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IV. 添付資料集

資料I-1

国際シンポジウム

「マス・ギャザリングと公衆衛生対策」

報告書

厚生労働行政推進調査事業費補助金

健康安全・危機管理対策総合研究事業

大規模イベント時の健康危機管理対応に資する研究

令和元(2019)年度報告書

国際シンポジウム

マスギャザリングと公衆衛生対策

開催報告書

Report on International Symposium

on Mass Gathering and Public Health Preparedness

会場/Venue

国立国際医療研究センター

National Center for Global Medicine Hospital, Shinjuku, Tokyo, Japan

開催日時/Date

2020 年1 月17 日

17 January, 2020

主催/Host

厚生労働科学研究費「大規模イベント時の健康危機管理対策に資する研究」

(研究代表者：国立保健医療科学院 齋藤智也)

MHLW Health Science Research Group

on “Health Security for Mass Gatherings/ High Profile Events”

(Principal Investigator: Tomoya Saito (National Institute of Public Health))

開催概要

今回実施した「国際シンポジウム :マスクギャザリングと公衆衛生対策」は、第32回東京オリンピック競技大会（2020/東京）および東京2020パラリンピック競技大会(東京2020大会)へ向けた対策とその活用に関して検討するため「大規模イベント時の健康危機管理対策に資する研究」研究班の主催により開催された。イギリス公衆衛生庁のティナ・エンドリックス先生に、基調講演として2012年のロンドン大会でのご経験を踏まえ、マスクギャザリングイベントに対する公衆衛生の整備についてお話いただいた。その後、10名の演者より多方面より2019年に行われたマスクギャザリングイベントにおける対策や教訓と東京2020大会への準備を紹介し、活発な議論が交わされた。

Summary

International Symposium on Mass Gathering and Public Health Preparedness was hosted by the MHLW Health Science Research Group on “Health Security for Mass Gatherings/ High Profile Events” to study about preparation for Games of the XXXII Olympiad/Tokyo 2020 Paralympic Games (Tokyo 2020) and the way forward. Ms. Tina Endericks, the Head of Global Health Security, Public Health England, gave a keynote on public health preparedness for mass gathering events, focusing on the lessons learned from London Olympics and Paralympics in 2012. Then 10 speakers from the various field presented and discussed the measures taken in mass-gathering events in 2019 and the preparation for Tokyo 2020.



講演者らと共に/with speakers and staffs

議題/Agenda

開始 Start	講演タイトル Presentation Title	講演者 Speaker
9:30	来賓挨拶 Welcome	厚生労働省大臣官房厚生科学課長 佐々木昌弘 <i>Dr. SASAKI Masahiro</i> Director, Department of Health Sciences Ministry of Health, Labour and Welfare
9:35	開会挨拶と研究班のご紹介 Opening Remarks and About our Project	国立保健医療科学院健康危機管理研究部長 齋藤 智也 <i>Dr. SAITO Tomoya</i> Director, Department of Health Crisis Management National Institute of Public Health
9:45	基調講演：マスギャザリングイベントへの公衆衛生 体制の事前準備 Keynote: Public Health preparedness for Mass Gathering Events	イングランド公衆衛生庁 グローバルヘルスセキュリティ担当課長 ティナ・エンドリックス <i>Tina Endericks</i> Head of Global Health Security, Public Health England
10:15	大阪G20サミットにおける医療体制の整備と対応 Medical preparedness and response for Osaka G20 Summit, 2019	大阪大学大学院 医学系研究科 救急医学 教授 嶋津 岳士 <i>Prof. SHIMAZU Takeshi</i> Department of Traumatology and Acute Critical Care Medicine, Osaka University Graduate School
10:45	休憩 Tea Break	-
11:00	ラグビーワールドカップにおける公衆衛生対策: アフターアクションレビューの中間報告 Public Health and Medical Preparedness and Response for Rugby World Cup Japan 2019 -Interim Report of After-Action Review-	東京大学大学院医学系研究科公衆衛生学 講師 富尾 淳 <i>Dr. TOMIO Jun</i> Assistant Professor, Department of Public Health Graduate School of Medicine, The University of Tokyo
11:30	ラグビーワールドカップ競技開催自治体の感染症対 策状況 Infectious Disease Preparedness in Rugby World Cup Host Local Governments	埼玉県狭山保健所 小林 祐介 <i>Dr. KOBAYASHI Yusuke</i> Medical Officer, Sayama Public Health Center, Saitama Prefectural Government
12:00	休憩 Lunch Break	

開始 Start	講演タイトル Presentation Title	講演者 Speaker
13:00	マスクギャザリングと厚生労働省の対応	国立保健医療科学院健康危機管理研究部長 齋藤 智也 <i>Dr. SAITO Tomoya</i> Director, Department of Health Crisis Management National Institute of Public Health
13:30	マスクギャザリングと感染症サーベイランス Infectious Disease Surveillance in Mass Gathering Events in Japan	国立感染症研究所感染症疫学センター 室長 松井 珠乃 <i>Dr. MATSUI Tamano</i> Division Chief, Infectious Disease Surveillance Center, National Institute of Infectious Diseases
14:00	オリパラの外国人医療体制 Medical systems for International Patients during the Tokyo Olympic/ Paralympic Games in 2020	国立国際医療研究センター救命救急センター 佐々木 亮 <i>Dr. SASAKI Ryo</i> Department of Emergency Medicine and Critical Care, National Center for Global Medicine
14:30	東京オリンピック・パラリンピック開催時の 医療体制と官民連携 Academic organization-local government partnerships of medical preparedness during the Tokyo Olympic/Paralympic Games in 2020	東京大学大学院 医学系研究科 救急科学分野 教授 森村 尚登 <i>Professor MORIMURA Naoto</i> Department of Acute Medicine, Graduate School of Medicine, University of Tokyo
15:00	休憩 Tea Break	-
15:15	2020東京大会に向けた暑さ対策について Tokyo 2020 Heat Countermeasures	内閣官房東京オリンピック・パラリンピック推進本部 事務局 参事官 山本 要 <i>Dr. YAMAMOTO Kaname</i> Director, Secretariat of the Headquarters for the Tokyo 2020 Olympic and Paralympic Games, Cabinet Secretariat, Government of Japan
15:45	東京オリンピック・パラリンピックに向けた 化学災害対策の強化 Strengthening Chemical Events Preparedness towards Tokyo 2020	藤沢市民病院 副院長 阿南 英明 <i>Dr. ANAN Hideaki</i> Vice President, Fujisawa City Hospital
16:15	終わりの言葉 Concluding Remarks	国立保健医療科学院健康危機管理研究部長 齋藤 智也 <i>Dr. SAITO Tomoya</i> Director, Department of Health Crisis Management National Institute of Public Health

略称

東京2020大会: 2020年東京オリンピック・パラリンピック競技大会

ラグビーワールドカップ: 2019年ラグビーワールドカップ日本大会

組織委員会: 公益財団法人東京オリンピック・パラリンピック競技大会組織委員会

G20大阪サミット: 2019年に大阪で開催された金融世界経済に関する首脳会合

IHR: 国際保健規則

Abbreviations

Tokyo 2020: Tokyo 2020 Olympic and Paralympic Games

RWC 2019: 2019 Rugby World Cup

MLWH: Ministry of Labour, Welfare, and Health

TOCOG: Tokyo Organizing Committee of the Olympic and Paralympic Games

IHR: International Health Regulation

G20: International forum for the governments and central bank governors

AC2020: Academic Consortium for Tokyo 2020 Olympic and Paralympic Games

来賓挨拶

厚生労働省大臣官房厚生科学課長 佐々木昌弘

開会にあたり、厚生労働省大臣官房厚生科学課、佐々木昌弘課長よりご挨拶を頂いた。2019年に行われた各イベントへの協力に感謝するとともに、本シンポジウムを通じて東京2020大会に向けた取り組みについて議論し、マスクギャザリングイベント対策の発展を期待すると述べた。

Welcome

Dr. SASAKI Masahiro

Director, Health Science Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, JAPAN

Dr. Sasaki, Director of the Health Science Division, Minister's Secretariat, MHLW, made an opening remark. He expressed gratitude to all the cooperation for the mass-gathering events held in 2019. He expected to discuss on how to cooperate and develop the measures towards Tokyo2020 through this symposium.



厚生労働省大臣官房厚生科学課長 佐々木昌弘

Dr. SASAKI Masahiro, Director

Health Science Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, JAPAN

セッション1 開会挨拶と研究班のご紹介

国立保健医療科学院 健康危機管理研究部 部長 齋藤智也

講師略歴: 医師、医学博士、公衆衛生学修士。慶應義塾大学医学部熱帯医学・寄生虫学教室助手・助教を経て、2011年4月より厚生労働技官。厚生科学課健康危機管理対策室、結核感染症課を経て、2014年4月より国立保健医療科学院健康危機管理研究部上席主任研究官。2020年1月より現職。専門分野は公衆衛生危機管理、バイオセキュリティ。厚生労働行政推進調査事業「大規模イベント時の健康危機管理対応に資する研究」班代表者。

健康危機管理、またはヘルスセキュリティの概念は、「自然発生や人為的発生等発生の背景や原因にかかわらず、急性の健康危機を引き起こすハザードを想定した、集団としての存在を守るための予防・準備・検知・対応などの一連の対策」である。マَسギャザリングイベントは、公衆衛生のインフラストラクチャーを強化して健康危機への対処能力を高めるための重要な機会である。したがって、研究班の目的は、第一に2019-2020年に行われる国際的なマَسギャザリングイベントでの事前準備と対応を記録し検証していくこと、第二にマَسギャザリングイベント対策の国や自治体へのガイドとなるものを後世にむけて整備していくことである。救急医療、災害医療、感染症疫学、公衆衛生、国際保健、公衆衛生危機管理の専門家が7名集まり、研究を実施してきた。本シンポジウムでは、基調講演ののち、国内での経験事例としてG20大阪サミット、ラグビーワールドカップの対応を紹介する。その後、東京2020大会に向けた取り組みを紹介する。

Session#1 Opening Remarks/About our Project

Dr. Tomoya Saito

Department of Health Crisis Management, National Institute of Public Health, JAPAN

Biography: SAITO Tomoya, MD, MPH, PhD is a distinguished expert in public health emergency preparedness and response, especially on biological events. He is a Senior Chief Researcher at the Department of Health Crisis Management, National Institute of Public Health of Japan and leads the MHLW Health Science Research Group “Health Security for Mass Gathering/High Profile Events” as a principal investigator. From 2011 to 2014, He was a medical officer at the Ministry of Health, Labour and Welfare (MHLW) of Japan in charge of response and preparedness coordination for public health emergencies.

Health security is defined as “A series of measures such as prevention, preparation, detection, and response to protect the population as a whole from hazards that cause an acute health crisis, regardless of their origin.” Mass gathering events are a crucial opportunity to strengthen public health infrastructures and reinforce health security. The two objectives of our study group are; reviewing public health preparedness and response for the international mass gathering events in Japan during 2019-2020 and developing a legacy for guiding public health preparedness for mass gathering events. Seven experts in emergency medicine, disaster medicine, infectious disease epidemiology, public health, international health, and public health crisis management have worked together to conduct research projects. After a keynote, this symposium reviews experiences in the G20 Osaka Summit and the Rugby World Cup and overviews the ongoing efforts towards the Tokyo 2020 Games.



MHLW Health Science Research Group on Health Security for Mass Gathering/High Profile Events

Background:

- Japan hosts several mass gathering events/high profile events in 2019 and 2020 including Olympic games.
 - ◆ Potential health security risks such as infectious disease outbreak
- WHO is encouraging strengthening core capacity under International Health Regulations (IHR).
 - ◆ After-action-review: one of 4 pillars of monitoring and evaluation of the IHR core capacity
 - ◆ Mass gathering - crucial opportunity for reinforcing health security

“Health Security”

“A series of measures such as prevention, preparation, detection, and response to protect the population as a whole from hazards that cause an acute health crisis, regardless of their origin.”

Saito. J. Natl. Inst. Public Health, 68(5):2019

自然発生や人為的発生等発生の背景や原因にかかわらず、急性の健康危機を引き起こすハザードを想定した、集団としての存在を守るための予防・準備・検知・対応などの一連の対策

齋藤. 保健医療科学 68(5):2019

MHLW Health Science Research Group on Health Security for Mass Gathering/High Profile Events

Funding: MHLW

Term: FY2019~FY2021

Our Mission:

1. Review public health preparedness and response for the international mass gathering events in Japan during 2019-2020
2. Develop a legacy for guiding public health preparedness for mass gathering events.

MHLW Health Science Research Group on Health Security for Mass Gathering/High Profile Events

Name	Affiliation	Area of work	
SHIMAZU Takeshi, MD, PhD 嶋津 岳士	Osaka University	Emergency/Disaster Medicine	
MORIMURA Naoto, MD, PhD 森村 尚登	University of Tokyo	Emergency/Disaster Medicine	Speaker
MATSUI Tamano, MD, PhD 松井 珠乃	National Institute of Infectious Diseases	Infectious Disease Surveillance	
TOMIO Jun, MD, MSc, PhD 富尾 淳	University of Tokyo	Public Health	
WADA Koji, MD, PhD 和田 耕治	International University of Health and Welfare	Public Health	
ICHIMURA Yasunori, MD, PhD 市村 康典	National Center for Global Medicine	Global Health	Moderator
SAITO Tomoya, MD, MPH, PhD 齋藤 智也	National Institute of Public Health	Public Health Emergency Preparedness and Response	

International Symposium on Mass Gathering Events & Public Health Preparedness

Morning

- Keynote
- G20 Osaka Summit
- Rugby World Cup 2019

Afternoon

- Towards Tokyo 2020

セッション 2 基調講演：マスギャザリングイベントに対する公衆衛生

講師： イングランド公衆衛生庁グローバルヘルスセキュリティ担当課長 ティナ・エンドリックス

講師略歴: 2012年ロンドンオリンピック・パラリンピックではプログラムディレクターとして、戦略的かつ組織横断的な利害関係者の関与と、公衆衛生サーベイランスと対応、診断、緊急時対応、検査、演習、労務計画・資金調達、日々の業務等のサービス強化を通じて、健康保護活動の計画と提供を行った。その後、グローバルヘルスセキュリティの向上や国際保健規則に基づき求められる責任を満了するため、世界健康安全保障アジェンダや世界健康安全保障イニシアチブなど、グローバルヘルスセキュリティの活動に専門家としての助言を行っており、マスギャザリングにおける公衆衛生のための根拠やガイダンスの開発、世界的な対応能力の構築、ホスト国との教訓の共有、有意義な保健遺産の確立に貢献してきた。また、ブラジル、ロシア、ビルマ、トルクメニスタン、インドネシアといったホスト国に技術的助言を行っている。

私は1年半前にここに来て、東京2020大会に向けての準備と、それに必要な作業についてお話ししました。この1年半の間に行われてきた素晴らしい仕事、特に2019年に行われた他のイベントについてお話を伺うことは、私にとって本当に名誉なことであり、私にとっても学びの経験になると思います。本当にありがとうございます。今日はこのシンポジウムを開催するには絶好のタイミングです。この1年、皆さんは多くのことを学び、多くの経験をしてきました。それが半年後の東京2020大会に向けた計画にどのように役立つのか、またそれをどのように役立てるのか、今日の議論は本当に貴重なものになるでしょう。

講演に招かれた時、8年前のこと、ロンドン2012大会にむけて何をしていたかを思い出しました。良い思い出もあれば、あまり良くない思い出もあります。今日は私たちが経験し、あなた方もまた経験しうる課題に関して、現実的な見解や認識を述べようと思っています。私の講義資料にはたくさんの情報が詰まっていますが、資料はお持ち帰りいただけるのでその内容について多くは触れず、実際の経験を共有したいと思います。

2012年には、世界はもっと単純だったと思います。新型コロナウイルスのような新感染症はあまりなく、新感染症に対する国際的な対応などありませんでした。比べると今は旅行への開放性も高まっています。日本の入国港の数も最近増えたと聞きました。ソーシャルメディアや情報へのアクセスも増えています。これは良いこともある反面、噂話や正誤を問わない情報がとても速く人々の間で共有されることもあります。以上のようなことを考えると、8年前は非常に幸運だったと思います。

2012年のロンドン大会に向けて、私たちも東京と同様に多くの計画と準備をしました。1月の段階では、公衆衛生の観点から主催者や英国政府が懸念すべき例外的な事案がないか検討し報告をしていました。そういった事案はあまり多くはなかったですが、啓発や予防、対応を検討する場合があります。また、英国政府には多大な説明責任があったため、ロンドンがオリンピック招致の一環として行ったすべての公約が実現されていたのかを見直さなければなりません。また正直に言うと、政治家は突然目を覚ました。それまでも政府省庁や他の関係機関との関わりはあったのですが、実際の開催年の1月になった途端、誰もが「今年開催されるのか！今何が起きているのかを知らせてくれ！」と言い出しました。そうして、すでに起こったことや、すでに解決したことについて多くの質問をされました。あなた方も今後数ヶ月間は、計画の強化、これまでの準備の状況、そして今後何をやる必要があるかについての質問の繰り返しとなるでしょう。ロンドンオリンピック組織委員会との連携に関しては特に取り組みを要しました。どのように協働し、情報を共有する必要があるのかということについて、直前の半年間で急に調整する必要が出てきました。そのため私は半年間、週に1・2日組織委員会の中に身を置いて、英国の公衆衛生体制が通常どのように機能しているのか、どのように協力して知識を共有する必要があるのかを彼らに理解してもらいました。何か

が起こったらそれは場所や対象に関わらず公衆衛生に関わる事案であり、英国政府に管理の責任があります。正直に言うと難しい局面もありましたが、私たちは問題や課題を解決しようと協働し懸命に努力しました。計画が実際に機能するかどうかを確認するために、テストイベントをいくつも実施しました。それぞれのパートナーとどう連携し、どのように関わっていけばよいのか、何が違うのか、何を求めているのか、ということを確認していきました。人々には、私たちが公衆衛生機関として何を提供できるのか、どんなリスクがあり、何も起こっていないことを確かめるときにどう動いているか、何かが起こったときに影響を抑えるように対策をしているかを理解してもらいました。最大の課題の一つは、スタッフの数です。何が起こっても対応できるように、十分な人数を確保しなければなりません。しかし同時に、通常の仕事も続けていく必要があります。今年は通常業務を止める、といったわけにはいかず、すべての機能を維持していかなければなりません。それでは、限られたスタッフの中で、どうやってオリンピックのための対応や仕事をしていくのでしょうか？日々の報告書作成や作業に加えて、緊急時の対応や時間外の対応など、多くの仕事があります。休暇を取れるかどうか、イベントに行けるかどうかの交渉も多かったです。みんなに楽しんでもらいたいですよね。オリンピックは素晴らしい経験ですが、人々が同じように楽しむ機会を得られ、かつやらなければいけない仕事をこなすようにするためには多くの努力が必要です。すべて解決したと思ったら「その日は休暇です」と言われることはおそらく最も苛立ったことの一つでしょうね。

コミュニケーションはとても重要です。主要な利害関係者やパートナーとコミュニケーションを取り、透明性・信頼のある関係を築かなければうまくいきません。誰かに夜中の2時に電話をかけ「こんな噂を聞いたのだけど、何が起きているか知っている？」と、議論ができるようにしておかなければいけません。時には難しいかもしれませんが、人々と情報を共有しいつでも連絡を取れなければならないのです。現在の取り組みや今後の活動の計画、懸念などに関して、ステークホルダーやパートナーと密にコミュニケーションを取りました。ロンドンが多国籍都市であることを知ってもらうために、ロンドンの背景資料を関係者に提供しました。東京と同じく、ロンドンにも常に海外からの渡航者がいます。彼らとともに様々な感染症も移動します。食中毒や、いつもあるような疾患も起こります。その結果、オリンピック期間の3週間でロンドンでは約400件の公衆衛生的な事案が発生しました。ロンドンではいつもこのようなレベルの事案がおこります。オリンピック期間の違いは何でしょうか？人々、政治家やメディアが興味を持つかもしれないことを心配する必要があるのであります。

また、プレスリリースやメディア会見を行い、問題になり得ることのリスクやそれらの可能性を減らすための取り組みについて伝えました。メディアを味方につけましょう。何をどのように行っているのか、何かが起きたときにどう対応するのかを伝えましょう。信頼を築き、情報をオープンにしましょう。海外旅行者へのアドバイスも行いました。今頃はトレーニングキャンプにいるチームもいるでしょうが、彼らにもイベント前やイベント期間中の安全と健康の保ち方を確認しておく必要があります。WHOのようなリスクアセスメントや渡航時のアドバイスを提供できる組織と協力して、日本にいる間に健康でいるための方法を皆さんに知ってもらう必要があります。ロンドンの場合は定期接種と健康プログラムを受けている人に続けてもらうくらいだったのでとても簡単でした。メッセージの一貫性は重要です。政府、大使館、組織委員会、選手会を通じた発信は同一になるようにしました。誰もが同じ内容を受け取ることができるようにしなければいけません。選手、主催者、来場者に向けて異なることを発信すると批判を受けます。パートナーシップが重要です。一貫したアドバイスに全員が満足していることを確認する必要があります。

すべてを記録してください。齋藤先生が仰ったように、知識を共有し、そこから学ぶのです。私はこのよ

うな仕事をするためのバトンを東京に渡すことを誇りに思っています。素晴らしい機会です。テスト、テスト、テスト、テストと繰り返し、学びと反省を経て、もう一度試し、もう一度訓練する。継続的に強化される必要があります。スライド右側に、1から2センチほどの小さな毛虫が写真で示してあります。これはむしろ感度を招く毛虫なのですが、これがオリンピック前のイギリスの全国紙の見出しになったのです。メディアは思ってもみなかった話に興味を持つことがあります。この件に対応して、リスクはほぼないということの人々に納得してもらうためには多くの作業を要しました。これは誰も予想できなかったことでした。今後、東京には約1万人の非公式メディアがやってきて、良いネタを探すでしょう。それにどのように対応していくか、繰り返しですが異なる利害関係者やパートナーに対して同じ説明・同じ対応ができるようにしていくことが必要です。

1年半前にお話ししたときにこの図をご覧になった方もいらっしゃるかもしれません。2012年の準備期間に行う活動を年表にただけのものです。星が一番上にあるのが1月です。活動やテストイベントの数、そして試合までの間に行ったレビューの数を示しています。最終的には3ヶ月間フル稼働しました。開催までの3週間、オリンピックとパラリンピック、そしてパラリンピックが終わった後の期間、と24時間フル稼働するには長い期間です。ですから私たちは、そうできるように、自信が持てるように、そしてパートナーと協力していただけるように準備したのです。

なぜこれだけの時間と労力とお金をかけるのか、今までこのようなイベントに関わったことがない人のために非常に簡単に説明すると、規模の大きさ、政治的な関心、メディアの関心があるからです。また、新しい仕事相手も存在します。組織委員会はみなさんの普段の仕事の仕方や、東京のシステムを知りません。組織委員会に厚生労働省から何人かの人が派遣されていると伺っていますが、それはとても良いことです。組織委員会には異なる優先順位があることを忘れてはなりません。彼らの優先事項は、イベントを成功させることです。みなさんの本業、住民を守ること、公衆衛生上の問題が発生しないことを確認することとは異なります。そのために、あなた方は自分の働き方と優先順位のバランスを2つの組織の間で見つけなければなりません。

それを視覚的に表現したものがこのスライドです。齋藤先生はセキュリティ面について言及されました。私たちが生きている世界、人々が安全だと思っていること、それらへの対応です。旅行率や、感染のリスク。東京は大きな国際的なハブ都市であり、大会のために人が出入りする期間にはなおさら、何であつても東京から世界中に速くひろがるでしょう。オリンピックにはスポンサーもいますし、多くの価値があります。どうやってスポンサーや主催者と協力して風評被害が出ないようにしますか？残念ながら日本には感染症や台風、地震のリスクを抱えてきたという興味深い歴史があります。制御できることではないことの影響を最小限に抑えるにはどうすればいいのでしょうか？どうやってイベントへの影響を減らすのでしょうか？メディアに関しては繰り返し言及しますが、彼らの関心は非常に高いです。世界中の人がこの期間はあなた方に目を光らせています。私の仕事は皆さんを少し怖がらせ、心配させることなのでごめんなさい。でももう既に皆さんは心配しているべき時期です。昨夜は時差ぼけのせいもありますが、ロンドン2012大会の記憶、生じた問題や仕事のことが蘇ってきて、眠れない夜を過ごしました。再びメディアの話をして。イベントの前に出てきた新聞の見出しのいくつかを見てください。特に福島原発の件は、既にメディアの関心が高く懸念されていますが、今後もそれは続くと思われます。どのように対応していますか？どのように主催者と協力してリスクを人々に伝えていきますか？リスクを減らすために、どのように人々と協力しているのでしょうか？どうやって組織を整理するか？自分の組織の中ですべてがうまくいくようにするにはどうすればい

いのでしょうか？どのように横断的に仕事ができるのでしょうか？どのようにパートナーと協力して仕事ができるのでしょうか？それぞれの役割と責任は何でしょうか？主要なステークホルダーは誰でしょうか？彼らはいつも関わっている、それとも新しいステークホルダーなのでしょうか？通常の業務を維持しながら、彼らといつも異なる働き方をする必要があるのでしょうか？

進行中のすべてのことは、感染症、洪水や熱波などの公衆衛生上のリスクだけでなく、システムが目的に合っているかどうかについてのリスクアセスメントに直面することになります。サーベイランスや報告システム、公衆衛生事案への対応に問題はあるのか？何が起きているのかを必ず把握しているように、強化する必要がある部分がありますか？サーベイランス報告システムは十分に機能していますか？必要なすべての情報を取得していますか？たとえ朝の4時に電話が来ても、あなたは「システム上では示されていません。再確認しますが、システム上にない場合は、何も起こっていないことは確かです」と言うことができますでしょうか？実際に何か起こったらそうやって動くのです。どうやって正しい情報を得て、何が起きているのかを知り、対応しますか？特に、会場へのアクセス、アスリート、来場者の数、彼らとの関わり方は、敏感な問題です。言葉の壁は常に大きな問題です。これまでもこれらに関しては検討されたと思います。しかし、オリンピックの場合は、規模の大きさやメディア、政治的な問題、評判の問題などがあるため、より検討する必要があります。計画の時間は7年もあったわけですし、何かが起こったときのためのサージキャパシティも必要なので、イベント自体を緊急事態と考えて運営してはいけません。去年行われた演習やイベントを見直すことは大切です。ロンドンでは、他には大規模イベントが予定されていなかったため、私たちはシナリオを作り、多くのシミュレーション演習を行いました。演習を通じて、弱点がどこにあるのかを知ることができます。例えば、サーベイランスシステムは適切な情報を適時に適切な方法提供しているか、といったことです。人間関係やパートナーシップの構築にも役立ちます。役割と責任も明確にします。大会が興味深く注目度が高いがために、誰もがすべての仕事に関わりたがり、自分の仕事・役割や責任から外れてしまうことはよく起こります。演習によって能力と自信を高めることができ、物事を把握し、適切に対処できるという保証を得ることができます。リスクコミュニケーションについては、一般の人に向けて適切なメッセージが適時に伝わるようにします。何が起きているのかわからない場合でも、「その時点で知りうる限り」という言葉を使ってコメントをしなければ、誰かがストーリーを創造してしまいます。異なる機関、協力者、パートナーを通じて、すべてが機能することを確認すること。最終的には、すべてのパートナーが一緒に大きなジグソーパズルに取り組むことになります。

今まで私が述べたことのほとんどは、試行と実演に関してです。私たちの場合はほとんどがシミュレーション演習を通じたものでしたから、皆さんが今後6ヶ月間でどのようにやっていくかを本当に注視しています。どこに課題があるのか、自分の役割は何か。組織内で日常的にどのように仕事をしていくのかを把握していますか？主催者や政治家からは、日報を期待されるでしょう。ただの例外報告かもしれませんが、確実に毎日の報告は存在します。報告の仕組みは機能しますか？報告するための正しい情報はどうやって得られると分かっていますか？事件が何も起こらなくても、何かが起こったときに対応ができるように、日常的に情報を得る必要があります。公衆衛生機関、医療機関、政府、主催者のどの立場からも、すべてが一つの絵、一つの声明となっている必要があります。機関によってアプローチや関心の違いがありますから、難しいことです。

健康リスクや感染症については、CONOPSという運用の考え方、作業のやり方を示したのがあります。これを用いてオペレーションセンターに入った全員に、どのように仕事をし、何をやる必要があるかを伝え

ます。どうやって日報をまとめるのかステークホルダーやパートナーとどのように話をするのかといった点などが記載されています。これは、イベント中の仕事の進め方のバイブルです。私が最初に起草したものは、うまく機能せず、目的にも合わなかったのがゴミ箱行きでした。イベント中に実際に機能するものを作るために10回ほど改訂を繰り返しました。ですから、試行錯誤の反復が必要ですし、人々を訓練しなげ日常的にこのような情報を求めているのかを理解してもらう必要があります。

新しい利害関係者や新しいシステムについての関わり方はどうでしょう。サーベイランスや報告システムを追加しましたか？それらはどのように機能する予定ですか？政治家やメディアにどう対応するのですか？特に今から始まる準備期間にはたくさんの質問がされます。イベントが始まれば、誰もが興奮しており肯定的です。プレッシャーも関心も少なくなります。しかし、この先6ヶ月間の準備期間は、時を経るにつれて緊張感が増していきます。

私たちが抱えていた問題の一つに、公衆衛生上の調査が必要とされた場合に、会場へのアクセスを確保できるかどうかということがありました。そのためには入場するための認定や認証が必要ですが、これを得るのはなかなか難しいことです。セキュリティは非常に強固です。私たちは完全な認定を受けられずエスコート付で入場しないといけませんでした。人と話をしたり、何かを調査したりするときにはそれが問題となりました。ですからこのような点がうまくいくように、この時点で主催者と交渉してください。

また、組織委員会は、種目によっては大気汚染や水質についても検討するでしょう。それらに関連して公衆衛生上のリスクは何かを知りたいでしょう。懸念や原因や管理について彼らに理解してもらうようにする必要があります。先ほど齋藤先生が仰ったように、これは継続的なプロセスです。オリンピックに向けて状況は絶えず変化していくため、常に学び、見直し、訓練し、開発し、試行することを繰り返します。今日のシンポジウムの一部は、去年のイベントを振り返り、学びや改善点を検討するアフターアクションレビューです。アフターアクションレビューのやり方は様々です。今日のようなシンポジウムで、関係者が一堂に際し、ネットワークを作り、話をしてお互いに学ぶ機会を提供することもあります。多くの場合は組織内でアフターアクションレビューが行われます。イベントが発生した後にすぐに対応を確認する、ホットデブリーフィングなどがあります。何か問題が生じた場合は、その原因を調べるクリティカルインシデントレビューを行います。また、詳細にわたった正式な検討と学習は、オリンピック後の次のチームの仕事の一部となるでしょう。

文書化することで、実際に他の人にとって本当に価値のある証拠、知識、学習を受け継ぐことができます。レガシーとして、何をしたのか？何がうまくいったのか？何を維持できるのか？開放性と透明性も重要です。正直でオープンでなければなりません。社内では簡単にできることですが、ステークホルダーやパートナーの間では異なります。しかし、透明性を欠けば、何かを学び、問題に対処することができません。すべてを記録してください。書こうと思っていた以上のことを書いてください。ソフト、ハードへの記録を共有してください。すべてを文書化し、アクセス可能な状態にしておくこと。東京2020大会からの学びと経験が、世界的なレガシーになります。

レガシーの要素を強調します。オリンピックは素晴らしいですが、開催するための負担も大きいイベントです。そこで問題となるのは、開催国や開催地の人々にレガシーが残されているかということです。公衆衛生システムは改善されたか、世界的な教訓を残せたのか。齋藤先生が仰ったことの繰り返しになりますが、サーベイランスシステムや作業方法が改善されてIHRへより準拠するようになったのか。先ほども言いましたが、文書化して伝えていくことが重要だと思います。イベントの後に報告書を書き、それを世界に共有す

るのです。私自身もそのバトンを是非とも繋ぎたいと思っています。報告書を作成していれば、パリに向けて人々がそれを参照し協働することができます。オブザーバープログラムは記録の方法の一つです。組織委員会が公式に実施するものと、公衆衛生や保健機関が運営する非公式のものがあり、パリ保健省や国々の保健機関と開催中の働き方や起こった出来事などの現実を共有します。これらのプログラムは物事が落ち着くパラリンピックの間に行われることが多いです。記憶が新しいうちに学習と経験を共有する素晴らしい機会です。また、何がホスト国のために残されていますか？ホスト国の人々に何か利益は残りましたか？公衆衛生サービスは改善されましたか？より健康的な生活が送れていますか？昨日、ワールドカップの話をお聞きしました。昨年からのラグビーへの関心はかなり高まっていることは、本当に素晴らしいレガシーだと思います。ロンドンではサイクリングがそうでした。ロンドンは今ではサイクリストでいっぱいになっています。みなさんがサイクリングの熱狂に包まれ、また楽しさや健康効果を実感しているからです。そういったように、インフラは改善されていますか？より良い医療システムが整備されましたか？救急車は増えましたか？イベントに向けて何か課題が指摘されましたか？繰り返しになりますが、影響の評価が必要です。多くの健康関連のレガシーは長続きしないことが多いです。最初は関心が急上昇しますが、その後は衰退していく傾向があります。2年後に人々がまだラグビーをしているのでしょうか。レガシーが持続可能なものであれば素晴らしいことです。ロンドン2012大会では、私たちは活動的で健康的なライフスタイルを推進するため多くの活動を行いました。

あと半年の期間に対する推奨を手短にまとめます。利害関係者やパートナーとのコミュニケーションは本当に重要でうまく行う必要があります。コミュニケーションが途絶えていたり、適切な情報が適切な人に伝わっていなかった、とコミュニケーションはアフターアクションレビューで常に改善点として挙げられます。文書化し記録をしてください。価値があると思えなくても、誰かが興味を持つことが多くあります。受入国のレガシーのために計画を立てましょう。このイベントの後、日本の人々には何の利益があるのでしょうか？知識、学びをどのようにパリ2024大会に生かすつもりですか？また、想定外のことが起こると想定してください。リオのダイビングプールが鮮やかな緑色になった話をご存じかと思います。誰かが化学薬品を混ぜる可能性は考えられていませんでした。ロンドンでは、開会式から1週間も経たないうちに、私たちが生きた動物を使っていたことに気付いた人がいました。それらはとても甘やかされた農場動物でしたが、人獣共通感染症のリスクを徹底的に評価しなければなりません。人々は不釣り合いなほど情報や活動の徹底を求めるようになるため、全く思いもよらないようなことが出てくるようになります。

私たちはケーキをたくさん食べましたが、それだけではなく楽しいことも多くありました。今までの人生で一番疲れることだったので、あなた方にとってもこれからの半年間はとてつもなく大変でしょう。「大丈夫だ」とは正直言ってあげられません。信じられないほど大変な思いをしましょう。しかし同時に素晴らしい経験ともなるでしょう。私にとっても人生で一番素晴らしいことでした。ユーモアのセンスでつらいことを乗り越えてください。自分に合ったやり方を見つけて、素晴らしい経験を楽しんでください。

質疑応答

質問者 1

ロンドン、そしてイギリス各地にキャンプ地やホストタウンがあったと思います。それらの連携について何か教訓があれば、教えていただければと思います。

エンデリックス博士

東京や日本全国にあるようなトレーニングキャンプと、イベントの開催都市という二つの要素があります。イベント開催都市では政治的な理解があったので、対策は非常に簡単でした。すべてが国のシステムに反映される原則に沿って、英国全土に存在する公衆衛生のチームが地域のパートナーと協力し、仕事の方法に合意形成しました。これはかなりうまくいきました。全国に散在するキャンプ地から情報を得ることはそれよりも難しかったです。必ずしも元々のつながりはないため、地域の公衆衛生チームは場所の分かるキャンプには出向いていました。これはかなり効果がありました。例えば、トレーニングキャンプに参加していたオーストラリア人選手がノロウイルスにかかっていることが、ツイッターへの投稿からわかったことがありました。ソーシャルメディアはこういったことがあるから心配です。ツイッターへの投稿のおかげで、私たちは現場に赴くことができました。実際には私たちは感染リスクを鑑みて現地チームが選手村に行くことを止めました。ソーシャルメディアは良いことだと思いますが、報告を強制したり、通常の医療保健システムの中にいない人に話をしてもらうのは非常に難しいことです。知らないことには対応できません。私たちは運が良かったのですが、そういったことは残念ながら起こるでしょうし、たくさんの異なるチームやスポーツが点在する小さなキャンプがたくさんあるでしょうから、とても難しい挑戦です。

質問者 2

私は26の学術集会からなるアカデミックコンソーシアムの合同委員会の委員長をやっております。医療の専門家としての提言作り、あるいは教育のプログラム作りといった学術的な立場でオリンピックに対応・支援している立場です。イギリスと日本の医療の事情がそもそも違う中ですが、実際の開催中の医療体制を考えた場合に、会場の中の医療の責任体制と、ラストマイルも含めた会場周辺の医療の責任を預かる体制という、二つの体制ができてしまう。ロンドンでも連携はしながら最終的には1つとしては動かなかったと聞いております。その経験やアフターアクションレビューも踏まえて、どういった開催中の体制が推奨されるのかということをお聞きしたいと思います。会場内外の医療チームと、公衆衛生チームの四つをそれぞれどうやったらうまく統合できるかご推奨いただければと思います。

エンデリックス氏

大事な点だと思います。公衆衛生システムについてお話すると、新しい仕組みを導入するのではなく、ポリクリニックや会場内の既存の公衆衛生システムを利用しました。公衆衛生の専門家が医療チームや会場、ポリクリニックと協力して、公衆衛生に関する助言や調査を行うだろうと認識していたからです。また、サーベイランス報告システムも大幅に改善されました。

イベントの開催中はより困難を伴いました。医療の観点では、研修や仕事の水準は英国内の水準と同じにするという約束がありました。会場内の医療スタッフは英国国内での就業許可を持っている必要がありましたし、必要に応じて英国の医療サービスとあらゆる情報を共有しなければなりません。しかし私の知る限りでは、会場内の医療チームが95%以上の事案に対応していました。彼らの研修や専門知識、仕事の水準は素晴らしく、一般の医療サービスまで必要となる例は非常に稀でした。しかし、対応の広範化や人々への注意喚起の必要がないかなどを検討するため、一般の医療サービスに発生状況の報告は伝えられていま

た。

ロンドンでの体制は完璧ではなかったですし、多くのことを学ぶことができました。日本のアプローチは、聞く限り本当に良いものだと思います。一般の医療提供体制とイベントのバランスを取るのはいつも難しいことです。しかし、優れた医療チームが現場において最善を尽くしていることこそが重要だと考えます。

質問者 2

ご回答ありがとうございます。会場内と会場外のコミュニケーション体制の確立は重要ですね、検討します。本当にありがとうございました。



イングランド公衆衛生庁 ティナ・エンドリックス氏
Ms. Tina Endericks, Public Health England

Session#2 Keynote:

Public Health Preparedness for Mass Gathering Events

Presenter: Tina Endericks, Head of Global Health Security, Public Health England

Biography: Improving global health security and meeting responsibilities under the International Health Regulations and providing expert advice on global health security activities, including the Global Health Security Agenda and Global Health Security Initiative. Developing the evidence base and guidance for public health at mass gatherings, building capacity globally, sharing learning with host countries and ensuring a positive health legacy. Providing technical expertise to host countries such as Brazil, Russia, Burma, Turkmenistan, Indonesia. Programme Director for London 2012 Olympic and Paralympic Games: Planning and delivery of health protection activities for the London 2012. Through strategic cross organizational working and stakeholder engagement and the enhancement of public health surveillance and response, diagnostics, emergency response, testing and exercising and corporate services such as workforce planning, finance, day to day working.

I'm very pleased and honored to be invited here to talk again today. I was here 18 months ago and I talked about the preparation for Tokyo 2020 and the work that needed to be done. Hearing about some of the excellent work that has been taking place over the last 18 months, particularly around some of the other events you've had in 2019, will be a real privilege for me and a learning experience for me as well. So again, thank you very much. It's perfect timing holding this event now. You've had a lot of learning, a lot of experience over the last year. The discussions today about how that will help and inform the planning for Tokyo 2020 in just over six months' time, will be actually really valuable.

When I was invited to give a speech it made me think back to eight years ago, and where we were for London 2012. There were some good memories and there were some not so good memories if I'm really honest. I'm going to give quite a realistic view and perception of the challenges that we had, and some of them you'll encounter as well. One of the benefits of having somebody like me here is to share the real experience rather than the ideas. There is a lot of information in my slides and you've got the pack to take away with you. I'm not going to talk a lot about what's on the slides, so you can take that and reflect and use it.

Just to highlight some of the things that we experienced, I will say I think the world was an easier place in 2012. I don't think that there were many novel infectious diseases coming out, the case in point about the new novel Coronavirus, and the issues that are raised about the global competency in managing and dealing with something like that. There's a lot more travel. There's a lot more openness to travel. Somebody was saying about the number of ports of entry in Japan, and how much that's increased recently. There is also the increase in social media and access to information, and how challenging that can be because it can be used for good but it could also be a challenge because of the rumors, and the quickness and speed of which information, right or wrongly, can be kind of transmitted and shared amongst groups of people. So I think that we were very lucky eight years ago.

We did, like you, a lot of planning and preparation for London 2012. At this stage in January, we were doing exception reporting, if there was anything from a public health perspective that we thought the organizers and the UK government should be concerned about. There wasn't much happening but there was a process that we could put that into the system to raise awareness and talk about any response activities, any kind of prevention activities that we needed to be taking on. There was a lot of UK government accountability, so all the promises, all the commitments that London had made as part of the Olympic bid had to be reviewed. Were we delivering what we promised to deliver? To be honest, the politicians suddenly woke up. Everyone suddenly woke up. It is January in the year when the event is happening. We'd had problems actually engaging with some of the government departments, some of the other bodies involved in things before then, but

actually as soon as it hits this time, the year when it's actually happening, everybody goes, "Oh! That's happening this year! We need to know what's going on!" So you get a lot of questions that you've already gone through and you've already worked with people about. There's a lot of repetition, and that will be the nature of the next few months. About how you reinforce your planning, your preparation so far, and what needs to be done in future. One of the particular areas was around working with the London organizing committee for the Olympic Games (LOCOG). It suddenly escalated in the last six months about how we needed to work with them, how we need to engage and share information. So I was imbedded for the last six months within LOCOG, for one or two days a week to work with them to understand how the public health system normally works in the UK, and how we needed to work with them and share intelligence because if anything happened it didn't matter where it was or who it was. It would be a public health incident and the responsibility for the UK government in managing that. There were some bumpy moments within that journey if I'm honest, but we worked hard together in collaboration to try and resolve some of the issues and challenges that came up. A lot of that was through running a number of test events, to look at whether what we were planning to do would actually work in reality. That was around working differently with different partners, how we could engage, what the difference would be, what they were looking for. People understanding what we could deliver as a public health agency, what the risks were, what we needed to do to make sure that there was nothing going on, or if there was, that we were managing it and reducing the impact. One of the biggest challenges which is something that isn't normally so what about too much, is around the staff rosters. About making sure you have got enough people to be able to manage anything that happens. You need to keep your normal business going. You can't stop doing everything that you would normally do in Tokyo this year. All the activities that you would normally get on with, have to be maintained. So how do you, with the limited staff you have, then be able to do the response, the work for the Olympics? There's a lot of work around the day-to-day reporting, working that needs to be done, and also having the surge and out-of-hours capacity. There were a lot of negotiations about whether people could take leave, whether people could go to the events. You want people to be able to enjoy it. It's an amazing experience, but it takes a lot of working out to make sure that people have the same opportunities and you can still deliver everything that you need to do. It's probably one of the most frustrating things, because you get it sorted and then somebody goes, "I've actually got leave that day" so it's a rolling issue.

Communication is absolutely critical. If you don't communicate and have that trust and openness with all your key stakeholders and partners, it won't work. You've got to be able to phone somebody up at two o'clock in the morning and say, "We've heard a rumor, do you know what's happening?", and be able to have that discussion with them. Difficult though it may be at times, but you've got to be able to do that and be able to share information with people. We put a whole process of communications out to our stakeholders, our partners, about what we were doing, how we were planning to work, the kind of things we were going to be worried about. We provided a background document to everybody that we thought might like it, about what happens in London normally so that people were aware that it's a multi-national city. Like Tokyo, you have overseas visitors coming in all the time. They will bring in various infections and diseases. There are always food poisoning outbreaks, there are the things that happen all the time. So we had, in the three weeks of the Olympics, about 400 public health incidents. Low-level, but they happen all the time in London. So what will be the difference during the Olympics? What will be different, that you need to worry about that people, politicians or the media, might want to be interested in?

We also did a press release and conference with the media to talk to them about what we thought might be some of the

problems, and what we were doing to reduce the risk and likelihood of them. Get the media onside. Talk to them about what you are doing, how you are doing it, and what you'll do if something happens. Build that trust and open this up. We develop travel advice for your overseas visitors. You'll have some of the teams in training camps now, but you need to make sure that they know how to keep safe and healthy prior and during the event. So working with organizations like the WHO, that can provide some of the risk assessment and the travel advice to make sure that everybody knows how to stay healthy, to be healthy when they're in Japan. For London it was quite easy. It was about people having their routine vaccinations and their health programs. There wasn't anything additional that we did, but we had to reinforce that message a lot. The same message went out through our government, through our embassies, through the organizing committee, and through the athlete's federations. Make sure whatever you decide you're going to say it's consistent and that everybody gets the same message. You can't have different messages going to the athletes, the host population, and visitors, because you'll be criticized for it. That takes partnership working, that takes making sure that everybody is happy with the consistency of that advice.

Document everything. It's one of the things about the legacy, as Dr. Saito said, about sharing that intelligence and learning from it. I'm going to be very proud to hand over the baton for doing this kind of work, to Tokyo after the event because actually you'll be the people who everybody wants to come and work with and know what you did and how you learned. It's a great opportunity. And really to reinforce the testing, testing, testing. The learning and the reflection. Test again. Train again. It's a continuous circle that needs to be reinforced and continued. The little picture down there on the right, is around some very small, about one inch, two-centimeter-long, caterpillars that cause a slight respiratory tickle. But that was a headline in one of our British national papers before the Olympics. One of the things is that you will have some interesting media stories and interest. That took us a lot of work to be able to manage that story and convince people that there weren't really a risk, and that was not really expected. Nobody could have predicted that one, so there will be some interesting stories. You'll have about 10,000 unofficial media in Tokyo starting to arrive now, looking for a good story. So think about how that's going to be managed and making sure, again, the same story and same response to it across all the different stakeholders and partners.

Some of you might have seen this slide 18 months ago when I spoke previously. This is just a timeline of the activities that we were doing in 2012, in the lead-up. Where the star is at the top is January. Just to highlight the number of activities, the number of test events, and the number of reviews we went through in the lead-up to the games. We ended up being fully operational for three months. In the three weeks before they get the event, during, you have a gap between the Olympics and Paralympics, and then after the Paralympics. That's a long-time commitment, that's a long time to be fully operational 24/7. So everything that we did was leading up to being able to do that, and be confident that we could do that, and we can work with our partners to do that.

Just very briefly for those who've not been involved in these events before, about why it's different, why the mass-gathering difference, and why do we spend all this time, effort and money to be able to do this. It's because of the size of it. It is because of the political interest. It's because of the media interest. It's about the new players. So you've got the TOCOG who do not know how you normally work and do not know the Tokyo systems normally work. I know you have some people embedded in there from MHLW, which will be helpful. But again, they have a different priority. Their priority is to deliver the event and make it a success. That's different from what your day job is, which is about protecting the population, and making sure that there's no public health incidents. So you have to find the balance between the two

organizations of how you work and what your priorities are.

So this slide is just a visual representation of that. Dr. Saito mentioned about the security aspects of it. One of the things is about the world in which we live, what people think is secure and how people manage that. The rate of travel, the risk of transmission. Tokyo is a big international hub, and the speed at which anything could move from Tokyo around the world, especially when you've got that turnover of people coming through for the games. You've got sponsorships, the Olympics is worth a lot of money and that will be protected. So how do you work with the sponsors, the organizers, to ensure that there's not any reputational damage, none on that? The risk of infectious diseases, or typhoons, earthquakes. Japan's got an interesting history of these things unfortunately. How do you work to minimize the impact of something you often don't have any control over? How do you reduce the impact of that on the event? I've mentioned the media, and I will keep on mentioning the media because they have got an interest in this, and you'll have the eyes of the world on you during the event time. I'm sorry, part of my job is to kind of slightly scare you and worry you because actually, at this time you should be. I had a sleepless night last night, partly because of jet-lag but also because there were a lot of memories coming back from London 2012, and the issues and the work we had to put in. I mention media again, but just to highlight some of the headlines that come out in the lead-up to these events. Particularly you've got the Fukushima one as well, which is rumbling along in the background and will continue to because there is media interest in it and there is a concern around that. So how do you manage that? How do you work with the organizers to tell people about what the risks are? How do you work with people in order to reduce that?

There is, how do you get your house in order? What do you need to do to make sure that you can get everything working within your own organizations? How you can work across, how you can collaboratively work with your partners? What are the roles and responsibilities? Who are the key stakeholders? Are they your normal stakeholders or are they new, different? Will you be needing to work differently with them whilst keeping normal business? Everything that is going on will be faced with a risk assessment, not just your public health risks, your infectious diseases, your risk of flooding, or heat wave, but also about whether your systems are fit for purpose. Are there gaps in your surveillance systems, in your reporting systems, in your management of public health incidents? Are there things that need to be strengthened to enable you to have the assurance that you know what's going on? Looking at your surveillance reporting systems, are they good enough? Will you get all the information you need when you have a phone call at four o'clock in the morning saying we have a rumor of this happening? Will you be able to say "Our systems aren't showing that, but we'll go back and check on them and I'm confident that if it's not in our systems and we haven't been alerted to it, then it's not happening"? So that is what you do when it happens. How'd you get the right information and know what's going on, and how do you do the response? Particularly around some of the sensitivity about access to venues, athletes, the numbers of visitors, about how you work with them and engage with them. Language barriers are always a major consideration. It all needs to be thought through and some of the work has been done over the last year will have started, but it is different for the Olympics because of the size, and the media, and the political and reputational issues around that. Just to highlight, you have had seven years to plan so you can't run it as an emergency because you also need that surge capacity in the event that something does happen.

One of the focuses on this is reviewing your exercises and events that have been going on in the last year. Just about why that's important. Within London, we ran a lot of simulation exercises. We didn't have any other planned big events happening, so we made up exercises and scenarios, and ran them. What's the benefit of doing that? It helps you understand

where your gaps and weaknesses are. Will your surveillance systems give you the right information, in the right way, in the right time? It helps you build your relationships and partnerships. It clarifies the roles and responsibilities. One of the things that always happens is everybody wants to be involved in everything and don't stick to their normal jobs, and their roles and responsibilities, because it's high profile, it's interesting, it's exciting. You can build up your proficiency and confidence so that you have the assurance that you know that you can manage things, that you know what's going on and that you can manage it properly. Critical messaging to the public about how you do your risk communications to the public, making sure the right messages go through in a very timely way. Even if you're not sure about what's going on, you use the "to the best of our knowledge of the moment" because if you don't put messages out, people will make something up. Making sure that everything works across all the different agencies, collaborators and partners. So it ends up being a big jigsaw of all the different partners working together.

Most of this I've said, so this is also talking about the testing and exercising. As I said, Ours was mostly focused on simulation exercises. So I'm really looking about how you're going to be doing this over the next six months. Where the gaps are, do you know what your roles are and how you are going to work internally within your organizations on a day-to-day basis? There will be an expectation from the organizers and your politicians that there will be daily reporting. It might just be exception reporting, but there will be a daily reporting process. Do you know that that's going to work? Do you know you're going to get the right information to do that? On a day-to-day basis without anything exciting or interesting happening, but you need to get the day-to-day so that you can do the response and manage anything if it does happen. Looking at it from the public health institute side of things, then across health, across governments, because it all has to work as one picture, one statement at the end of it. Also with the event organizers. That is where there are some challenges in that, because of the difference in approach and interest.

Just looking at the key things that we tested in London. Talking about the health risks and infectious diseases, the CONOPS (concept of operation) is the ways of working. It's our document that told everybody who went into our operation center how to work and what they needed to do. How they were going to put that daily report together. How they were going to talk to the stakeholders and partners. It's your Bible as to how to work during the event. The first one I drafted went in the bin. It didn't work and was not fit for purpose. It went through about 10 iterations before we got something that actually worked during the event. So it needs to be tested and people need to be trained. People need to understand why you're asking for some of this information on a daily basis, which most of us do not ever normally do unless there's an emergency or an incident.

About looking at how you're working with your new stakeholders, new systems. Have you put in additional surveillance systems or reporting systems? How are they going to work? How are you going to manage your politicians and your media? Because there will be questions asked, particularly in the lead-up, particularly starting now. Once the event starts, it's brilliant. Everyone is excited. It's very positive. There is less pressure and less interest normally. But in the lead up, in the next 6 months, it gets more and more and more intense.

One of the issues we had was, could we get access into the venues if something happened if there was a public health investigation required. To do that you need to have a pass, you need to have accreditation, your validation, and that's quite a difficult thing to gain because it's protected. The security is intense. We did not get full accreditation, we had to have escorted access which caused us a lot of problems when we needed to talk to people or investigate something. So do as much negotiation that you can do with the organizers now to help enable some of that to happen and work well. Also the

TOCOG will have concerns around air quality for endurance events, water quality for some of the sports events. They will ask questions, they will want to know what the public health risks are around some of that, so how you work with them to better understand what the concerns are, and where they are coming from, and how they can get managed.

Just to reiterate, partly what Dr. Saito said earlier about, it is a continuous process. You're always looking to learn and review and train and develop, test again and you will stop about two weeks after the event because it will change again while you're working through the Olympics. Things will alter, so don't think it's ever finally signed off and agreed. So part of what we are doing today is an after-action review. We are looking at the events that you've had in the last year, and how you can learn from them and what do you need to do. There are different ways of doing that. Sometimes it's having a symposium like today which gets all the stakeholders and partners in the same room and gives you an opportunity to network and talk to each other and learn from each other. Often you do something internally within your organization's you have what we call a hot debrief which is a very quick review after an event which captures the immediate response. If something has happened and gone wrong you can do a critical incident review. Why did it happen? Also the formal in-depth review and learning afterwards, which will be part of tomorrow's teams work after they've recovered from the Olympics. Document it, because it's actually transferable evidence, knowledge, and learning that's really valuable for other people. Also as part of your legacy, of what did you do? What worked well? What can you sustain? Part of that is around the openness and transparency. You have to be honest and open. Internally that's fairly easily, but with stakeholders and your partners, if you are not, you are not going to learn and address any issues something so that's a critical element. Document everything. Write more you ever thought you were going to write, soft intelligence as well as the hard evidence, and share it afterwards. Make sure everything is written up, and accessible. It is a global legacy from your learning and your experience from Tokyo 2020.

Just to highlight the legacy element, hosting the Olympics is fantastic, it is exciting, it's a really good thing to do, but it is a very expensive event to host. So one of the questions that will be raised is around, has there been a legacy for the host country, the host population? Have they got better public health systems because of it? Is there a global legacy? Has it been used, as Dr. Saito said, to improve your compliance with the International Health Regulations because you have better reporting surveillance systems and ways of working? So looking at it from, how what can we benefit from this, what is our legacy within the country? As I said, it's around documenting it, passing it on the evidence, the documentation, and the dissemination. Write a report afterwards, share it globally, because everybody wants to know what you did and learn from it. I'd very much like to pass that baton on. If you have got that documentation and reporting, people can start accessing that and working with the Paris event. One of the ways of doing this is by running an observer program, and hopefully that will be happening in Tokyo 2020. There will be a formal one that the TOCOG will run, but there will be an informal one around the public health and health organizations, sharing with people from Paris Ministry of Health and national public health institutes about the reality. What happened? How you worked during the games? Quite often they are done during the Paralympics because it will be quiet of time, but it is a fantastic opportunity to learn from, and share your learning and experience while you are still living it as well. Also what is left behind for the host country? What is the benefit for your host population? Are there improved public health services? Have you got a healthier lifestyle? Somebody was telling me yesterday about the World Cup. That the actual interest and engagement in playing rugby has actually gone up since last year considerably, and that is a really nice legacy. The same happened in London with cycling. London is full of cyclists now because everybody got caught up in the excitement, and can see the fun of doing it, and the health benefits of doing

that. So look at that, is there improved infrastructure? Have you got better health systems, more ambulances? Whatever has been identified as a gap or a need for your event? Again, the evaluation of the impact of that. A lot of the health legacies do tend to be short-lived, so it will be interesting in two years' time to see if people are still playing rugby. It tends to be an initial surge of interest, and then it wanes. But if that is a sustainable one, that is fantastic. We did a lot of work around health promotion activity for London 2012 to have active and healthier lifestyles around it.

Just to finish up very quickly, my recommendation for six months to go. Really focus on the communication across stakeholders and partners. Get it right, because it is critical. It is a thing that is always, when you're doing your after-action reviews, it is the thing that always comes up as needing to be improved. Communication breakdown, or not the right information going to the right people. Write it up, document it. Even if you don't think it is worthwhile, still document it, because it probably will still be of interest to someone else. Plan for your legacy, your host country legacy. What is going to be the benefit to your population after this event? How are you going to transfer all your knowledge, your expertise and learning to Paris 2024? Expect the unexpected. You would have seen in Rio about the diving pool that went bright green. That wasn't ever considered to be a possibility that somebody would mix up the chemicals. In London, within a week of the opening ceremony, somebody realized that we were using live farm animals. They were the most pampered farm animals ever, but we had to do a full risk assessment on the risk of a zoonosis event happening. People will disproportionately want information and activity being done, and it will be the things that you never thought would come up at all.

We ate a lot of cake, but we also had a lot of fun. It's the most exhausting thing that I have ever done in my life, so the next six months are going to be incredibly tough for you. I can't say it is going to be fine because that wouldn't be fair on you. It is going to be tough but it is also going to be amazing thing. It is the most incredible thing I have ever done in my life. You have to have a sense of humor, because otherwise you will cry. Find your ways of working that will work for you, but enjoy it as well, because it will be an incredible experience.

Q&A

Questioner1:

I've had the opportunity to hear about the measures being taken in London at various venues, but there were campsites and host towns in London, the so-called "host town" before the Games, and in many parts of the United Kingdom. If you have any lessons learned about working with those places, I would like to know what they are.

Ms Endericks:

So there are two elements to that. There were the training camps, which people will be in Tokyo and across Japan now, but there are also in the other cities where we were hosting events. Where the events were it was quite easy, because there was a political understanding of what was needed. We have health protection and public health teams across the UK, so they made connections with their local partners and agreed their ways of working, along the principal that everything had to feed into our national system reporting. That worked fairly well. The more difficult it is getting information from the training camps because you won't always know where people are. They are dotted around all over the country. You won't necessarily have engagement, so our local teams did go out when we knew where the training camps were. It worked fairly well. We did have an Australian athlete in the training camp, who put on Twitter that he had norovirus that we weren't aware of, so it was the first thing we knew. This is why social media that worries me so much.

The first thing we knew is Twitter, and this claim. Fantastic he put it on to Twitter, so we could go and work with the team there. We had to actually prevent them from going into the athlete's village because of the high risk of onwards transmission if we did that. So it was a good thing for social media, but to enforce reporting, get people to talk when they're not in the normal medical health systems it is very difficult. You don't know what you don't know. We were lucky, but that will happen unfortunately, and it's very difficult because there will be so many small camps with lots of different teams and sports dotted around. It's a challenge

Questioner2:

I am the chairman of the Joint Committee of the Academic Consortium, which consists of 26 scientific meetings. I am in the position to support the Olympics from an academic standpoint, making statements and creating educational programs as a medical expert. The system of medical care in the UK and Japan is different, but considering the actual medical care system during the Games, we have to consider the responsibility of the medical staff inside the venue, as well as outside the venue, its surroundings like last mile. I heard that even in London, although the system was eventually coordinated, it did not work as a single organization. I would like to ask you what kind of system would be recommended for us to adopt during the event, based on the experiences and the after-action review, I think there are probably four things to consider: the medical team inside and outside the venue, and then public health team in the both place. I would like to have recommendations on how to integrate each of those things well.

Ms Endericks:

It is a good concern to be honest. I think I am more comfortable talking about the public health systems. We used our public health systems within the polyclinic and venue, rather than putting additional teams in. We knew that it was our public health experts working with the medical teams and the venues and the polyclinic to provide the public health advice and investigation rather than the organizing committee putting a new public health system in. And we worked with their surveillance reporting system, which I know has been improved a lot. It was quite a challenge for us during the event. From the medical perspective, there was a commitment that the standards would be the same as the UK standards for the training, and the ways of working but the same that we would have to have within that UK. They had to be accredited to work within the UK and they would have to share any intelligence with the NHS, our health service, if necessary. But my understanding is that over 95% of the medical incidents were managed within the venue by the venue medical teams. They were incredible. Their training and expertise, and the standard at which they could work were amazing, so very few things went into our health service. But the information about what was happening, the reporting about what was happening, if it was something that needed to be escalated and people to be aware of, went into the normal health service.

It wasn't perfect, and lots of learning, and the approach that you are taking is really good from what I've been told about it. But it's always a difficult thing, the balance between normal business and running and delivering the event, and the focus on that which is quite different from normal practice. But it's about having the excellent medical teams on the ground, doing what they do best, and so thank you for all the work

Questioner2:

Thank you for your recommendations. I'll consider the establishment of a communication system between within and outside the venue. Thank you so much.

Public Health preparedness for Mass Gathering Events

Tina Endericks
Head of Global Health Security

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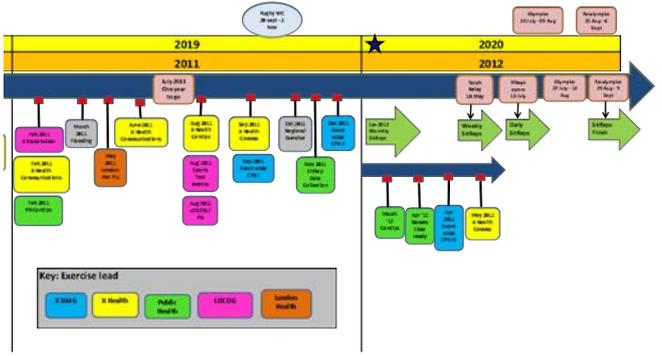
Jan 2012 / 2020 - just over 6 months to go!

- Exception reporting
- Accountability and governance (Politicians woke up)
- Training:
 - Different ways of working and partners
 - Staffing rotas – mutual support, surge, OOH
- Communication:
 - Stakeholders – updates, background briefing
 - Media interest - press conference, rumours
 - Travel advice (consistent)
- Documentation



TEST, TEST, TEST

"March of the Killer Caterpillars" ...disrupt the Olympics ... July '12



The MG difference

- For planned events decision to host is made in advance and are often of high national status; high political and media interest
- Planning is of paramount importance and is complex; working with stakeholders is critical as no one organisation or individual can manage all the issues
- Responsibilities for different parts of MG planning will overlap
- Health must be integrated into overall planning
- Requires All hazards approach to risk mitigation across disciplines / ministries;
- Advanced risk assessment and system enhancements are critical to identifying risks and preventing and responding to public health incidents
- Planning for legacy and evaluation is critical

Challenges: Contextual pressure



Security perception



Global interconnectedness



High-profile sponsorships



Health security context



Media visibility

Media stories and pressure

Strategic planning

Integrate and communicate

- Internal
- External

To consider:

- Key stakeholders:
 - Roles and responsibilities?
 - Are they the normal links?
- Business as Usual
 - New organisations e.g. organising committee. Health and event managers need to work together
 - Robust but flexible planning – scalable
 - Resources: human (resilience) and finance



Key planning steps

Risk assessment	What might happen? How likely is it to happen?
Surveillance	How will you know when it happens?
Response	What will you do when it happens?

Event NOT an emergency, but expect the unexpected

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Guiding principles

- Start early and get stakeholder engagement and agreement
- Ensure resources available / committed
- Activity informed by:
 - MG context
 - Risk assessment
 - Sustainability - legacy
- Evaluation
 - Ongoing evaluation process through planning, preparation and delivery stages
 - After action reviews of events, activities and enhancements
 - Define measurable objectives and how they will be evaluated
 - Baseline data and information

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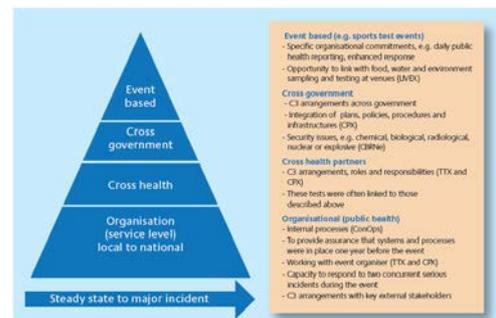
Key considerations

Purpose:

- Informed by risk assessment - identify and assess planning deficiencies
- Validation of planning and training
- Start early and establish an ongoing process
- Informs changes to plans and training needs
- Focus on daily operations and arrangements before testing emergency response arrangements. Look at decision making and rapid response capability
- Cover both MG participants and the general public
- Engage and test across partners and stakeholders
- Include communications

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Levels of testing and exercising

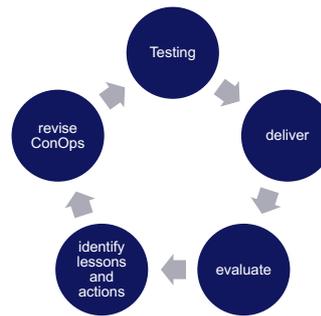


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Key areas to be tested:

- Health risks: infectious diseases, environmental health, new & emerging diseases, impact on venues
- CONOPS; taking an event based approach for three months,
- DAILY: collection, analysis and reporting
- New systems and stakeholders:
 - Working with the event organisers;
 - Cross government Command, Control, Communication and Coordination
- Politics and media
 - public health information and advice
- Access to event sites (accreditation)
- Organisers' concerns – for example, air quality or water issues

Continuous learning process



This includes looking at the management of previous events or the response to major incidents and emergencies.

Legacy

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After the event (after action review)

- Test the effectiveness of planning and delivery systems, including stakeholders
- Use a structured framework and include representatives from different areas of planning
- Debriefs
 - Hot
 - Critical incidents
 - Formal in depth

Be open about lessons and recommendations, internally and externally.

Addressed these very quickly, include stakeholders, agree specific actions and deadlines.

Further testing should challenge these changes and include a review to ensure they are implemented and fit for purpose.

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Documentation

- Document experiences and lessons learned
- The after event report should include:
 - Summary of event
 - Timelines
 - Experiences and lessons learned
- There could be two types of report
 - A more critical internal report
 - An outward facing report with recommendations to help those planning future MGs
- All incidents and potentially dangerous occurrences during event investigated and documented.

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Dissemination

Evaluation and documentation shared through:



- Observer programmes
- Incorporating experiences and lessons into teaching, training and e-learning programmes
- Publishing reports, papers and case studies of best practice
- Working with others planning MGs
- Public communication of legacy goals to bridge the gap between the public and the professional healthcare sector understanding of health legacy

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Legacy

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Overarching legacy

- Improved global health security
- Improved public health services
- Enhanced host country and global capacity and capability
- Evidence based publications
- IHR compliance
- Building up a cadre of MG experts – WHO CC network and VIAG
- Expertise used to develop resources for future MG hosts
- E.g. KC2, web based tools - risk assessment

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What is passed on

Building and sharing knowledge globally through:

- Evaluation - building the evidence base
- Documentation – recording and reporting
- Dissemination – knowledge sharing and knowledge building



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Observer programme

- WHO programme to facilitate this
- Future MG organisers are hosted at an on-going event to observe and learn during the event
- Direct transfer of knowledge
- Lessons learnt are shared widely across MG network – report, evaluation and feedback

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What is left behind – host country legacy

- Improved public health services
- Healthier lifestyles in the local community
- Improved infrastructure
- Lessons identified to improve the deliver of future MGs in host country
- Evaluation



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Summary recommendations: 6 months to go

Communication

Documentation

Plan for your legacy:

Japan

Paris 2024

Expect the unexpected

Cakes and a good sense of humour!



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QUESTIONS



Contact: Tina.Endericks@phe.gov.uk

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Session#3 Medical preparedness and response for Osaka G20 Summit, 2019

Presenter: Prof. SHIMAZU Takeshi, Department of Traumatology and Acute Critical Care Medicine, Osaka University Graduate School

Biography: Professor SHIMAZU Takeshi, MD, PhD has graduated from Osaka University Medical School and has been involved in clinical and research activities in the field of emergency medicine, traumatology, toxicology, critical care and disaster medicine. In 2010 he became the Professor of Osaka University Graduate School and the Director of the Department of Traumatology and Acute Critical Medical Center of the Osaka University Hospital. He served as the Representative of the Board of Directors of the Asian Society for Emergency Medicine (ASEM) from 2013 to 2015. He is currently the President of the Board of Directors of the Japanese Association for Acute Medicine (JAAM).

Osaka Summit on Financial Markets and the World Economy (G20 summit) was held in urban area, whereas recent major international conferences in Japan have been held in remote areas. In urban areas, maintaining daily emergency medical services for the citizen is crucial, as well as providing prompt and appropriate medical care for the summit participants and a planning for mass casualty incidents.

The coordinated response through Medical Headquarters that closely collaborate with divisions responsible for medical care was crucial. Therefore, from an early stage of planning, emergency medical professionals, Osaka prefecture, Osaka City and relevant organizations and agencies established a collaborative framework to promote a system for emergency and disaster medicine. Health Care Project Team was organized under G20 Osaka Summit Promotion Headquarters. “EMS and Disaster Response Promotion Council” in the project team was tasked to promote local preparedness for emergency medical service and disaster response. To respond to the event, the Promotion Council and the Task Force which is responsible for medical care for VIPs jointly formed the Local Medical Headquarters.

“Osaka model” was developed to efficiently allocate human resources for all emergency medical services in Osaka during the event. While local doctors provided medical care at hospitals and clinics, assistant medical teams from other areas provided care at the venue and hotels for VIPs. Several hospitals in the city and close to the airport were designated as VIP-receiving hospitals considering requirements on routine medical functions, disaster response capacity, command and control functions, transport capacity, security and emergency medical functions.

To accept foreign patients, Osaka Prefecture asked several medical institutes which can provide care in several language to receive foreign patients. In addition, “Guidebook for Medical Care during G20 Osaka Summit” which includes a list of available facilities and “emergency tags” that electronically keeps personal medical information were provided for participants.

To assess the dynamics of medical needs during the event, J-SPEED and EMIS was utilized to see real-time data on patients visiting hospitals and hospital capacity, respectively. Overall, no discernible effects of G20 summit on daily emergency medical systems were observed.

In conclusion, through establishing “Osaka model” to cope with summit in the urban area, the medical system was successfully prepared not affecting daily medical services during the event.

G20 Summit

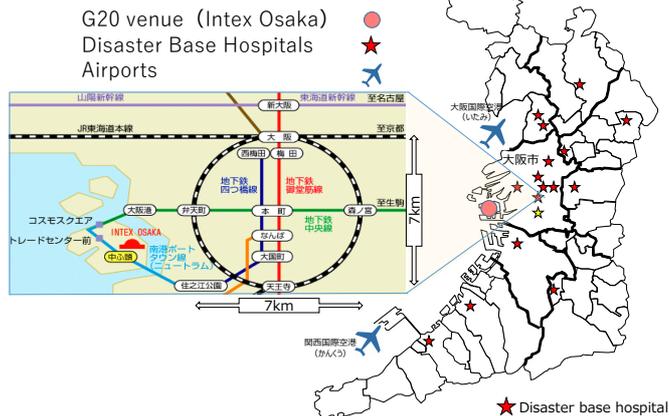
The G20 Summit is formally known as the “Summit on Financial Markets and the World Economy”. As the “premier forum for international economic cooperation” (agreed by leaders at the Pittsburgh Summit in September 2009), representing more than 80% of the global GDP, the G20 has made continuous efforts toward achieving robust global economic growth.



Summit/Major International Meetings held in Japan

	Held in remote area (Retreat style)	Held in large cities (Urban style)
G7/G8 Summit	26 th (2000) Kyushu/Okinawa 34 th (2008) Hokkaido/Toyako 42 th (2016) Ise/Shima	5 th (1979) Tokyo 12 th (1986) Tokyo 19 th (1993) Tokyo
APEC	Recent G8 summits were held in remote area with limited medical resources	7 th (1996) Osaka 22 nd (2010) Yokohama
G20 Summit		14 th (2019) Osaka

Geographical dimension



Target of Medical Care

I Summit Participants

- Delegates
 - Leaders
 - Ministers/Leaders' spouse
 - Senior Officials
 - Officials
 - Attendants
- Media
- Security personnel including first responders

II Citizens

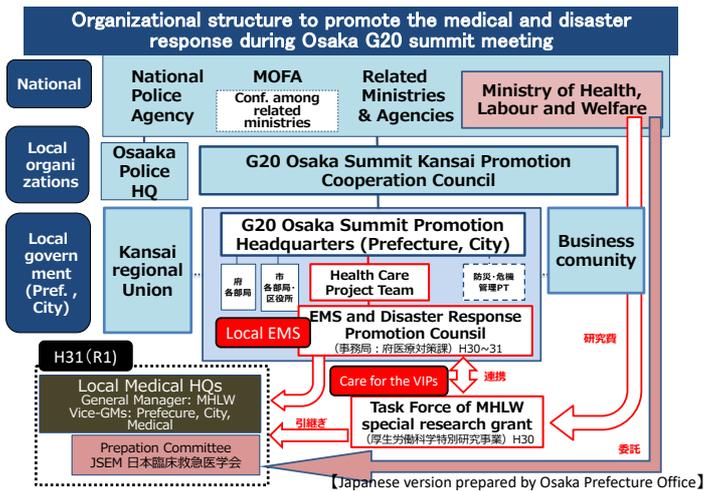
- Regular Emergency Medical Services
- Response to Mass Casualty Incidents including terrorism

General Principles for Medical Care

- Provide prompt and excellent medical care for the Leaders, Spouse, Ministers and Senior Officials of the member and invited countries and the Representatives of international organizations.
- Minimize the impact on daily Emergency Medical Services for the citizen.
- Establish Medical Headquarters that lead and collaborate with various sectors and organizations that are needed for combined medical response.
- Doctors in Osaka provide medical care at hospitals and clinics, while doctors from other areas take care of the services at the venue (Intex Osaka) and hotels in Osaka city.

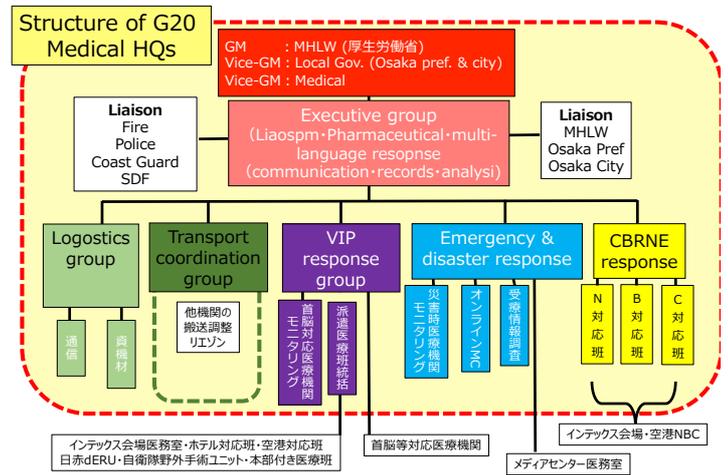
Special Considerations for Summits held in urban area

- Considerations for specific to local characteristics and medical resources are necessary
- Daily Emergency Medical Services need to be maintained as well as Medical preparedness for leaders including response to Mass Casualty Incidents
- Multiple Medical Facilities are assigned to the care of the top leaders
- Facilities receiving leaders should have high security standards in structure and in operations, and repeat drills
- Medical teams should be assigned to all the hotels that the delegates would stay
- Prepare for tight traffic regulation around the venue and in the downtown area (transportation by ambulance and helicopter)
- Prepare for terrorism against soft targets



Responsibilities of Local Medical HQs

- Control medical responses at the VIP clinic and the media center clinic
- Supervise and takeover difficult cases for each team and hospital
- Medical Control during disaster response
- Professional opinions for CRNE incidents
- Control patient transfer
- Control Logistics
- Information gathering of hospital visits through J-SPEED
- Online-Medical control for EMTs
- Drug Information for pharmaceuticals from abroad
- Consultation for Multi-language and cultural versatility issues (incl. food)



Emergency/Disaster Response Section

Responsibilities:

- Maintain daily Emergency Medical Services
- Command and control during Mass Casualty Incidents (MCI)

Actions:

- Monitoring of Hospitals and ambulances
 - Number of patients acceptable at each hospital
 - Ambulance dispatch status
- Monitor Hospital Visits by the Summit participants using the J-S P E E D
- Online-Medical Control for EMTs
- Management of the Clinic at the Media Center
- Response to MCIs

Care for the foreign patients and multi-language services

- Designate Medical Institutions that Accepts Foreign Patients during
 - Request cooperation in advance to several medical institutions to take care of summit participants, especially media personnel for medical consultation in foreign language.
 - Telemedicine Interpreter 24 hours/day during summit provided by Osaka City
- "Guidebook for Medical Care during G20 Osaka Summit"
 - Distribute the Guidebook at the Media Center, Hotels, etc, to facilitate hospital visit by themselves when they feel sick
 - English, Chinese, Korean, Spanish and Portuguese versions
- Distribution of "Emergency tag"
 - Register information in advance regarding past history, allergy and medication to let EMTs and doctors easy access for those information by using smartphone
 - English, French, Spanish, Chinese, Korean, Russian languages



Requirements for VIP-receiving hospitals

- ① Routine medical functions
- ② Disaster response
- ③ Command & Control
- ④ Transport
- ⑤ Security
 - Ambulance entry
 - Transport in Hospital ED//ICU/OR/Radiology/Room
 - Parking lot
- ⑥ Emergency medical functions

Capacity for at least one case of CNS, ACS/ Aortic, Trauma, Life-saving, emergency endoscopy, emergency IVR and emergency surgeries was mandatory on 24/7 basis. Total of two cases for different categories.

Multiple hospitals were designated in Osaka city and near the airports

Assignment of Medical teams for VIPs

Entry to and Exit from Japan:

→ at the two airports

During stay in Osaka:

→ to the hotels on 24h basis

Venue (Intex Osaka):

→ at the Clinic in Intex, Osaka

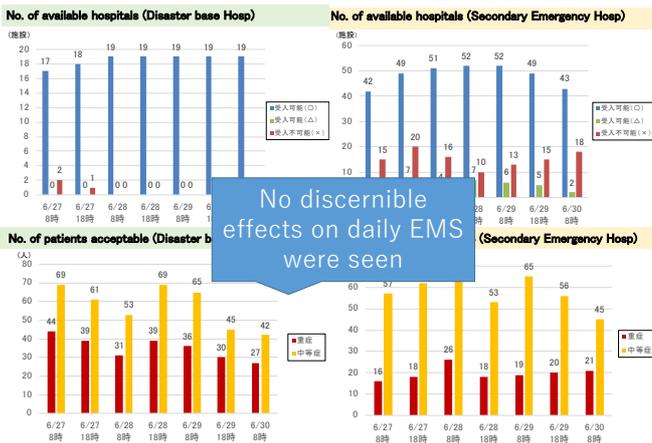
G20 Venue

Other special points:

→ to support excursion for spouses



Daily changes of capacity at receiving hospitals



Ambulance dispatch records during G20 summit

- ◆ORION data
- ◆Osaka city Fire Department (不搬送事案は除く)

日時 (曜日)	2018年				2019年			
	6/28 (木)	6/29 (金)	6/30 (土)	7/1 (日)	6/27	6/28	6/29	6/30
最高気温 (°C)	33.0	31.6	33.6					
No of daily dispatch	557	574	631	59				
Time from 119 call to arrival at scene (min)	31.6	32.3	34.1	33				
② 到着～現発 (分)	16.9	17.2	18.6	18.5	16.8	18.4	18.3	17.7
③-② 走行時間 (分)	14.6	15.1	15.5	15.0	14.4	14.6	15.0	14.7
No. average calls before acceptance	1.32	1.34	1.47	1.55	1.27	1.46	1.51	1.43
連絡1回での決定率 (%)	82.4	82.2	76.7	71.1	84.6	78.2	74.5	77.2

No discernible effects on daily EMS were seen

Survey on the dynamics of medical needs

- Data on patients visiting hospitals (G20 participants)
 - J-SPEED
 - G20大阪サミット関係者受療動態を可視化
- Data on hospital conditions
 - EMIS
 - 災害等発生時に医療機関の稼働状況を可視化
- Data on hospital conditions (Fire Department)
 - ORION[†]
 - 救急車の出動件数等をモニタリング
- Information about health care situation (citizen)
 - 高度自然言語処理プラットフォーム[‡]
 - 市民が発信したSNS (ツイッター) 情報をリアルタイムに分類可視化



[†]大阪府救急搬送支援・情報収集・集計分析システム
[‡]総務省「IoT/BD/AI 情報通信プラットフォーム」社会実装推進事業(課題)最先端の自然言語処理技術を活用した高度自然言語処理プラットフォームの研究開発)の成果として公開中

Adapted from Dr.Kubu

Summary

Special Considerations for Summit Meetings Held in an Urban City to Establish Medical Preparedness: Proposal of Osaka Model

- Established cooperation from an early stage of planning with local governments, related organizations and agencies to form systematic and functional structure including medical headquarters with strong leadership
- Daily Emergency Medical Services need to be maintained as well as medical preparedness for leaders and delegates, while planning for mass casualty incidents (MCIs) and terrorism are as important for both

Summary (2)

- Considerations for specific local characteristics and medical resources included:
 - Multiple hospitals were assigned as VIP-receiving hospital
 - Structural and operational security is mandatory for the hospitals
 - Medical teams were assigned to all the hotels of the VIPs
 - Strict traffic regulation around the venue and in the downtown area necessitated multiple methods and routes for patients transport by ambulance and helicopter
- Doctors in Osaka provided medical care at local hospitals and clinics, while doctors from other areas took care of the services at the venue (Intex Osaka) and hotels in Osaka city

Summary (3)

- Medical teams were assigned to important medical bases including the HQs, clinics at the venue and media center, airports and hotels to meet the above mentioned requirements
- Survey on the daily changes of capacity at the receiving hospitals and ambulance dispatch records, there were no discernible effects of G20 summit meeting on daily emergency medical systems

Thank you for your attention



セッション4 ラグビーワールドカップにおける公衆衛生対策：アフターアクションレビューの中間報告

講師：東京大学大学院医学系研究科公衆衛生学 講師 富尾 淳

講師略歴： 医師、医学博士。東京大学医学部附属病院、東京都立墨東病院で救急医療等に従事。2009年4月より聖マリアンナ医科大学予防医学教室助教、東京大学大学院医学系研究科公衆衛生学教室助教、同医学部附属病院災害医療マネジメント部副部長を経て、2014年6月より現職。厚生労働行政推進調査事業「大規模イベント時の健康危機管理対応に資する研究」班研究分担者。

ラグビーワールドカップは、2019年9月20日から11月2日にかけて、日本の12開催都市で開催され、170万人の観客が集まった。WHOの枠組みに従ってイベントの特徴、環境要因、参加者の特徴、そして会場の特徴の4側面から特徴を検討すると、ラグビーワールドカップは公衆衛生リスクが極めて高いとは言えないものの、多数の観客の渡航・会場の混雑・台風シーズンの開催・アルコールの販売などが特徴的なリスクとなるイベントであったと考えられた。

アフターアクションレビューは開催自治体の担当者への質問紙調査・インタビューを通じて行った。中間結果としては、総じて開催する全ての自治体において、基本的には試合会場とそれ以外で医療、保健に関する取り組みは明確に区別されていた。試合会場ではワールドラグビーが標準化した規範を提示していた。リスク評価に関してはオールハザードアプローチでの評価までは至っていなかったが、感染症やテロリズム、自然災害に関しては想定と検討をしている自治体が多かった。また、多くの自治体が訓練を行っていたが、リスク評価に基づいたものではなかった。

実際の取り組みとしては、大部分の自治体では、大会開催中に感染症に対する強化サーベイランスを実施していた。また、多くの自治体では、大会開催に合わせて多言語対応の翻訳システムを導入するなど、特に外国人への医療対応の強化を行っていた。

総括として、ラグビーワールドカップにおける開催自治体の準備、対応に関しては、自治体ごとに取り組みの体制や内容が異なっていたものの、概ね良好に対応されていたと述べた。台風による影響を受けた試合もあったが、公衆衛生上の緊急事態となり得るような事例の発生は認められなかった。一方で、オールハザードアプローチに基づいた体系的なリスク評価という点ではまだ課題があり、各自治体で使いやすい形のガイダンスをつくるなどの対応を要する可能性がある。



東京大学大学院医学系研究科公衆衛生学 講師 富尾 淳 氏

Dr. TOMIO Jun, Department of Public Health,
Graduate School of Medicine, the University of Tokyo

Session#4 Public Health and Medical Preparedness and Response for Rugby World Cup Japan 2019 -Interim Report of After-Action Review-

**Presenter: Dr. TOMIO Jun, Assistant Professor, Department of Public Health, Graduate School of
Medicine, The University of Tokyo**

Biography: Dr. TOMIO Jun, MD, MSc, PhD is assistant professor of the Department of Public Health, Graduate School of Medicine, the University of Tokyo, where he specializes in public health and disaster medicine. Before taking his current post, Dr. TOMIO was deputy director of Department of Disaster Medical Management, The University of Tokyo Hospital. He also practiced as an emergency physician at the University of Tokyo Hospital and Tokyo Metropolitan Bokutoh Hospital. Dr. TOMIO is a member of the Ministry of Health, Labour and Welfare (MHLW) Health Science Research Group “Health Security for Mass Gathering/High Profile Events”.

RWC 2019 was held in 12 cities in Japan from 20 September to 2 November 2019 with 1.7 million attendants. The risk of the event was assessed based on WHO guidelines, considering the four aspects of mass gathering features; environmental factors, participant characteristics and venue characteristics. As a result, although the public health risk of RWC2019 was not high, it had certain specific risks of international participants, high-dense venues, typhoon season and alcohol consumption.

The review was conducted to evaluate public health and medical preparedness and response through a questionnaire survey and interviews of key officials in the host cities. Overall, in-venue and pitch-side medical and public health measures were based on the World Rugby Medical Standards and differed from the other areas. Although some risks such as infectious diseases, terrorism, and natural disasters, were taken into consideration, all-hazard risk assessment was not symmetrically conducted. All host cities conducted multiple simulation exercises beforehand, but those were not necessarily based on the systematic risk assessment.

Most host cities enhanced surveillance system for infectious diseases during the tournament. Food sanitation control in the venues and surrounding areas were also intensified. A multi-language translation system for the hospital setting was introduced in some areas. No public health emergency was reported during the tournament, although due to Typhoon Hagibis 3 matches were cancelled.

Overall, the host cities generally have prepared well for RWC 2019, adding that the guidance for standardized approach, including all-hazards risk assessment, may be required for future events.

Public Health and Medical Preparedness and Response for Rugby World Cup Japan 2019 -Interim Report of After-Action Review-

TOMIO Jun, SAITO Tomoya, WADA Koji, ICHIMURA Yasunori
MHLW Health Science Research Group
"Health Security for Mass Gathering/High Profile Events"

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Background

- Rugby World Cup Japan 2019 (RWC 2019) was held in 12 cities in Japan from 20 September to 2 November 2019
- 3rd largest sports event in the world after the Summer Olympics and the Football World Cup
- As a mass gathering event, preparedness and response were required to deal with various public health risks
- Also important for Japan as a big sports event held in the year before Tokyo 2020

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Objectives

- To identify the characteristics of RWC 2019 as mass gatherings
- To conduct after-action review (AAR) of public health and medical preparedness and response through a questionnaire survey and interviews of key officials in the host cities
- In this report, we provide an overview of RWC 2019 and briefly describe the methodology and the interim findings of the AAR

3

Overview of RWC 2019



4

Overview of RWC 2019

1. General Information

- 9th edition of the RWC (quadrennial world championship)
- Tournament Dates: 20th September (Fri) - 2nd November (Sat), 2019
- Teams: 20 participating teams
- Format: Total of 45 matches
 - Pool stages: 37 pool matches
 - 3 matches were cancelled due to the typhoon
 - Finals: Quarter finals, semi finals, bronze final, finals (8 matches)
- Match Venues: 12 venues across the whole of Japan
- Fanzones: 16 fanzones across the whole of Japan

Source: Rugby World Cup Japan website. <https://www.rugbyworldcup.com/tournament-overview>

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Overview of RWC 2019

2. Matches & Attendance

City	Prefecture	Matches	Total Attendance	Avg. Attendance
Sapporo	Hokkaido	2	72,405	36,203
Kamaishi	Iwate	1*	14,025	14,025
Kumagaya	Saitama	3	71,836	23,945
Chofu	Tokyo	8	380,502	47,563
Yokohama	Kanagawa	6*	401,742	66,957
Fukuroi	Shizuoka	4	175,886	43,972
Toyota	Aichi	3*	111,689	37,230
Higashiosaka	Osaka	4	85,352	21,338
Kobe	Hyogo	4	109,650	27,413
Fukuoka	Fukuoka	3	52,611	17,537
Kumamoto	Kumamoto	2	55,794	27,897
Oita	Oita	5	172,951	34,590
Total		45	1,704,443	37,877

*One match was cancelled due to the typhoon

Source: Rugby World Cup Japan website. <https://www.rugbyworldcup.com/news/538422>



Total attendance in the past RWCs	
England 2015	2,477,805
New Zealand 2011	1,477,294
France 2007	2,263,223
(Japan 2019)	(1,704,443)

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Overview of RWC 2019
3. Fanzones

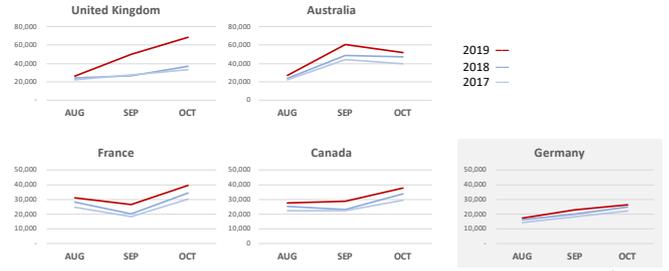
- Fanzones
 - 16 cities in host cities and surrounding area
 - Live screenings of matches
 - Rugby-themed activities
 - Food and drinks
 - Entertainment and unique regional content to celebrate each host city and match venue
 - Approx. 1,137,000 people visited the fanzones



Source: Rugby World Cup Japan website. <https://www.rugbyworldcup.com/fanzones>

Source: Rugby World Cup Japan website. <https://www.rugbyworldcup.com/news/538422>

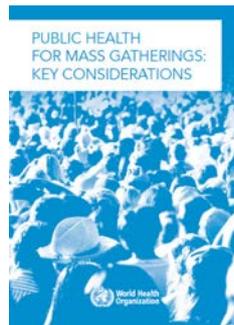
Overview of RWC 2019
4. Inbounds from selected countries



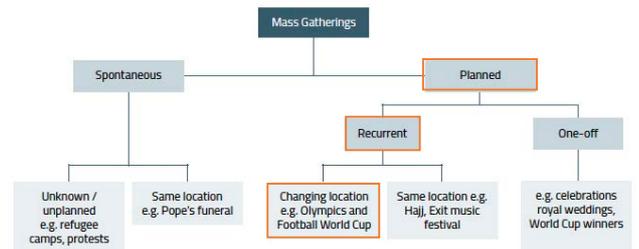
Source: Japan National Tourism Organization

RWC 2019
as mass gatherings

Reference: Public health for mass gatherings: key considerations (WHO, 2015)



RWC as mass gatherings



Source: Public health for mass gatherings: key considerations (WHO 2015)

Event assessment characteristics

- Mass gatherings features
 - type, activity level, duration, occurrence
- Environmental factors
 - season
- Participant characteristics
 - participant origins, density of participants, participants health status
- Venue characteristics
 - venue, alcohol sold, likely drug use, level of medical services at the venues, catering, hygiene/sanitation services

RWC 2019 event assessment
Mass gathering features

Type	✓Sporting	Religious	Cultural	Political
Activity level	✓Seated	✓Standing	✓Mobile	
Duration	✓<24 hours <i>for each match</i>	1 day-week	1 month	✓>1 month <i>for the tournament</i>
Occurrence	✓Recurrent <i>for the organizer, namely World Rugby</i>	✓Single <i>for the host country/cities</i>		

RWC 2019 event assessment
Environmental factors

Season	Summer Winter Wet Dry ✓Autumn (typhoon season)
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RWC 2019 event assessment
Participant characteristics

Participant origins	National ✓International
Density of participants	✓High density
Participants health status	Elderly or chronically ill Disabled ✓Good in general

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RWC 2019 event assessment
Venue characteristics

Venue	✓Indoor ✓Outdoor ✓Contained (fenced) Uncontained Rural ✓Temporary ✓Permanent
Alcohol sold	✓Yes
Likely drug use	Yes
Level of medical services at the venues	✓First aid stations ✓On-site medical posts On-site hospitals for participants
Catering	✓Professional ✓Informal ✓Self-catering
Hygiene/ Sanitation services	None ✓Hand washing stations Latrines: temporary ✓permanent

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AAR for public health and medical preparedness and responses in the host cities

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AAR for RWC 2019
Aims

- To summarise public health and medical preparedness and response activities of each host city
- To identify good practices and challenges
- To provide better preparedness and response activities for future events

Note:

- Most host municipalities conducted/are conducting AAR for their own activities.
- Our primary aim was to integrate the activities and lessons learned from different municipalities.
- The AAR was recommended by WHO following an event that constituted an opportunity for collective learning and performance improvement

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AAR for RWC 2019
Methods

- Timing
 - November 2019 -ongoing
- Data collection
 - Questionnaire survey and interviews of key officials at each host city
 - Reviewing of literature, including official website, government documents, etc.

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AAR for RWC 2019 Review points

- Timeline of the preparedness and response activities
- Organisational structure for preparedness and response
- Training and exercises
- Risk assessment and risk identification
- Coordination with other host cities and external experts

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AAR for RWC 2019 Review points (continued)

- Public health preparedness and response activities
 - For possible risks, e.g., infectious diseases, non-communicable diseases and injuries, food and water safety, extreme weather, disasters and terrorism
- Medical preparedness and response
 - For visitors (foreigners), players and official staff
 - Impact on local healthcare system
- Public health emergency/incident response during the tournament
- Evaluation and legacy

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AAR for RWC 2019 Interim findings-1

- In-venue and pitch-side medical care
 - Based on the World Rugby Medical Standards
 - Standardised for all venues and all matches
- Last mile and the fanzones
 - Managed by each host city
 - Organisational structures and responses were varied across the host cities
 - Some collaborations across the host cities, but limited

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AAR for RWC 2019 Interim findings-2

- Risk assessment and risk identification
 - All-hazards risk assessment was not conducted systematically
 - Risk for some hazards, including infectious diseases, terrorism, and natural disasters, was considered before the event
- Training and exercises
 - All host cities conducted multiple exercises before the tournament, but not necessarily based on the systematic risk assessment

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AAR for RWC 2019 Interim findings-3

- Public health preparedness and response activities
 - Most host cities enhanced surveillance system for infectious diseases during the tournament
 - Host cities enhanced food sanitation control in the venues and surrounding areas before and during the tournament
- Medical preparedness and response activities
 - Most host cities implemented multi-language translation system to facilitate medical care information for foreigners

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AAR for RWC 2019 Interim findings-4

- Public health emergency/incident response during the tournament
 - No public health emergency/incident was reported during the tournament
 - Typhoon Hagibis caused significant damage in some parts of Japan and 3 matches were cancelled



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AAR for RWC 2019 interim findings-5

- **Legacy**
 - It is difficult to identify “legacy” explicitly, but some activities were found to be effective and can be utilised for future events
 - Implementation of enhanced surveillance
 - Medical care for foreigners, etc.

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Summary

- Preparedness and response for RWC 2019 were generally well-organised across the host cities
- No public health emergency was reported during the tournament
- Guidance for standardised approach, including all-hazards risk assessment guidelines, may be required for future events

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Acknowledgement

We thank all the officers in the host cities for their cooperation and support for our project.

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- JSPS Kakenhi 18K09967

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セッション5 ラグビーワールドカップ[®]競技開催自治体の感染症対策状況

講師：埼玉県狭山保健所 小林 祐介

講師略歴：医師。琉球大学医学部医学科卒。自治医科大学附属さいたま医療センター心臓血管外科を経て、2015年7月より国立感染症研究所感染症疫学センター第二室、実地疫学専門家養成コース（FETP）修了。2018年4月より現職

感染症対応はこれまで地方自治体毎に行われることが多かったため、自治体によって経験値が異なり、知識が共有されていない現状がある。一方で、近年は広域にわたる感染症対応も多く、全国的に一定の水準確保や業務の効率化が必要となる。そこで、マスギャザリングに対しての地方自治体や保健所の対応状況や課題を共有・検討し、今後の更なるマスギャザリングイベントへの地域における感染症対策に資する情報提供を行うことを目的として、ラグビーワールドカップの競技開催自治体における感染症対策状況に対するアンケート調査を行った。本シンポジウムでは、11自治体からの返答をまとめた中間報告を説明した。調査は全国の保健所のメンバー等からなる地域保健総合推進事業における新興感染症対策と健康危機管理推進事業班によって行われた。

サーベイランスに関しては、患者届け出の徹底の呼びかけや、定められた5つの感染症に対する早期確認、新規導入された疑似症サーベイランスの定点機関への追加指定等が行われていた。そのほかに、外国人対応や食品衛生対策、蚊対策も多くの自治体で取り組まれていた。また、地方衛生研究所がデータ集計や日報作成等のサーベイランスや疫学調査支援等の役割を担っていた。予算に関しては、予算措置のあった自治体が27%であり、検査業務強化、蚊対策、強化サーベイランス、患者搬送、多言語対応などに用いられた。今回調査した自治体ではラグビーワールドカップに関連した感染症患者の報告はなかった。

課題としてボランティア等の大会関係者や大会関係部署に対しての連携や意識共有が浸透されなかったこと、自治体によって対策に濃淡があったこと、限られた予算・人員で効果的な対策を行う必要があったことが挙げられる。

ラグビーワールドカップでは感染症発生はなかったが、東京2020大会の規模は数倍であり、より体制整備を行う必要がある。大会マネジメント部署との情報共有や対策にかかる予算面の問題に対応していく必要がある。この調査が今後のマスギャザリングイベントに対する各自治体の対策立案への活用を期待する。



埼玉県狭山保健所 小林 祐介 氏
Dr. KOBAYASHI Yusuke, Sayama Public Health Center,
Saitama Prefectural Government

Session#5 Infectious Disease Preparedness in Rugby World Cup

Host Local Governments

Presenter: Dr. KOBAYASHI Yusuke, Medical Officer, Sayama Public Health Center, Saitama Prefectural Government

Biography: Dr. KOBAYASHI Yusuke is a medical doctor who graduated from medical school at University of the Ryukyus in 2010. After the working experience as a cardiovascular surgeon and completion of the Field Epidemiology Training Program, Japan in 2018, since April 2018, he has been working as a medical officer at Saitama prefectural government.

Response to infectious disease outbreaks has been carried out usually by each local government (LGs) and public health centers (PHCs). Thus, the level of experience differed from one municipality to another and knowledge was not shared. However, with recent demand to respond to widespread epidemic of a disease, a certain level of capacity and efficient workflows should be maintained widely. Therefore, with the aim of sharing and examining the status of responses to mass gathering by local governments and public health centers and the challenges they face, we have conducted a survey of the status of infectious disease countermeasures in the host municipalities of the Rugby World Cup. In this symposium, an interim report of the responses from 11 local governments was presented. The survey was conducted by the Public Health Center Network Group for Promoting Infectious Disease Emergency Response, which consists of members of public health centers across the country.

Regarding surveillance, a request for enhanced reporting to national surveillance system, early confirmation of specified 5 diseases, additional designation of RWC support hospital to sentinel reporting sites were conducted. In addition, many municipalities were also working on foreign patient's support, food hygiene measures and mosquito control measures. The role of Local Public Health Institute took the role of surveillance coordination such as creation of daily report and supporting epidemiological investigation. In terms of budgets, 27% of the municipalities had additional budgetary measures, which were used to strengthen laboratory services, mosquito control, enhanced surveillance, patient transport and multilingual support. No cases of infectious diseases related to the Rugby World Cup were reported in the municipalities surveyed in this study.

Challenges has been raised on the lack of coordination and awareness sharing among volunteers and other event officials and event-related departments, the unevenness of the measures taken by each municipality, and the need to implement effective countermeasures with limited budgets and personnel.

Although there were no any incidents in the RWC, Tokyo 2020 will be several times larger and there is a need to improve the existing systems. Information sharing with event management departments and the budgetary issues associated with countermeasures need to be addressed. This survey results is expected to be used by local governments to formulate measures for future mass gathering events, including the Tokyo 2020.

Infectious Disease Preparedness in Rugby World Cup Host Local Governments

Public Health Center Network Group
for Promoting Infectious Disease Emergency Response

KOBAYASHI Yusuke

Sayama Public Health Center
Department of Public Health and Medical Services
Saitama Prefectural Government

Responding to various health crises at the local
level is one of the roles of community health

Demands for health crisis
management response to
infectious diseases are increasing

Local governments (LGs) and public health
centers (PHCs) deal with infectious diseases
event independently, and often don't know
how others response to such infections

To contain (widespread) infectious
diseases, a sufficient level of
response is required in each LG

OBJECTIVE

Big international mass gathering (MG) events
are planned in Japan

Survey the implementation and the challenge
of LGs against infectious diseases at MG event,
and provide information that will contribute
to community health measures against
infectious diseases at future MG events



METHODS

Infectious Disease Preparedness Surveys at Rugby World Cup 2019 Host Local Governments

After the Rugby World Cup 2019 (RWC), November 2019
We conducted a questionnaire survey by e-mail to each
infectious disease control department

Survey contents

- Preparedness for infectious diseases control Pre-
During-Post rugby event
- Countermeasures
 - Role of the Local Institute of Public Health
 - Staffing
 - Budget
 - Infectious disease event
 - Challenge in the implementation of measures
etc.

Venue City and

Local Governments Responsible for Infectious Diseases Control

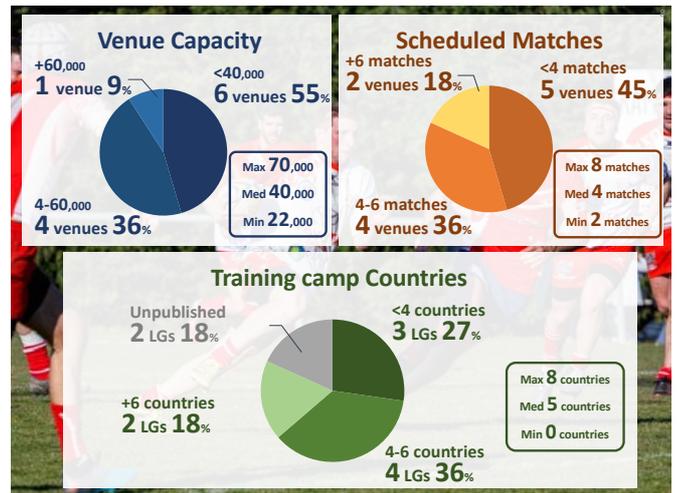


Response : **11 Local Governments** **92%**

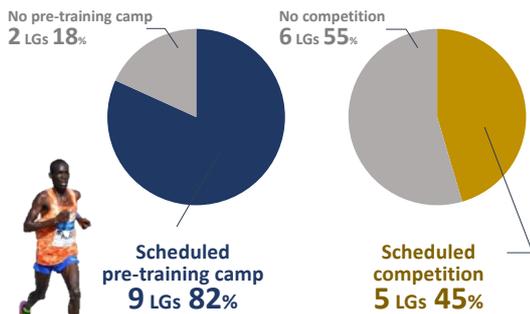


Hereafter, the results of 11 LGs are shown.

Public Health Center Network Group for Promoting Infectious Disease Emergency Response

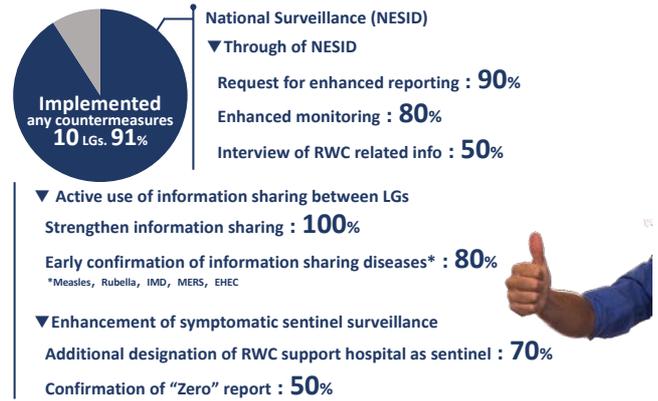


FYR: Tokyo 2020 Olympic Paralympic



Public Health Center Network Group for Promoting Infectious Disease Emergency Response

Preparedness for Infectious Diseases Control



Public Health Center Network Group for Promoting Infectious Disease Emergency Response

Preparedness for Infectious Diseases Control

Other preparedness

- Enhanced surveillance : 60% New surveillance, Daily report etc.
- Foreign national support : 50% Translation support etc.
- Raising awareness of VPD : 40%
- Disseminating knowledge on infectious disease control : 50%
- Food handling practice and safety awareness : 90%
- Mosquito-borne disease control : 70% Surveillance, Extermination etc.
- Infection control at venue : 40% Alert on hygiene and infection etc.
- Others
 - Training for cooperation with related organizations assuming a case of crisis management
 - On-site surveillance of meal service on match day

Public Health Center Network Group for Promoting Infectious Disease Emergency Response

Role of Local Public Health Institute*

Surveillance

Coordination (Symptomatic Enhanced surveillance etc.)
Data aggregation, Making daily report

Laboratory test

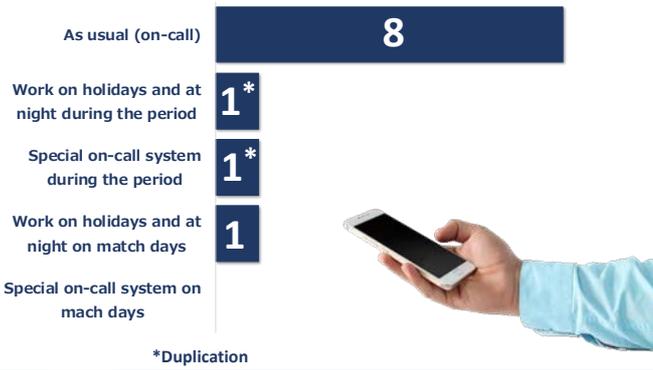
Laboratory test (Product food testing etc.)
Improvement of system (Introduction of Next Generation Sequencer etc.)

Investigation

Supporting epidemiological investigation

* Some LGs do not have a LPHIs

Staffing on out-of-office hours



Budget for Infectious Diseases Control

Securing budget : 27%

What is the purpose?

Laboratory test



Enhanced surveillance



Monitoring



Equipment for transfer



Foreigner support



Infectious Disease Event

Infectious disease patients related to the event during the period was

Not Reported

Challenge

Delay in Preparation

No chance to contact volunteers involved in RWC until just before the games
⇒Insufficient awareness for infection control

Communication

Insufficient communication on sharing infectious disease information with other LGs and departments related to the games
⇒RWC related departments did not understand how to collect infectious disease information and how to deal with infectious disease event

Achievement

Communication

Rapid information sharing between PHCs and other LGs
Information (daily report) sharing between various staffs
⇒Infectious disease trends were checked from various departments and prepared for the occurrence of events

Others

Conducted a pre-test for enhanced surveillance
⇒Grasp baseline for case counts

Discussion

Detection

- Thorough report and monitoring patients in national surveillance (NESID)
- Building new enhanced surveillance

The usage of pre-existing system has less workload compared with constructing new system construction

Some LGs challenged to build new surveillance to capture the event by using other indicator



Discussion

Control of Transmission

- Food safety, Mosquito control

Summer events

Handling knowledge is also important



Disseminating of Knowledge

- Raising awareness on infectious disease control

Communicate appropriate contents according to the target

Prompt and timely manner



Discussion

Staffing

- Ordinary staffing (on-call) on out-of-office hours

However, infectious disease event during the games may boom the workload than usual

Budget

- Many LGs had no budget

Many LGs may be required effective measures with limited cost and personnel



Discussion

Communication

- Creating own daily report and using the daily report from the MHLW as a tool
- Information sharing between PHCs, other LGs and RWC management section

Some LGs have challenges on information sharing and inadequate cooperation with RWC management section



	RWC	Olympic	Paralympic
Game Period	20 Sep-2 Nov 2019 (44 days)	24 Jul-9 Aug 2020 (17 days)	25 Aug-6 Sep 2020 (13 days)
No. of Participation Countries	20	207 (x18)	160
No. of Games	48 matches	33 sports 339 gold medals	22 sports 540 gold medals
No. of Venues	12 venues 12 cities	43 venues 24 cities	21 venues 13 cities
No. of LGs Responsible for Infectious Diseases Control	12 LGs	23 LGs (x2)	13 LGs
No. of Staffs	Committee 1,000 Volunteers 13,000	Committee ?? Games Volunteers 80,000 City Volunteers ?? (Tokyo 30,000)	
No. of Attendance	Venue 1,280,000 Fan Zone 860,000 (Pools 40 matches)	10,000,000 (x5)	

Lesson and Learning

No RWC-related infectious disease event in the host city
Tokyo 2020 is an MG event larger than RWC, more robust measures are required as a crisis management.

Rapid information sharing between MG management sections and other LGs is still a major challenge

Before Tokyo 2020, it is important for each LG to establish a cooperative system with management section



Limitation

Survey at RWC camp host LGs of was not conducted

At Tokyo 2020, pre-training camp host LGs are also required to take measures of infectious disease control



Conclusion

Our result showed what infectious disease control measures on each LG had implemented for RWC

We believe that sharing these information will contribute to the planning of countermeasures by host LGs for future infectious disease control for MG, including the Tokyo 2020

We plan to report the details of each LG's practices and preparation timelines in the future



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