

**Indonesia Ministry of Health Response  
Influenza Pandemic Epicenter Simulation  
11 May 2009**

To date, the Government of Indonesia (MoH) has conducted various efforts and activities to strengthen preparedness towards an Influenza Pandemic through capacity building, at central and provincial level, and the development of Guidelines and Protocols in Response to an Influenza Pandemic Epicenter. Preparedness was also strengthened through integrated cross-program and cross-sectoral epicenter simulations (exercises).

The first full scale simulation was conducted at the Jembrana District, Bali Province on the 25 – 27 April 2008 while the second simulation was conducted at the City of Makassar, South Sulawesi Province, on the 25 – 26 of April 2009.

The simulation involved various institutes and sectors including:

- Central Government, National Army, National Police, Ministry of Information and Communication, along with all concerning units of the Ministry of Health.
- Provincial Government and all related authorities
- District/City Government and all related authorities
- Attendance by both national and international observers and media of over 300 persons.

Total personnel involved directly in the simulation accounted for over 700 persons.

The simulations incorporated various field activities, among them:

1. Establishment of a Command Post (POSKO) and coordination from central to provincial level.
2. Epidemiological Surveillance (epidemiological investigation of detected cases and contact tracing)
3. Medical and Laboratory Response; case management, isolation and temporary closing/quarantine of hospitals.
4. Pharmaceutical intervention (administration of anti-virals to the whole community within the epicenter zone)
5. Non-pharmaceutical interventions (home and area quarantine, social distancing in schools and public areas), including parameter monitoring (by the army and police)
6. Risk Communication to the public and media
7. Quarantine Efforts at the Airport, Seaports, Land Border Posts through thermal scanner screening and the use of health alert cards (HAC), observation of suspected cases, quarantine and referral the referral hospitals of symptomatic passengers.
8. Mobilization of resource (medical logistics, anti-virals and personal protective equipment (PPE) and other essentials needs for the community).
9. Business Continuity Plan Preparedness.

Specific points observed in the instance of a real Influenza Pandemic are:

1. Entry points (Airport, Seaports, Land Border Posts).
2. Community awareness in identifying symptoms and quick actions (including infection control) upon identification of symptomatic persons.
3. Surveillance of ILI (Influenza Like Illness) and pneumonia in the field, healthcare centers and hospitals.
4. Referral Hospital capacity
5. Laboratories
6. Preparedness System response time

Conclusions made from these simulations included that communication, coordination and response from all related counterparts was very crucial and was able to be carried out successfully. This has greatly enhanced Indonesia's preparedness and response capacity for pandemic influenza.