

Rapid Response Team (RRT) for Pandemic Preparedness

Webinar Report

8th June 2022

Organised by

**National Institute of Disaster Management, Ministry
of Home Affairs, Delhi**

**National Centre for Disease Control, Ministry of
Health and Family Welfare, Delhi**

And

**Centers for Disease Control and Prevention, New
Delhi**

Report: 11th Weekly Webinar

Weekly Webinar Series: 11/12

Public Health Emergency and
Disaster Management (PHEDM) during
and beyond COVID-19: Building Resilient
Workforce, System, and Infrastructure
in India



Date: Wednesday, 08 June 2022
Time: 14:30 to 16:00 hours (IST)



<https://youtu.be/ZDw8IDJC3o4>

Register here: <https://training.nidm.gov.in>

Jointly Organized by :

National Institute of Disaster Management (NIDM)
Ministry of Home Affairs (MHA), Government of India

National Centre for Disease Control (NCDC),
Directorate General of Health Services (Dte.GHS),
Ministry of Health & Family Welfare (MoHFW),
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Rapid Response Team (RRT) for Pandemic Preparedness

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DISTINGUISHED SPEAKERS



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Dr Pawana Murthy
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1. Introduction

The webinar on “**Rapid Response Team (RRT) for Pandemic Preparedness**” was the eleventh webinar of the webinar series on “Public Health Emergency and Disaster Management during and beyond COVID-19: Building Resilient Workforce, System, and Infrastructure in India”.

The webinar engrossed on Rapid Response Team. RRT is one mechanism of a larger emergency response strategy that can be utilized in an outbreak to ensure a fast and effective response. Subsequently, the reduction in the time from disease detection to response limits transmission and potential population mortality and morbidity.

The webinar was framed to provide the following learning objectives to the participants:

- The need and the general composition of the RRTs
- Role and responsibilities of members of RRTs
- Overview of the RRT in the context of IDSP
- Strategies to strengthen the RRT for pandemic preparedness and response.

Technical Advisory Group and Technical Working Group of the ongoing webinar series suggested the names of the speakers based on the theme of the webinar and the expertise of the experts.

2. Schedule of the Webinar

Time	Dignitaries	Session
14:30 – 14:35 hours	Moderator	Welcome
14:35 – 14:40 hours	Prof. Surya Parkash Head EOC, CBRN & GMRD, NIDM, MHA, GoI	Remarks
Technical Session		
14:40 – 14:55 hours	Session Chair Dr. Himanshu Chauhan Joint Director & Incharge, IDSP, NCDC, Dte.GHS, MoHFW, GoI	
14:55 – 14:15 hours	Dr. Pranay Kumar Verma Joint Director, IDSP, NCDC, Dte.GHS, MoHFW, GoI	
15:15 – 15:35 hours	Dr. Pawana Murthy NPO, WHO Country Office, India	
15:35 to 15:45 hours	Interaction and Q & A session	
15:45 to 15:50 hours	Session Chairs Remarks	
15:50 to 15:55 hours	Dr. Rajeev Sharma PHS & Lead, Emergency Management, CDC-India	Remarks
15:55 to 16:00 hours	Vote of Thanks	

3. Summary of the Webinar



Prof. Surya Parkash

Prof. Surya Parkash is presently working as Head, EOC, Geo-Meteorological Risks Management Division and also of the CBRN, Industrial and Cyber DRR Division, NIDM beside Team Leader for World Centre of Excellence on Landslides Disaster Reduction and Faculty In-charge of 8 Specialized Centre, i.e. Centre on Early Warning and Communication, Safe Hill Area Development, Coastal Disaster Risk Reduction & Resilience, Emergency Operation Centre, Flood Monitoring Cell, CBRN, Industrial DRR and Cyber DRR.

Prof. Surya Parkash, Head, EOC, CBRN & GMRD, NIDM provided insights on the ongoing webinar series focusing on post-pandemic and long COVID situations beside various issues related to health resilience in the public health emergencies and disaster management. Prof. Parkash admired participants for their cooperation throughout the webinar series. On the theme of the webinar, he said that the rapid response team in pandemic situations and preparedness is timely, and today's experts are very much experienced in this area. They will share their rich experiences with all the delegates and the participants. Today's webinar will provide the opportunity to gain a lot of information, knowledge, ideas, experiences, and innovations in terms of the constitution of rapid response teams, their roles and responsibilities, rules, and procedures to be followed up in pandemics preparedness. Prof. Parkash conveyed his wishes to all for a healthy good quality of life in an equitable, justifiable, and right-paced manner with a good fraternity.

TECHNICAL SESSION



Dr. Himanshu Chauhan

Dr Himanshu Chauhan is the Joint Director and Officer-In-Charge of the IDSP, NCDC. He is a public health expert with more than 15 years of experience in diverse capacities & situations, ranging from teaching medical undergraduates & postgraduates in a medical school to leading public health response in emergencies and policy level engagement with diverse stakeholders.

Dr. Himanshu Chauhan, Joint Director & office Incharge, IDSP, NCDC in his address said that today's topic revolves around the rapid response team which is like a

culmination of the earlier topics that we had so far discussed in this webinar series. Further, Dr. Chauhan added that today's is not about just response but a rapid response and rapid response team. Each of these words has a very specific meaning and it sets the text for that rapid response, that means the teams are always in a standby mode and they can be deployed anytime at very short notice. So, whoever has been trained as a member of a rapid response team knows that there can be a deployment at any time. The rapid response teams are meant to respond quickly, and they have a plan of action ready with a good understanding of the diverse situations. The plan of action depicts the clear-cut responsibilities and the team has been specifically trained for those aspects. They are also taught to respond as a team, they know the idiosyncrasies of a team as various individuals have different expertise areas, skills, and backgrounds. We have our plans of keeping our rapid response teams up to date and always in a ready mode depending on the mandate. Dr. Chauhan concluded his address by saying that I'm sure that this would be an interesting and exciting session that will be useful for all of us.

 Dr. Pranay Kumar Verma	Dr. Pranay Kumar Verma is presently working as Joint Director at the Integrated Disease Surveillance Programme Division of the National Centre for Disease Control (NCDC), Directorate General of Health Services (Dte.GHS), Ministry of Health and Family Welfare, Government of India.
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Dr. Pranay Kumar Verma, Joint Director, IDSP, NCDC provided an overview of the RRT in IDSP, especially in the context of the fact that IDSP has shifted to an almost real-time platform called Integrated Health Information Platform. This transition has an impact on how RRTs are deployed and the tracking of their activities in the field. Talking about the Public Health RRT, he said that it is an interdisciplinary team of trained individuals that are ready to be deployed for public health emergencies. Further, Dr. Verma highlighted the three important components of the RRT i.e., adequately trained to deal with the emergency at hand, interdisciplinary and/or multi-sectorial, and capable of rapid functional mobilization. One of the 4 overarching mandates of IDSP is HR Development. This includes training of State as well as district surveillance officials and RRT members in the principles of disease surveillance. RRTs are a crucial part of the response phase of outbreaks. Whenever there is a rising trend of illnesses or there is an Early Warning Signal (EWS) reported from field-level functionaries, it is investigated by RRT to diagnose and control the outbreak. International Health Regulation (IHR) 2005 obligations have also mandated to have well-trained RRTs. Dr. Verma on the deployment of the RRTs said that it usually starts with a reporting of an EWS and one of

the important divisions of IDSP is the media scanning and verification cell which essentially scans the local media as well as the internet to find out the events and which is transmitted to the state and district levels. Artificial Intelligence (AI) tools have also been utilized to expand the scope of early warning signal generation from media scanning. This will be a useful tool for Pandemic Preparedness as the system will adapt with time to pick up news of unusual events circulating in the media. Further, the speaker enriched the knowledge on the generation of event alerts in IHIP and event & health condition alerts at the District Surveillance Office level. There are different levels (central, state and district) of RRTs in IDSP and their deputation depends upon the gravity of the situation, the technical expertise required, supervision needed at the field level and disease condition. Dr. Verma also discussed different programmes for Training of Trainers (ToTs) for RRT members besides citing the example of RRT's response to the Cholera outbreak at Kapurthala in Punjab. To strengthen the RRTs we need to have a database of different RRTs and greater coordination among them. Cross-cutting training and proper documentation of each RRT investigation will enhance the capacity of RRTs in preparedness and response to an outbreak.

	Dr Pavana Murthy has worked in public health for over 20 years. Supported risk assessments and capacity-building trainings including RRTs for Ebola, MERS-CoV, Zika, Nipah, and COVID, as well as disasters like floods in Kerala and cyclones in Orissa. He also helped MoHFW develop a real-time information platform for surveillance systems in various Indian states, including dashboards and analysis systems for identifying, verifying, and monitoring warnings and outbreaks.
Dr Pavana Murthy	

Dr. Pawana Murthy, NPO, WHO Country Office, India provided a broader aspect of the Rapid Response Teams and requirements, especially in pandemics. In a major emergency response, there are many actors but the key actors of course leading will be the national and the state governments. Dr. Murthy advocated that all countries should increase their level of preparedness, alerts, and response to identify and manage new cases. They should prepare to respond to different public health scenarios recognizing that there is no one size fits all approach to managing the cases. COVID pandemic was an excellent example, and each country should assess its risk and rapidly implement the necessary measures at the appropriate scale to reduce both transmission and the economic and social impacts. Dr. Murthy quoted RRTs as a trained and equipped team with the capacity to rapidly deploy to respond to an emergency efficiently and effectively. Talking about the general composition of the RRTs, the speaker said it is a gathering of varied individuals with different skills and backgrounds such as a clinician,

public health specialists, microbiologists, entomologists, veterinarians, communication experts, data managers and so on that depends on the type of emergency, level of risk, resources, and geographic coverage. Everyone has their role and responsibilities to perform within the RRT. Further, he highlighted the role of RRTs in case of a huge pandemic. RRTs make up the emergency response entity and usually, there is an Incident Management System (IMS) which is there within the emergency sector. The speaker also highlighted the overall IMS organizational structure. IMS is flexible and is a big asset for the RRTs besides being applicable at any level. The trained staff can respond to a diversity of emergencies and the roles of each staff are standardized and there's clear communication and reporting. The key functional areas of RRTs include case investigations, contact tracing, infection prevention and control. They will also have to deal with planning, logistics and risk communications. The speaker also highlighted the importance of the formulation of SOPs that ensure the operations are carried out correctly (quality) and always in the same manner (consistency). Respond and document the actions to develop or modify SOPs after an event.

Q & A Session

The technical session was very interactive. Several questions were raised by the participants to the experts. Some of the queries raised during the session are as follows:

- Are there any online trainings available for RRTs?
- What are the challenges and options to ensure rapid and effective response measures in any outbreak like covid?
- Is the Rapid response team similar to Incident Response Team in the framework of the Incident response system for disasters?
- Really Great to hear this. I was in India for the first wave, very impressed with the work on oxygen in the second wave. I'm now doing medical work in Ukraine and with Russians and we all have a common problem: the difficulty of getting motorized ambulances to where injured people are. I thought India might have solutions? if yes, please share.
- Why did we fail to cope with the covid pandemic despite the disaster management system being in place? What is the learning from it?
- What is the preparedness for the expected 4th wave of COVID?
- Are there any case studies on how RRTs have helped in the field? If yes, please share the source.
- In, what way can a common man prepare for a health disaster response?

REMARKS



Dr. Rajeev Sharma

Dr. Rajeev Sharma, an Emergency Management Specialist with MBBS, MPH, DNB in Field Epidemiology and CDC's Global Public Health Emergency Management Fellow (PHEM-F). Currently working with the U.S. Centers for Disease Control and Prevention (CDC), New Delhi and leading Emergency Management Program and providing technical support to various multi-layered, multi-organizations departments/institutions under the Government of India (GoI).

Dr. Rajeev Sharma, Public Health Specialist and Lead Emergency Management, CDC-India in his remarks said that during the webinar we have seen good integration of event-based, case-based investigation and use of the technology. We also learned how IHIP has been used for managing open-source information and as well as the use of artificial intelligence. Application of Incident Management System for RRT management and operations were also highlighted by the eminent speakers, he added. Further, he added that the COVID pandemic has changed our way of learning during active response. Nowadays most things are online or blended with face-to-face programmes. Dr. Sharma also shared information about the short course RRT Training Package. The package provides a full length of tools, processes as well as scientific applications required for contact investigations, outbreak investigations and the best use of the RRT.

4. Key Take-Home Messages

Some of the key take-home messages from the webinar on “Rapid Response Team (RRT) for Pandemic Preparedness” are as follows:

- RRTs are a crucial part of the response phase of outbreaks.
- Rapid Response Teams are meant to respond quickly, and they have a plan of action ready with a good understanding of the diverse situations.
- Three important components of the RRT include being adequately trained to deal with the emergency at hand, interdisciplinary and/or multi-sectorial, and being capable of rapid functional mobilization.
- Artificial Intelligence (AI) tools have also been utilized to expand the scope of early warning signal generation from media scanning. This will be a useful tool for Pandemic Preparedness as the system will adapt with time to pick up news of unusual events circulating in the media.
- Deputation of RRTs depends upon the gravity of the situation, the technical expertise required, supervision needed at the field level and disease condition.

- To strengthen the RRTs we need to have a database of different RRTs and greater coordination among them.
- Cross-cutting training and proper documentation of each RRT investigation will enhance the capacity of RRTs in preparedness and response to an outbreak.
- We should increase their level of preparedness, alerts, and response to identify and manage new cases.
- We should be prepared to respond to different public health scenarios recognizing that there is no one size fits all approach to managing the cases.
- Incident Management System is flexible and is a big asset for the RRTs besides being applicable at any level.

5. Participants Profile

The webinar was attended by 297 participants. The participants in the webinar were Surveillance officers from Integrated Disease Surveillance Programme, doctors, paramedics, frontline health care workers, State and District Disaster Management Authorities (SDMA and DDMA), Research institutes, academicians, Fire Service officials, Civil Defense officials and so on.

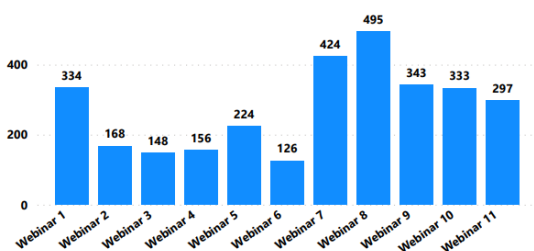
Most of the participants registered for the webinar were students and government officials followed by the private sector. Around 88% of participants were below the age of 50 years and 12% above the age of 50 years. Maharashtra top the list of states from where maximum participants registered for the event and followed by Uttar Pradesh and Delhi. Out of the total number of participants registered for the webinar, 69% were male and 31% were female.

The webinar was also live-streamed on YouTube for the online learning communities and it will be available on it after the completion of the event.

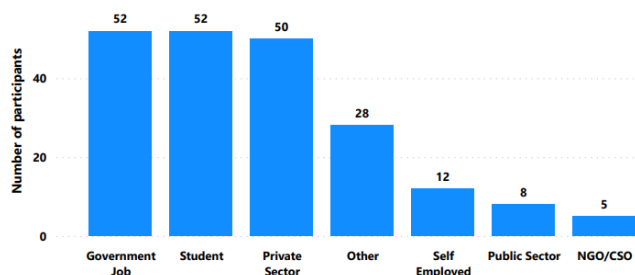
YouTube Link: <https://forms.gle/vgFgflWUfuKq16JS7>

Infographic of the Participants

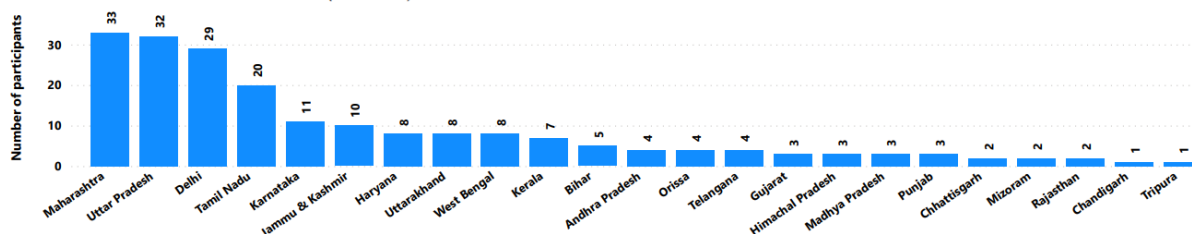
Webinar wise number of participants



Occupation of participants (n = 207 Including other countries)

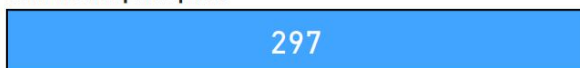


State wise number of participants (n = 203)

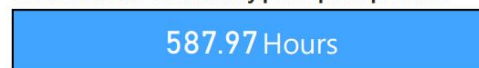


Note: Number 297 in the first graph is the number of participants who attended the webinar and number 207 in the other graphs is the total number of registered participants.

Total distinct participants



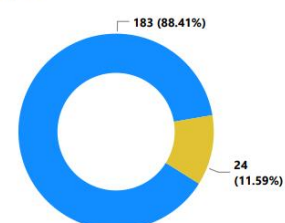
Total duration of webinar by participants presence



Age Group	Male	Female	Total
18 to 24	22 (11%)	12 (6%)	45 (16%)
25 to 34	44 (21%)	21 (10%)	87 (31%)
35 to 44	33 (16%)	20 (10%)	71 (26%)
45 to 54	29 (14%)	10 (5%)	51 (19%)
55 to 64	13 (6%)	0 (0%)	14 (6%)
65+	3 (1%)	0 (0%)	6(1%)
Total	144 (69%)	63 (31%)	248(100%)

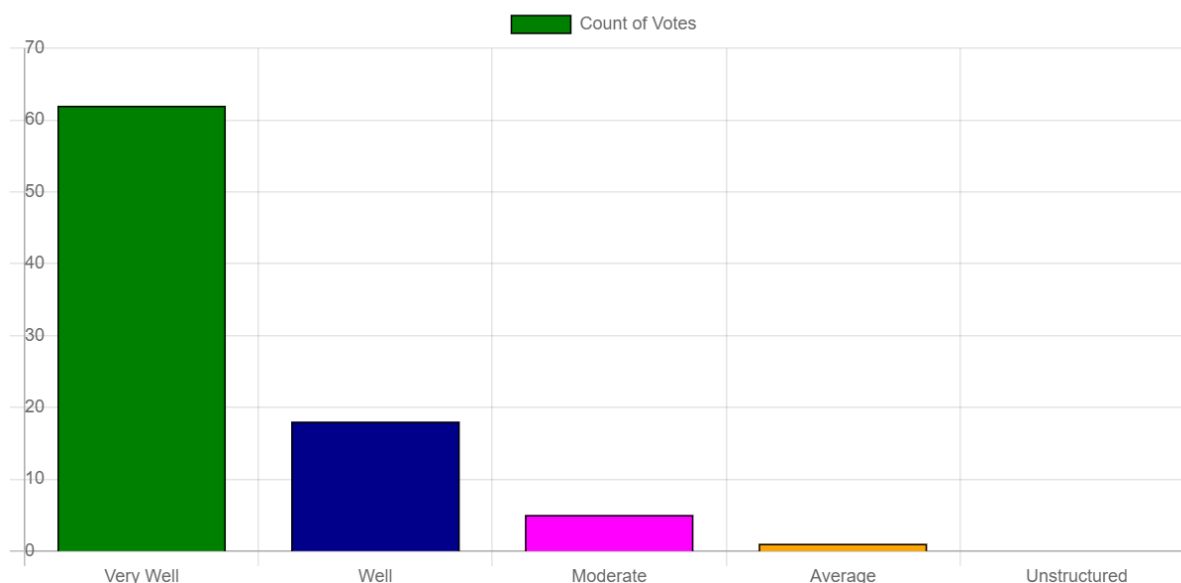
Age group of participants

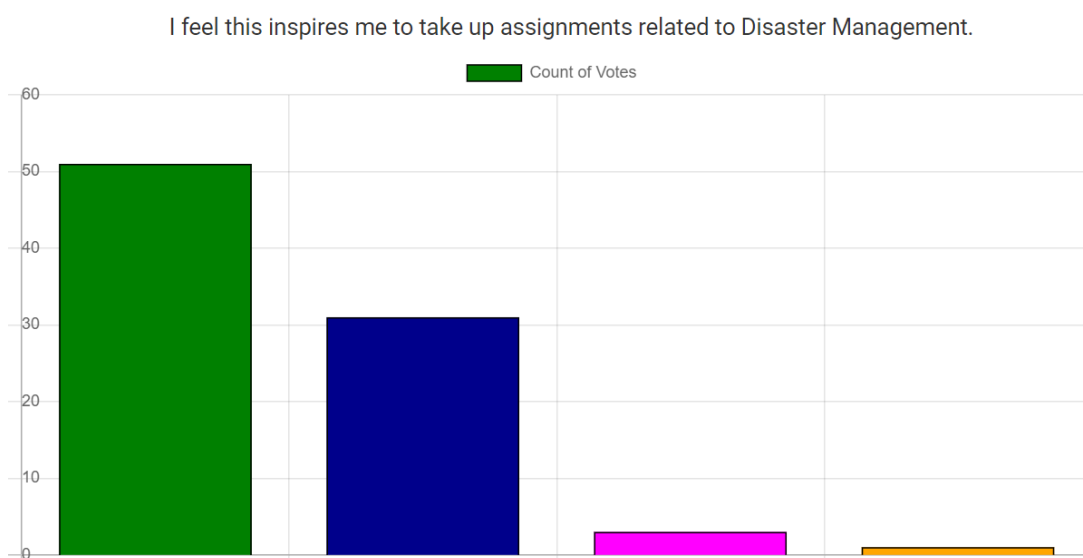
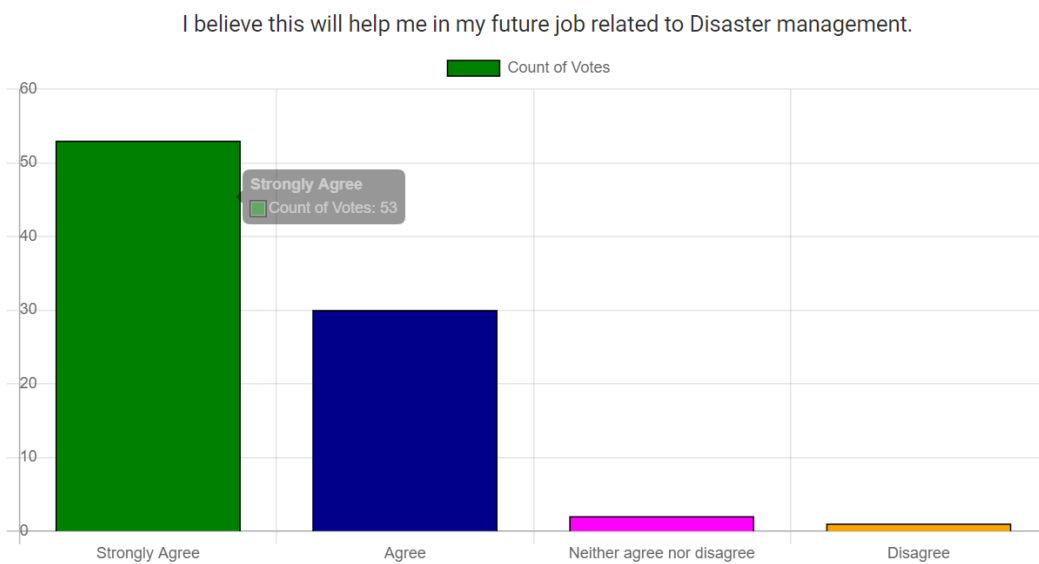
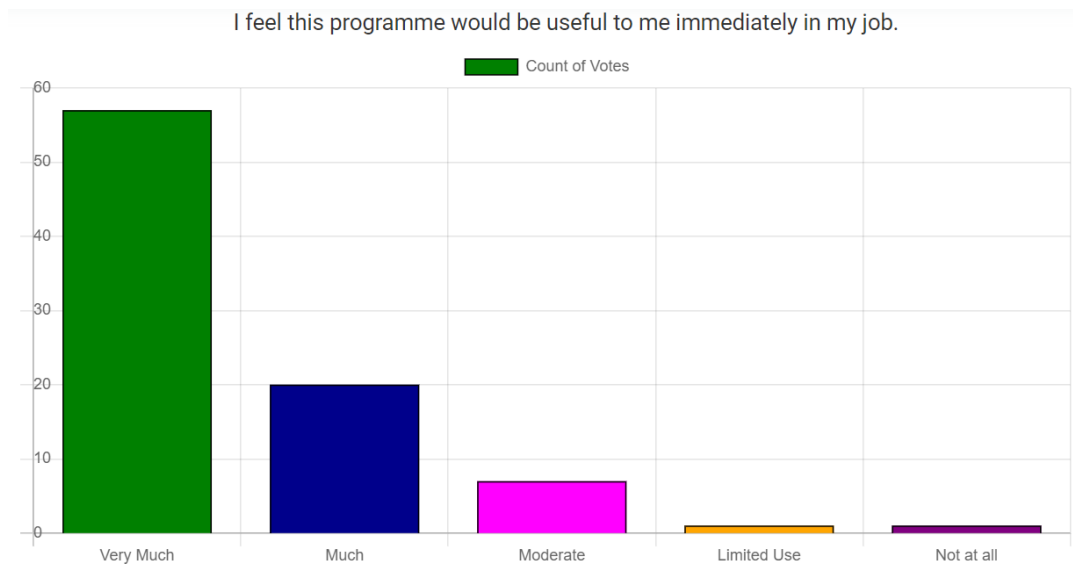
Age <= 50 Age > 50



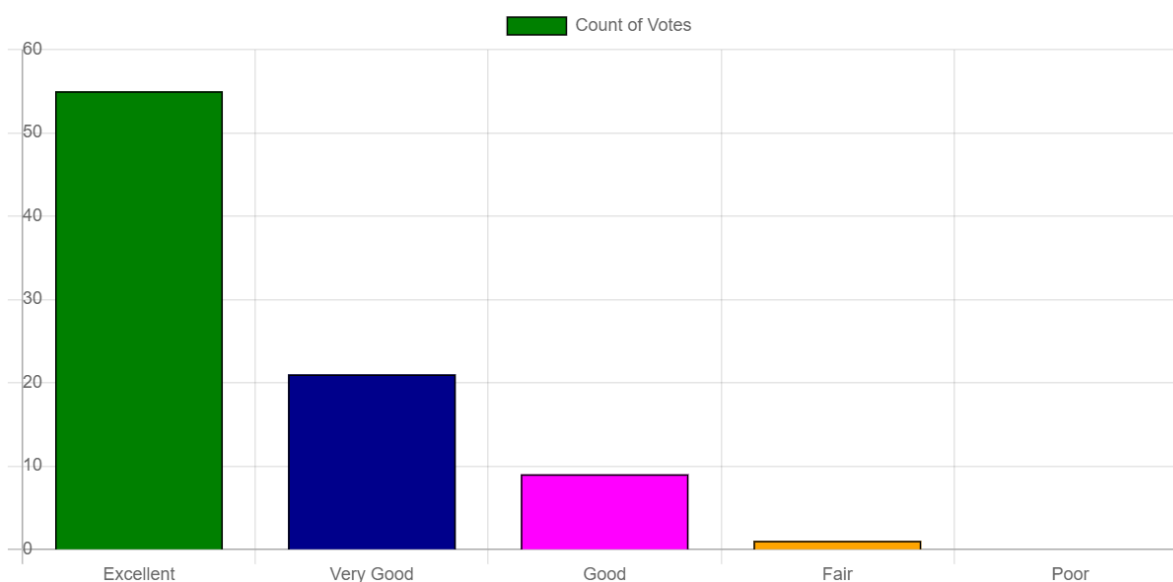
6. Feedback

I think the structure and organization of the course fulfilled the objectives of the Training programme.





Your overall impression of the training programme.



Participant Profile

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7. Group Photo

