



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	9 September 2013 11:30
Exercise Direction:	Round Table (By Hand to Duty Officer)
Inject No:	1
Inject Title:	Promed Report on Ivory Coast - Ebola



Published Date: 2013-09-09 10:15:03

Subject: PRO/AH/EDR> Ebola virus disease – Ivory Coast (4): (BU) new, fatal

Archive Number: 20121114.1409832

EBOLA VIRUS DISEASE – IVORY COAST (4): (BONDOKOU), NEW OUTBREAK

A ProMED-mail post

<http://www.promedmail.org>

ProMED-mail is a program of the
International Society for Infectious Diseases

<http://www.isid.org>

Date: Mon 9 September 2013

Source: IRIN News report [edited]

<http://www.irinnews.org/Report/97472/Côte-d-Ivoire-deadly-ebola-hemorrhagic-fever-breaks-out-in-ivorycoast>

The deadly Ebola hemorrhagic fever has broken out in the eastern Ivory Coast town of Bondoukou about one month after the World Health Organization (WHO) declared the West African country free of the disease.

J. S., the WHO country representative told IRIN News by telephone on Friday [6 September 2013] that the outbreak was confirmed on Thursday [5 September 2013] following laboratory tests that turned out positive for the disease. "Yes, that is true; we have dispatched one team to make preliminary assessments and also set up an isolation unit," he said.

The epicenter of the outbreak is in Bondoukou in the Zanzan district, which is located about 400 km north of the capital Abidjan. F. K., the district health officer, was quoted by Newspaper on Thursday [5 September 2013] as saying that 2 people belonging to the same family had died of the disease over the weekend.

In July last year [2012], the Ebola outbreak in the mid-western Ugandan district of Kibaale left at least 20 people dead.



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Ebola victims present with symptoms like fever, vomiting, diarrhea, abdominal pain, headache, measles-like rash, red eyes, and sometimes with bleeding from body openings. The virus is believed to be transmitted to humans from monkeys and bats and may cause massive bleeding in victims. Mortality rates can be as high as 90 per cent.

[hyline: D. K. B.]

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communicated by:
ProMED-mail rapporteur M. M.

Côte d'Ivoire ebolavirus (CIEBOV)

Also referred to as *Tai Forest ebolavirus* and by the English place name, "Ivory Coast", it was first discovered among [chimpanzees](#) from the [Taï Forest](#) in [Côte d'Ivoire](#), Africa, in 1994. [Necropsies](#) showed blood within the heart to be brown; no obvious marks were seen on the organs; and one necropsy showed lungs filled with blood. Studies of tissues taken from the chimpanzees showed results similar to human cases during the 1976 Ebola outbreaks in Zaire and Sudan. As more dead chimpanzees were discovered, many tested positive for Ebola using molecular techniques. The source of the virus was believed to be the meat of infected [Western Red Colobus](#) monkeys, upon which the chimpanzees preyed. One of the scientists performing the necropsies on the infected chimpanzees contracted Ebola. She developed symptoms similar to those of [dengue fever](#) approximately a week after the necropsy, and was transported to Switzerland for treatment. She was discharged from the hospital after two weeks and had fully recovered six weeks after the infection.

See Also

Ebola virus disease - Uganda (24): (KI) outbreak declared over, WHO [20121005.1326565](#)
 Ebola virus disease - Uganda (23): (KI) new susp. case [20120905.1281865](#)
 Ebola virus disease - Uganda (22): (KI) WHO update [20120903.1278832](#)
 Ebola virus disease - Uganda (21): (KI) [20120825.1263284](#)
 Ebola hemorrhagic fever - Uganda (20): (KI) WHO update [20120817.1249794](#)
 Ebola hemorrhagic fever - Uganda (19): (KI) nomenclature [20120815.1246087](#)
 Ebola hemorrhagic fever - Uganda (18): (KI) WHO update [20120815.1245722](#)
 Ebola hemorrhagic fever - Uganda (17): (KI) [20120813.1241762](#)
 Ebola hemorrhagic fever - Uganda (16): WHO update [20120810.1238765](#)
 Ebola hemorrhagic fever - Uganda (15) [20120807.1233213](#)
 Ebola hemorrhagic fever - Uganda (14) [20120807.1232846](#)
 Ebola hemorrhagic fever - Uganda (13) [20120806.1230691](#)
 Ebola hemorrhagic fever - Uganda (12): (KI) update [20120805.1229338](#)
 Ebola hemorrhagic fever - Tanzania: (KA) [20120805.1229334](#)
 Ebola hemorrhagic fever - Uganda (11): (KI) 17th fatality [20120804.1228678](#)
 Ebola hemorrhagic fever - Uganda (10): WHO update [20120804.1228594](#)

.....cp/msp/sh

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	9 September 2013 19:00
Exercise Direction:	Email to: support ECDC mail
Inject No:	2
Inject Title:	EWRS Report

Attention: EI Duty Officer

You have received notification on the EWRS system (see details below) and have verified the SMS on the duty mobile. Please take the necessary action required of you and communicate as appropriate.

Early warning and response system

Detail for Message ID: 20130909JA0001


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- In compliance with Regulation 1049/2001/EC regarding public access to European Parliament, Council and Commission documents, it is requested that the information contained in the present message be not disclosed for purposes other than those established by Decision 2119/98/EC without prior consultation with the Commission service and the Member State which provided the information. In case that the message contains personal data, the recipient(s) shall process it in compliance with the European Community legislation on the protection of personal data (Directive 95/46/EC).

Reporting Member

Name: FRANCE [P. M.](#)
Institution: Institute of Public Health Surveillance, France

Event Information


Posted on: 09/09/2013
Message Content: Early Warning - Level 1
Reporting Reason: A1 Are there factors related to the agent, host or environment that should alert us to the potential for international spread? (1)
Syndrome / Disease: Ebola haemorrhagic fever
Pathogen: Ebola-Ivory Coast
Country of Occurrence:  France
Date of 09/09/2013



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onset/detection:

Mail Sent to: European Commission, Public Health Authorities and ECDC

Accessibility:  This message is accessible to WHO
This message is **NOT** accessible to EMA

MESSAGE:

Institute of Public Health Surveillance would like to inform about a confirmed case of Ebola haemorrhagic fever in an injecting drug user (IDU) in the city of Paris, which we are currently investigating in collaboration with L'Institut Pasteur and the local health authorities.

The 31 year-old male recently returned from a visit to the Ivory Coast on 3 September and presented at a hospital on 7 September with flu-like symptoms, headache, sore throat and fever, vomiting and diarrhea. Tests for malaria were negative and further tests for Lassa and Ebola were undertaken.

There has been a lot of interest in the Media in France regarding this case and the public are anxious and asking a lot of questions.

Institute of Public Health Surveillance would be interested to know whether other countries currently have any cases of Ebola or suspected Ebola, especially in injecting drug users.

*Contact person at Institute of Public Health Surveillance is Dr P. M.
(email to Artemis.excon1@ecdc.europa.eu or telephone +46 x xxxx x807)*

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 07:30
Exercise Direction:	Email to: support ECDC mail
Inject No:	3
Inject Title:	Update on VHF case in France

To: EI Duty Officer, ECDC

Please be advised that the High Security Infectious Disease Unit, Paris is treating one male patient (31y) with confirmed Ebola Viral Haemorrhagic Fever.

Early laboratory results show low counts of white blood cells, very low platelets and elevated liver enzymes.

ECDC and DG SANCO have been notified via EWRS and WHO via IHR.

Nursing staff at the hospital and attending paramedics have been informed of the diagnosis. Contact tracing has been instigated.

**Dr P. M.
Institute of Public Health Surveillance
FRANCE**

Tel: (+46 8 5860 1807)

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 07:30
Exercise Direction:	Telephone Call from FRANCE to ECDC EI Duty Officer (Follow up with email to support ECDC mail)
Inject No:	4
Inject Title:	Background information on Initial Case and Additional Cases in France

Information from Institute of Public Health Surveillance, FRANCE

1. 31 yr old man with Ebola died this morning of multi-organ failure with both internal and external bleeding. Time of death was 09:15 and his death was reported on television station TF1.

The deceased returned from Ivory Coast on 3 September 2013 on an Air France flight to Paris CDG and was symptomatic for 3-4 days. He was admitted to Hospital on 7 September with high fever ($>38^{\circ}\text{C}$), vomiting and diarrhoea, and due to recent travel history was tested for malaria. Further tests were undertaken by the Pasteur Institute for Lassa and Ebola.

Ebola Haemorrhagic Fever was confirmed by Pasteur Institute on 9 September.

Patient was transferred to High Security Infectious Disease Unit.

France notified WHO under IHR and the European Commission via EWRS.

2. In addition to the above, please be advised of the notification of 2 additional suspected cases of *Ebola VHF*.

Two males, both drug users and with recent travel history to Ivory Coast. Both were on the same flight as initial case (AF703 Abidjan to Paris CDG) and have been suffering from fever and flu-like symptoms.

One (27yr male) lives in Paris and shares accommodation with initial case. As a precautionary measure he has been isolated and taken to the Service des Maladies Infectieuses et Tropical for further investigation.



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- One (29yr male) lives in Marseille and has been hospitalized. The doctor who attended him at home also confirms patient mentioned that he had eaten bushmeat while in Ivory Coast. The doctor said there was a quantity of what looked like bushmeat in his kitchen and it has been taken away for investigation.

Results on blood samples for VHF for the above two patients are awaited.

Analysis of bushmeat is ongoing and confirmatory results should be available later.

More information will be released when available.

Contact tracing is being undertaken.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 07:40
Exercise Direction:	Telephone Call from DG SANCO to Head of Unit SRS +xx xxxx xxxxx
Inject No:	5
Inject Title:	Background information on Initial Case and Additional Cases in France

Information from Institute of Public Health Surveillance, FRANCE provided to DG SANCO

1. 31 yr old man with Ebola died this morning of multi-organ failure with both internal and external bleeding. Time of death was 09:15 and his death was reported on television station TF1.

The deceased returned from Ivory Coast on 3 September 2013 on an Air France flight to Paris CDG and was symptomatic for 3-4 days. He was admitted to Hospital on 7 September with high fever ($>38^{\circ}\text{C}$), vomiting and diarrhoea, and due to recent travel history was tested for malaria. Further tests were undertaken by the Pasteur Institute for Lassa and Ebola.

Ebola Haemorrhagic Fever was confirmed by Pasteur Institute on 9 September.

Patient was transferred to High Security Infectious Disease Unit .

France notified WHO under IHR and the European Commission via EWRS.

2. In addition to the above, please be advised of the notification of two (2) additional suspected cases of *Ebola VHF*.

Two males, both drug users and with recent travel history to Ivory Coast. Both were on the same flight as initial case (AF703 Abidjan to Paris CDG) and have been suffering from fever and flu-like symptoms.

One (27yr male) lives in Paris and shares accommodation with initial case. As a precautionary measure he has been isolated and taken to the Service des Maladies Infectieuses et Tropical for further investigation.



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- One (29yr male) lives in Marseille and has been hospitalized. The doctor who attended him at home also confirms patient mentioned that he had eaten bushmeat while in Ivory Coast. The doctor said there was also a quantity of what looked like bushmeat in his kitchen and this has been taken away for further investigation.

Results on blood samples for VHF for the above two patients are awaited.

Analysis of bushmeat is ongoing and confirmatory results should be available later.

More information will be released when available. Contact tracing is being undertaken.

Questions from DG SANCO to ECDC regarding the above information

1. We will discuss with HoU, C3, and confirm to you regarding a RRA.
2. Is airplane passenger tracing being undertaken?

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



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Scenario Date and Time:	10 September 2013 07:45
Exercise Direction:	support ECDC mail
Inject No:	6
Inject Title:	Notification for webstream of PHE Meeting

The initial PHE Meeting will be held at 08:00 for invited attendees.

All participants in Exercise Artemis are invited to observe this meeting and decisions taken via the following weblink: [www.-----.com](#)

Alternatively, you may wish to watch the webstream in the Board Room.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 09:00
Exercise Direction:	Email from DG SANCO (EXCON) to ECDC
Inject No:	7
Inject Title:	DG SANCO Request for RRA

Inject Text:

Request to ECDC from DG SANCO

There are reports in the French Press about someone in hospital with Ebola in France.

We would like to ask ECDC to do a rapid risk assessment on the current situation of Ebola in France.

Please provide a RRA and email to: Artemis.excon1@ecdc.europa.eu for the attention of **DG SANCO** as soon as possible, but definitely an outline summary by 10.00 CEST.

There will be a teleconference with DG SANCO at 10:00 CEST.

Please call the following number: **+46 x xxxx xx04**

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 09:30
Exercise Direction:	ECDC Director mail Telephone Nr +xx xxxx xxxxx xxx
Inject No:	8
Inject Title:	Phone Call from DG SANCO - Request for teleconference

Inject Text:

There are rumours in the French Press and on Euro News about cases of Ebola in France.

DG SANCO request a teleconference with the Director of ECDC and with affected MS (France) at 10:00 for an update.

Please call the following number: **Tel: +46 x xxxx xx07**

Agenda for Teleconference Dial: **+46 x xxxx xx04**

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 10:15
Exercise Direction:	support ECDC mail
Inject No:	9
Inject Title:	EWRS – Cases of Ebola in Belgium

Inject Text:

Early warning and response system

Detail for Message ID: 20130910JA0003


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Reporting Member

Name:  BELGIUM [V.D.](#)
Institution: Institute of Public Health, Belgium

Event Information

Posted on: 10/09/2013
Message Content: Early Warning - Level 2
Reporting Reason: A1 *Are there factors related to the agent, host or environment that should alert us to the potential for international spread? (1)*
Syndrome / Disease: Ebola viral haemorrhagic fever
Pathogen: *Ebola-Ivory Coast*
Country of Occurrence:  Belgium
Date of onset/detection: 10/09/2013
Mail Sent to: European Commission, Public Health Authorities and ECDC



Public Health
England

EXERCISE ARTEMIS



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Accessibility:



This message is accessible to WHO
This message is **NOT** accessible to EMA

MESSAGE:

The Institute of Public Health informs of 2 suspected cases of Ebola viral haemorrhagic fever. Both cases have recent travel history to Ivory Coast via Paris CDG. They returned to Brussels from Paris by train on 4 September 2012.

The 26 yr female and 28 yr male have been hospitalised and isolated at the Hospital in Brussels. Results on tests for malaria are awaited. Further tests for VHF are underway.

Both patients are confirmed as having shared intravenous needles for drugs.

Contact person at Institute of Public Health, Belgium is Dr V. D.

(email to Artemis.excon1@ecdc.europa.eu or telephone +46 x xxxx xx07)

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 11:00
Exercise Direction:	support ECDC mail
Inject No:	10
Inject Title:	Promed - Italy



Published Date: 2013-09-10 10:00:00
Subject: PRO/EDR> Toxic algae - Italy
Archive Number: 20060803.2151

TOXIC ALGAE - ITALY

A ProMED-mail post
<<http://www.promedmail.org>>
ProMED-mail, a program of the
International Society for Infectious Diseases
<<http://www.isid.org>>

Date: 10 Sept 2013
From: Thomas Roesel <roesel@lycos.com>
Source: The Times, 10 Sept 2013
<<http://www.timesonline.co.uk/article/0,,3-1700730,00.html>>

Bathing [swimming] was banned along 15 kilometres of the Italian Riviera yesterday when more than a 200 holidaymakers were treated at various hospitals after bathing in the sea and spending time on the beaches around Grado, near Trieste. Doctors at Grado, where most of the victims were treated, said patients (adults and children) were suffering from symptoms such as rhinorrhoea, cough, fever, bronchoconstriction with mild breathing difficulties, wheezing, and, in a few cases, conjunctivitis and vomiting. Around 20 people required hospitalisation.

A 60 year old, who swims regularly on the beaches, said that she had first noticed something wrong last Friday, when she went for a swim and emerged feeling nauseous, to find her eyes puffed up.

Local environmental protection staff have analysed air and water samples around Grado for chemical contamination but have not found anything unusual. It is suspected that this may have been caused by a so-called algal bloom. In previous years, similar events were reported in other Italian regions, in Toscana (west coast of Italy), Puglia (southeast coast of Italy) and Sicily (in southern Italy), associated with a particular kind of unicellular alga, *Ostreopsis* spp although these were less widespread and intense. However this time the numbers of people affected and their symptoms seem more severe. The sea is also discoloured in places, with patches of yellow/brown water being seen close on to shore.



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Sea water samples are being collected every day from beaches in the area of Grado to look for the presence of a high density of algae and for any associated algal toxins. Results from the first samples collected are expected in the next few days.

Officials in the provinces of Gorizia and Trieste are recommending that people should not bathe in the Adriatic until the problem is better understood or the all-clear is given and to be aware of symptoms associated with the suspected algal bloom.

Grado beach has been closed by Public Health officials. Local businesses are complaining that this is an over reaction.

A local resident said: "No one expects to spend a nice family day at the beach and then be infected by some sort of germs in the water. It's disgusting. We need to act fast. The last thing we need for the economy right now is to scare tourists away with something like this."

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 12:30
Exercise Direction:	support ECDC mail
Inject No:	11
Inject Title:	From DG SANCO to ECDC: Italy reports on unusual cases

Inject Text:

From DG SANCO

Italy is reporting a significant number (approx 200) of people seeking medical treatment for breathing difficulties, coughing, sore throats and in some cases conjunctivitis. The hospitals are unable to determine what the cause of the problem is but it seems these cases are linked to people having spent time on or near the beach around Grado near Trieste.

Has ECDC had any other similar cases reported?

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 12:45
Exercise Direction:	support ECDC mail
Inject No:	12
Inject Title:	Reports from Slovenia (MS)

From Slovenia

Large yellow patches in the sea around Portoroz are raising concerns that some kind of chemical has been discharged into the water, but Public Health officials in Ljubljana believe this problem may be related to the occurrence of an unusual algal bloom in Italy.

Doctors are reporting increasing numbers of cases around Portoroz of people suffering from skin irritation, sore eyes and throat and wheezing. Some people have complained of dizziness and tingling sensations. So far, of seventeen severe cases, 5 have been hospitalised. One child (under 5yrs) is described as critical.

We have also heard from colleagues in Porec (Croatia) that they are seeing similar problems and have 8 people in hospital with severe breathing difficulties, including 2 children.

All these people have spent time recently at the beach. Some of them had a rash after swimming in the sea. Authorities in Porec are “monitoring the situation” but have not yet decided whether to close the beaches or recommend no bathing.

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EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 12:50
Exercise Direction:	support ECDC mail Telephone Call from MOH, France to ECDC To HoU, SRS
Inject No:	13
Inject Title:	MoH, France: News on paramedics (re Ebola case)

Ministry of Health, France

We wish to inform ECDC that the two paramedics who attended the male casualty at the street cafe have developed flu-like symptoms. (NB: The male later died from Ebola.)

One of the paramedics has a fever of 38°C and is also suffering from vomiting and stomach pains. He has been admitted to hospital and blood samples have been sent to the Pasteur Institute for analysis. Results should be confirmed by 20:30 CEST tonight.

The other paramedic is not hospitalised but is being monitored.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



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Scenario Date and Time:	10 September 2013 13:15
Exercise Direction:	Support ECDC mail ECDC director mail Name.Surname ECDC mail
Inject No:	14
Inject Title:	MS (Slovenia) request for assistance

Inject Text:

Local authorities in Slovenia are concerned that shellfish farms, farming mainly mussels (*Mytilus galloprovincialis*), along the Adriatic between Portoroz and the Croatian border and beyond may be contaminated with whatever the yellow-brown substance is in the sea, a chemical or a toxin. This area exports shellfish internationally.

There have been some people seeking medical assistance for dizziness, vomiting and diarrhoea. A 5yr old child remains critical in hospital after spending time at the beach.

Media reports on the situation have raised considerable anxiety in Slovenia and the public health authorities are requesting expert assistance from the ECDC Communications team to help develop public messaging.

Also as they have no capacity to deal with an event of this nature Slovenia are requesting technical assistance from ECDC and request that a RRA is carried out to assess any risk of transmission of disease.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



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Scenario Date and Time:	10 September 2013 13:30
Exercise Direction:	support ECDC mail ECDC director mail Name.Surname ECDC mail
Inject No:	15
Inject Title:	DG SANCO request update

Inject Text:

DG SANCO are requesting an update (bullet points only) from ECDC regarding the water contamination situation in the Adriatic and the impact on public health.

Please send your response to the email address below and mark **for the attention of DG SANCO**.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 14:50
Exercise Direction:	All participants
Inject No:	16
Inject Title:	PHE Management Team Meeting

Inject Text:

There will be a PHE Management Team Meeting at 15:00.

This meeting will be streamed to all participants (insert weblink) and may also be viewed in the Board Room.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 at 15:30 / Scenario Date: 1st October 2013
Exercise Direction:	
Inject No:	17
Inject Title:	Time Jump & Update on Ebola outbreak and algal bloom RECOVERY PHASE

It is now 1st October 2013

1. Update on Ebola:

There are no new cases of Ebola reported in **France** and **Belgium**. Patients who were hospitalised in France and Belgium are now all recovering. The paramedic who was admitted to hospital with flu-like symptoms has made a full recovery and has been discharged from hospital.

Samples taken from the bushmeat confiscated from the apartment belonging to the male case hospitalised in Marseille have been analysed and confirmed as chimpanzee meat. No evidence of the Ebola virus was found.

2. Update on Algal Bloom:

Following an intense storm and the prolonged bora wind blowing from the north for the past five days, the algal bloom in the Adriatic has now dispersed. The beaches at Grado, **Italy** and around Portoroz, **Slovenia** have reopened. All patients in hospital have been discharged.

Laboratory results reveal that the harmful algal bloom was caused by a novel species of the dinoflagellate *Gymnodium* related to *Gymnodium breve*. Associated high levels of brevetoxin were also detected in the water but have now dropped to below detectable limits. Water and tissue samples analysed from the shellfish farms further down the coast have all proved negative for brevetoxin.

No further assistance is required from ECDC.

The Director has decided to downgrade the PHE Level and deactivate the EOC.

Using the appropriate SOPs and checklists, you now have 30 minutes to consider within your functional groups the following:

- **Downgrading and de-activation procedures**



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- Recovery phase and return to normality
- Re-allocation of staff
- Archiving of PHE material
- Assessment of crisis response processes

Consider who you will liaise and communicate with during this phase.

Consider what steps/actions you need to take regarding these procedures and the impact on your teams.

Functional Groups: (in accordance with PHE Management structure)

PHE management team, advisors
PHE technical group
PHE EOC group
PHE Communications group
PHE Administrative support group

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013
Exercise Direction:	All participants
Inject No:	18
Inject Title:	Prepare for Hot Debrief

Inject Text:

You now have up to 30 minutes to prepare for the hot debrief in the **Boardroom**.

With regard to the PHE response please consider the following:

- 3 things that worked well
- 3 things that need improvement
- If you had to change one thing tomorrow, what would it be?

Refreshments will be available from 16:15

Please be seated in the **Boardroom** by 16:30.



Public Health
England

EXERCISE ARTEMIS



EXERCISE - EXERCISE - EXERCISE

Scenario Date and Time:	10 September 2013 17:00
Exercise Direction:	All participants
Inject No:	19
Inject Title:	Endex at 17:00

The Exercise will end at 17:00

Normal duties should now be resumed.

Thank you for your participation in Exercise Artemis.

You should carry out the actions required of you by this inject. Please reply to Artemis.excon1@ecdc.europa.eu or request external organisational advice via Exercise Control.