to the Meningococcal vaccine.

In each case, patients have developed Guillain-Barré syndrome, a disorder in which the body's immune system attacks part of the peripheral nervous system, after receiving a vaccination for the highly infectious disease, meningitis.

Authorities in Poland, Slovenia, Romania, Sweden, France and Denmark embarked on a mass vaccination campaign following a rise in a rare and severe form of Meningitis cases linked to pilgrims returning from the Hajj at the end of November. Although pilgrims are protected through compulsory vaccination pre travel, the rise in cases is attributed to returning pilgrims who can still be carriers of the bacteria and subsequently infecting close contacts. Therefore, the mass vaccination campaign was targeted at close contacts such as friends and relatives of pilgrims to increase protection from the disease. Over 150,000 people have received the vaccination in this campaign, at present these cases of adverse reactions appear to be isolated incidents.

A spokesperson for the Health Authorities in Denmark commented; "The syndrome is rare, with only about one person in 100,000 typically being affected. Usually Guillain-Barré occurs a few days or weeks after the patient has had symptoms of a respiratory or gastrointestinal viral infection."

"The first symptoms of this disorder include varying degrees of weakness or tingling sensations in the legs. In many instances the weakness and abnormal sensations spread classically in an ascending pattern from the feet upwards to the arms and upper body. These symptoms can increase in intensity until certain muscles cannot be used at all and, when severe, the respiratory muscles are affected resulting in the need for supportive ventilation."

"We are urging people who have received the vaccination recently to remain calm and to seek medical advice if they have any unusual symptoms."



**Exercise Date:** 

# **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

19 December 2009

Insert Time:	13:00hrs
<b>Exercise Direction:</b>	To be given to: MS Denmark
Inject 12a	a – Probable Guillain Barré Syndrome case in Denmark
Note: For the purpose	es of the exercise, today's date is 19 December 2009
Surveillance information	n from: Serum Institut (SI)
Subject: <b>Probable Gui</b>	illain-Barré Syndrome case in Denmark
meningococcal vaccine 1 week of being vacc	able case of Guillain Barré Syndrome. The patient received the recently. He is a 17yo Muslim male who developed symptoms within inated. No history of travel. Vaccine given as household contact just returned from Hajj pilgrimage.
Q. What would do witl	n this information?





Organisation:	
Inject Number:	Inject 12a
Inject Title:	Probable GBS case in Denmark
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised, in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.

# ECOC BURGERN CENTRE FOR AND CONTRET FOR

#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:00hrs

Exercise Direction: To be given to: All tables – for information

Inject 12b - Probable Guillain-Barré Syndrome case in France

Note: For the purposes of the exercise, today's date is 19 December 2009

Surveillance information from: Institut de Veille Sanitaire

Subject: Probable Guillain-Barré Syndrome cases in France

Notification of 2 probable cases of Guillain-Barré Syndrome who have received meningococcal vaccine recently. The first case is a 18yo Muslim male who developed symptoms within 1 week of being vaccinated. No history of travel. Vaccine given as household contact of grandfather who had just returned from Hajj pilgrimage. Second case is a 50yo female who had just returned from the hajj. Vaccination records show that she was vaccinated with meningococcal vaccine about 8 weeks ago before travel.





#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:00hrs

**Exercise Direction:** To be given to: MS Sweden

Note: For the purposes of the exercise, today's date is 19 December 2009

From: Swedish Institute for Infection Disease Control (SMI)
Subject: Guillain-Barré Syndrome case in Sweden

Report of 1 case confirmed Guillain-Barré Syndrome in a 30yo male who had just returned from the Hajj. Vaccination records show that he was vaccinated with meningococcal vaccine about 7 weeks ago before travel.

Q. What would do with this information?





Organisation:	
Inject Number:	Inject 13
Inject Title:	Email of GBS case in Sweden
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised, in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.



**Exercise Date:** 

# **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

19 December 2009

Insert Time:	13:00hrs
<b>Exercise Direction:</b>	To be given to: MS Poland
<u>In</u>	<u>iect 14</u> – Guillain-Barré Syndrome case in Poland
Note: For the purpose	es of the exercise, today's date is 19 December 2009
From: National Institut	e for Hygiene (PZH)
Subject: Guillain-Barré	é Syndrome case in Poland
	onfirmed of Guillain-Barré Syndrome in a 16y Muslim female who
developed symptoms No history of travel.	within 1 week of being vaccinated with meningococcal vaccine.
The filetory of travel.	
Q. What would do wit	th this information?
4	





Organisation:	
Inject Number:	Inject 14
Inject Title:	Email of GBS case in Poland
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised, in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.

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#### EXERCISE ORANGE CIRCLE



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 13:15hrs

Exercise Direction: To be given to: All tables – General background information only

Inject 15 - Causes and Risk Factors

#### **Causes & Risk Factors**

The exact causes of Guillain-Barre Syndrome (GBS) are not known. It is neither contagious nor hereditary.

A viral or bacterial infection causes allergic reaction which damages the protective sheath around the peripheral nerves (demyelination) leading to cessation of signal passage to muscles, which causes tingling, weakness and eventual short-term paralysis (1).

Generally, a viral or bacterial infection precedes the onset of GBS. The infections are as follows:

- Flu and Common cold
- Gastrointestinal viral infection
- Infectious mononucleosis
- Viral hepatitis
- Campylobacteriosis (usually from eating undercooked poultry)
- Porphyria (rare disease of red blood cells).
- Bacterial infections (such as salmonella poisoning)
- Hodgkin's disease, (tumor of the lymph glands the small, bean-sized organs that carry white blood cells)
- Immunization (such as the influenza vaccine) in very rare cases.





Exercise Date:	19 December 2009
Insert Time:	13:30hrs
<b>Exercise Direction:</b>	To be given to: MS Slovenia
	Inject 16a - Pre travel vaccination - Slovenia
For information - Routin (ACWYvax) vaccine.	ne pilgrim vaccination for pre-travel to the Hajj used by Slovenia was
The vaccine used by SI outbreak was the menir	lovenia for the mass vaccination for the Neisseria meningitidis ngococcal vaccine.
Q. Who will you tell at	pout the types of vaccine used?





Organisation:	
Inject Number:	Inject 16a
Inject Title:	Pre travel vaccination - Slovenia
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised, in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.





<b>Exercise Date:</b>	19 December 2009
Insert Time:	13:30hrs
<b>Exercise Direction:</b>	To be given to: MS Romania
	Inject 16b - Pre travel vaccination Romania
	ne pilgrim vaccination for pre-travel to the Hajj used by Romania ccine and another vaccine.
The vaccine used by R outbreak was meningor	omania for the mass vaccination for the Neisseria meningitidis coccal vaccine.
Q. Who will you tell al	bout the types of vaccine used?





Inject Number: Inject 16b Inject Title: Pre travel vaccination - Romania
Inject Title: Pre travel vaccination - Romania
ACTION TAKEN
Record the actions that you have taken to address the issues raised, in response to this inject.
Include with whom you have consulted and what actions, if any, you have recommended.
This sheet will be collected by the control staff.



**Exercise Date:** 

# **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

19 December 2009

Insert Time:	13:30hrs
<b>Exercise Direction:</b>	To be given to: MS Sweden
	Inject 16c – Pre travel vaccination - Sweden
For information - Routing meningococcal vaccine	ne pilgrim vaccination for pre-travel to the Hajj used by Sweden was
The vaccine used by Swas also meningococca	weden for the mass vaccination for the <i>Neisseria meningitidis</i> outbreak al vaccine.
Q. Who will you tell al	bout the type of vaccine used?





Organisation:	
Inject Number:	Inject 16c
Inject Title:	Pre travel vaccination - Sweden
	ACTION TAKEN
Record the	e actions that you have taken to address the issues raised, in response to this inject.
Include	with whom you have consulted and what actions, if any, you have recommended.
	This sheet will be collected by the control staff.





<b>Exercise Date:</b>	19 December 2009
Insert Time:	13:30hrs
<b>Exercise Direction:</b>	To be given to: MS Denmark
	Inject 16d - Pre travel vaccination - Denmark
For information - Routir meningococcal vaccine	ne pilgrim vaccination for pre-travel to the Hajj used by Denmark was and another vaccine.
The vaccine used by Doutbreak was meningood	enmark for the mass vaccination for the <i>Neisseria meningitidis</i> coccal vaccine.
Q. Who will you tell al	bout the types of vaccine used?





Organisation:		
Inject Number:	Inject 16d	
Inject Title:	Pre travel vaccination - Denmark	
	ACTION TAKEN	
Record the	e actions that you have taken to address the issues raised, in response to this inject.	
Include with whom you have consulted and what actions, if any, you have recommended.		
	This sheet will be collected by the control staff.	
1		



**Exercise Date:** 

# **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

19 December 2009

Insert Time:	13:30hrs			
<b>Exercise Direction:</b>	To be given to: MS Poland			
	Inject 16e – Pre travel vaccination - Poland			
For information - Routing meningococcal vaccine	ne pilgrim vaccination for pre-travel to the Hajj used by Poland was and another vaccine.			
	The vaccine used by Poland for the mass vaccination for the <i>Neisseria meningitidis</i> outbreak was meningococcal vaccine.			
Q. Who will you tell al	bout the types of vaccine used?			





Organisation:		
Inject Number:	Inject 16e	
Inject Title:	Pre travel vaccination - Poland	
	ACTION TAKEN	
Record the	e actions that you have taken to address the issues raised, in response to this inject.	
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	





<b>Exercise Date:</b>	19 December 2009		
Insert Time:	13:45hrs		
<b>Exercise Direction:</b>	To be given to: All tables		
	Inject 17a – High number of Influenza cases		
Update on the lat	test influenza cases available from EISS – European Influenza		
	Surveillance Scheme		
The latest EISS report for this time of year.	indicates that influenza numbers are significantly higher than normal		





Organisation:		
Inject Number:	Inject 17a	
Inject Title:	High number of Influenza cases	
	ACTION TAKEN	
Record the actions that you have taken to address the issues raised, in response to this inject.		
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	



**Exercise Date:** 

**Insert Time:** 

## **EXERCISE ORANGE CIRCLE**



## **EXERCISE - EXERCISE - EXERCISE**

19 December 2009

13:45hrs

Exercise Direction: To be given to: ECDC, MS Romania and MS Slovenia
Inject 17b – Investigating possible cases of Guillain-Barré Syndrome
Romania and Slovenia are both looking at a case of Guillain-Barré Syndrome which have come to light in the past few hours.





Organisation:		
Inject Number:	Inject 17b	
Inject Title:	Investigating possible cases of GBS	
	ACTION TAKEN	
Record the	e actions that you have taken to address the issues raised, in response to this inject.	
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	

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#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 14:30hrs

Exercise Direction: To be given to: ECDC and MS Denmark

Inject 18 - Not GBS - Botulism

Note: For the purposes of the exercise, today's date is 19 December 2009

**Email** 

From: Serum Institut (SI)

To: support@ecdc.eu

Subject: Previously reported GBS cases in Denmark

One of the previously reported cases of GBS has now been confirmed by diagnosis as Botulism and not GBS. After symptoms deteriorated, requiring ventilation, the case admitted taking heroin.

The website has been updated see http://www.si.dk





Organisation:		
Inject Number:	Inject 18	
Inject Title:	Not GBS - Botulism	
	ACTION TAKEN	
Record the actions that you have taken to address the issues raised, in response to this inject.		
Include	with whom you have consulted and what actions, if any, you have recommended.	
	This sheet will be collected by the control staff.	

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#### **EXERCISE ORANGE CIRCLE**



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 14:30hrs

Exercise Direction: To be given to: All tables – for info

Inject 19 - Media report - Influenza cases in Saudi Arabia

Note: For the purposes of the exercise, today's date is 19 December 2009

#### Flu virus sweeps Saudi following the Hajj

Saudi health authorities today announced a sharp rise in the number of flu cases in the country since the end of the Hajj.

With more than two million people from all over the world gathering in Saudi throughout November the Hajj is the ideal breeding ground for the spread of infection. Cramped accommodation and close proximity to others often sparks an increase in the number of flu cases at this time of year.

Cases of Influenza B generally peak during the Hajj and return to normal levels shortly after, this year however, a significant number of cases are still being reported after pilgrims have returned home, suggesting that the virus is continuing to spread amongst the population of Saudi.

Health officials from around the world are now calling for the flu vaccine to be made a compulsory requirement for all pilgrims attending the Hajj to stop the rapid spread of infection each year. A mandatory vaccination for pilgrims against meningitis was introduced in 2001 following the deaths of 71 people from the infectious disease.

A Saudi health official comments "We encourage people to have the influenza vaccination and to wear face masks to reduce the spread of germs, however many pilgrims see this as disobeying the requirement that male pilgrims should not cover their heads."

"The Hajj poses a number of risks to public health through the spread of infectious diseases both here in Saudi and across the globe, we need to take further measures to reduce this risk."

Symptoms of flu B include a high temperature, fever, headache, sore throats, aches and pains, and sometimes vomiting or a feeling of nausea. In most people symptoms will last for a few days and then settle.

Flu B is generally a milder form of infection than the more common flu A virus but like flu A it can cause more severe symptoms in some circumstances.





#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 14:40hrs

Exercise Direction: To be given to: All tables – info only

Inject 20 - Recent research data from the UK on GBS

Background GBS prevalence or incidence data very limited.

Event	Person time	Total events	Annual Incidence per 100,000	95% lower	95% upper
GBS	1597500	19	1.19	0.72	1.86

Data from USA:

www.cdc.gov:

'The precise rate of GBS in adolescents is unknown. Data from the Vaccine Safety Datalink Project and the Health Care Utilization Project on GBS incidence in persons aged 11 to 19 years indicate a background annual incidence of 1 to 2 cases per 100,000 persons per year.'

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#### EXERCISE ORANGE CIRCLE



#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 14:45hrs

Exercise Direction: To be given to: All tables – info only

<u>Inject 21 – investigation of the temporal association of Guillain-Barré Syndrome</u>

Investigation of the Temporal Association of Guillain-Barré Syndrome With Influenza Vaccine and Influenza like Illness Using the United Kingdom General Practice Research Database

Julia Stowe, Nick Andrews, Lesley Wise, and Elizabeth Miller Am J Epidemiol 2009;169:382-388

In 1976, the national swine influenza vaccination program in the United States was suspended because of an increased risk of Guillain-Barré Syndrome. Subsequent studies of seasonal influenza vaccine have given conflicting results.

The authors used the self-controlled case series method to investigate the relation of Guillain-Barré Syndrome with influenza vaccine and influenza like illness using cases recorded in the General Practice Research Database from 1990 to 2005 in the United Kingdom. The relative incidence of Guillain-Barré Syndrome within 90 days of vaccination was 0.76 (95% confidence interval: 0.41, 1.40). In contrast, the relative incidence of Guillain-Barré Syndrome within 90 days of an influenza like illness was 7.35 (95% confidence interval: 4.36, 12.38), with the greatest relative incidence (16.64, 95% confidence interval: 9.37, 29.54) within 30 days. The relative incidence was similar (0.89, 95% confidence interval: 0.42, 1.89) when the analysis was restricted to a subset of validated cases.

The authors found no evidence of an increased risk of Guillain-Barré Syndrome after seasonal influenza vaccine.

The finding of a greatly increased risk after influenza like illness is consistent with anecdotal reports of a preceding respiratory illness in Guillain-Barré Syndrome and has important implications for the risk/benefit assessment that would be carried out should pandemic vaccines be deployed in the future.





#### **EXERCISE - EXERCISE - EXERCISE**

Exercise Date: 19 December 2009

Insert Time: 14:50hrs

Exercise Direction: To be given to: All players – to be completed and returned

Inject 22 - Player evaluation

#### PLAYER EVALUATION OF EXERCISE

We would be grateful if you could complete the f essential in informing the exercise report and enable	
Name: O	ganisation:
EXERCISE FEEDBACK	
1. List key points that went well during today's exerc	
2. List any key issues arising from today's exercise f	or you or for your organisation
3. List the main learning points from the exercise for	
4. What areas of ECDC's response to a Vaccine to be further addressed?	
5. What areas of further training have you identified you to respond more effectively?	-

If you would like to comment further on any other aspects please use the reverse of this sheet.