パンデミック下のグローバル・マスギャザリング

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Abbreviations

ad hoc GOJ HQ: ad hoc Government of Japan COVID-19 Response Headquarters
CEPR: Center for Emergency Preparedness and Response
CFEIR: Center for Field Epidemic Intelligence, Research and Professional Development
CLEIA: Chemiluminescent Enzyme Immunoassay
CLO: COVID-19 Liaison Officer
Coordination Center: Coordination Center for Disease Control and Intelligence, the Tokyo Metropolitan Government
CSIER: Center for Surveillance, Immunization, and Epidemiologic Research
EBS: Event-based surveillance
EIOS: Epidemic Intelligence from Open Sources
EOC: Emergency Operations Center
FETP: Field Epidemiology Training Program, National Institute of Infectious Diseases, Japan
GOJ: Government of Japan
HER-SYS: Health Center Real-time Information-sharing System on COVID-19
IBS: Indicator-based surveillance
ICON: Tokyo 2020 Infection Control Support System
IDCC: Tokyo 2020 Infectious disease Control Centre, the Tokyo Organising Committee of the Olympic and Paralympic Games
IOC: International Olympic Committee
JOC: Japan Olympic Committee
JPC: Japan Paralympic Committee
NESID: National Epidemiological Surveillance of Infectious Diseases
NIID: National Institute of Infectious Diseases
OCHA: Online Check-in and Health report App
PHC: Public Health Center
PHEIC: Public Health Emergency of International Concern
RAEG: Results Analysis Expert Group
Special Measures Act: the Special Measures Act for Pandemic Influenza and New Infectious Diseases Preparedness and Response
TEIT: Tokyo Epidemic Investigation Team
Three-party meeting: Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020
TMG: Tokyo Metropolitan Government
Tokyo Base: Tokyo Base of Health Support for Tokyo 2020 Games
Tokyo 2020 Games: Tokyo 2020 Olympic and Paralympic Games
Tokyo 2020 Organising Committee: The Tokyo Organising Committee of the Olympic and Paralympic Games
Tokyo 2020 Roundtable: The Scientific expert's roundtable for COVID-19 Countermeasures at the Tokyo 2020 Games
USIS: Undiagnosed Serious Illness Surveillance
WHO: World Health Organization
WPRO: WHO Regional Office for the Western Pacific

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Preface

Over the past 20 years, Japan held various international mass gathering events or high visibility events where VIPs from various countries participated. According to the WHO, a mass gathering event is defined as "a planned or spontaneous event where the number of people attending could strain the planning and response resources of the community or country hosting the event." For planned mass gatherings, adequate preparation is required to ensure that the event is safe and does not compromise the planning and response resources of the country or community. In the context of global efforts to improve health security, preparation for mass gathering events is emphasized as an opportunity to improve the capacity to deal with public health crises. Therefore, documenting and delivering lessons related to the preparedness and response in conducting such events is crucial. Our research group on health security for mass gatherings/high profile events was launched in 2019 and was funded by the Ministry of Health, Labour and Welfare (MHLW) of Japan with the abovementioned objective.

Following the decision in September 2013 to host the 2020 Olympic and Paralympic Games in Tokyo was finalized, various preparations have been made in the area of public health. Public health measures were mainly focused on managing heatstroke, natural disasters, imported infectious diseases, and terrorism. However, the global situation drastically changed after the outbreak of COVID-19 at the end of 2019, just before the event, which soon progressed to a pandemic. As a result, the event was postponed for 1 year, and the implementation of countermeasures against COVID-19 during the Tokyo 2020 Games became the most critical concern. In addition, the emergence of more infectious and transmissible variants made the planning even more difficult. The number of COVID-19 cases in Tokyo increased just before the event; and thereafter, the Games were held while the country was under a state of emergency. Although it was an extremely challenging situation to hold such an international mass gathering event under a pandemic, and the time for preparation was limited, countermeasures were developed to ensure the safety of all participants to deal with the evolving situation.

This report aimed to provide a comprehensive overview of the series of public health efforts made to implement the COVID-19 countermeasures during the Tokyo 2020 Games. It is our sincere hope that this report will be useful for developing future public health measures for mass gatherings and social activities under the COVID-19 epidemic, both in Japan and worldwide.

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1 Plans for Reinforcing infectious Disease Control Measures for the Tokyo 2020 Olympic and Paralympic Games

Tokyo was decided as a host city of the Tokyo 2020 Olympic and Paralympic Games (hereinafter referred to as the Tokyo 2020 Games) was made in September 2013. The following is an overview of the infectious disease countermeasures that have been planned and reinforced since then, prior to the outbreak of the new coronavirus disease (COVID-19) at the end of 2019.

1.1 National Infectious Disease Risk Assessment for Tokyo 2020 Games before COVID-19

Japan has held various international mass gathering events or high visibility events with VIPs from various countries in the past two decades (Table 1-1). In the context of public health and medical services during mass gatherings, healthcare delivery systems had been the main topic of discussion; however, in recent years, public health issues including infectious diseases have been attracting more attention. Risk assessments have been conducted in each international mass gathering event in Japan and enhanced surveillance combined with permanent and ad hoc surveillance systems such as syndromic surveillance, police surveillance, ambulance surveillance, etc. have been performed during the event. Information sharing with relevant organizations was reinforced through the publication of daily reports.

Table 1-1. International mass gathering events in Japan after 2000

Year	Event
2000	2000 G8 Kyushu-Okinawa Summit
2002	2002 FIFA World Cup Soccer
2008	G8 Hokkaido Toyako Summit
2010	APEC Japan 2010
2016	G7 2016 Ise-Shima Summit
2019	G20 Osaka 2019 Summit Rugby World Cup 2019
2021	Tokyo 2020 Olympic and Paralympic Games

The Tokyo 2020 Games were scheduled to be held in Tokyo and other venues throughout Japan, thus foreign teams were expected to hold pre-Games camps in various parts of Japan. The number of visitors to Japan from various countries for various purposes was expected to increase significantly in conjunction with the Tokyo 2020 Games. In addition, the venues for the Tokyo 2020 Games would provide frequent opportunities for large numbers of people to gather at certain locations and during certain periods. It was feared that the risk of infectious disease outbreaks will increase in the municipalities involved. Hence, it was important for each municipality to conduct risk assessments in accordance with the local conditions and make necessary preparations such as the development of a surveillance system. For this reason, on October 5, 2017,

the Infectious Disease Surveillance Center, the National Institute of Infectious Diseases (NIID) developed a method for the relevant local government departments in charge of managing infectious diseases to assess the risk of infectious diseases among local residents and visitors to Japan in advance, and to consider the necessary preparations. An administrative notice was sent to each municipality through the Ministry of Health, Labor and Welfare, urging them to implement a risk assessment. In order to strengthen the preparedness at the national level for Tokyo 2020 Games, priority infectious diseases that can increase the risk of imported cases, transmission, large outbreaks and serious outcomes were determined using the national data from the National Epidemiological Surveillance of Infectious Diseases (NESID) program (Table 1-2.). Selected infectious diseases listed in the table below, including measles, invasive meningococcal disease, Middle East respiratory syndrome (MERS), and enterohemorrhagic Escherichia coli (EHEC) infection were considered to be diseases of high concern.

Table 1-2. High risk Infectious diseases during the Tokyo 2020 Games based on the results of risk assessment

		Risk assessment			Remarks
		Increased risk of imported cases	Increased risk of transmission	Risk of large outbreak and serious outcome	
VPD	Measles	Yes	Yes	Yes	The burden on the response would be high.
	Rubella	Yes	Yes		
	Invasive meningococcal meningitis (IMD)		Yes	Yes	The impact and the burden on the response would be high, particularly if the cases occur among the Tokyo 2020 Games personnel.
	Influenza	Yes	Yes		
	Pertussis	Yes	Yes		
Emerging/ re-emerging infectious disease	MERS	Yes	Yes	Yes	If the cases occur among the event personnel, the burden of contact tracing and risk communication would be high.
	Dengue, Chikungunya, Zika	Yes			The burden of vector control measures would be high if the cases of cluster occur in an Olympic/Paralympic village or training camp.
Food borne disease*	EHEC		Yes	Yes	
	Shigellosis	Yes	Yes		
	Hepatitis A	Yes	Yes		
	Hepatitis E	Yes	Yes		
	Infectious gastroenteritis (e.g., norovirus infection)	Yes	Yes		
others	Tuberculosis	Yes	Yes		
	Syphilis	Yes	Yes		
	HIV/AIDS	Yes	Yes		

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1.2 Reinforcement Plan on Infectious Disease Control for the Tokyo 2020 Games prior to the COVID-19 Outbreak

1.2.1 Reinforcing infectious disease control measures toward the Tokyo 2020 Games

With regard to infectious disease control measures for the Tokyo 2020 Games, the Basic Policy for the Promotion of Measures for the Preparation and Operation of the Tokyo 2020 Games (approved by the Cabinet on November 27, 2015) indicates, "While taking into account the trends of outbreaks of infectious diseases overseas, such as MERS, the necessary systems will be established to take all possible border measures to prevent the import of infectious diseases overseas. Domestic measures, such as strengthening surveillance, will be promoted. In addition, prevention of food poisoning should be promoted." Based on this policy, the government developed quarantine systems to catch up the trends of infectious diseases overseas and has been strengthening the domestic disease surveillance system. Furthermore, based on the trends of infectious disease in Japan and overseas, the relevant ministries and agencies, the Tokyo Metropolitan Government (TMG), and the Tokyo Organising Committee for the Olympic and Paralympic Games (Tokyo 2020 Organising Committee) established the Inter-ministerial Liaison Committee on Infectious Disease Control at Tokyo 2020 Olympic and Paralympic Games and formulated the "Action Plan to manage infectious diseases toward Tokyo 2020 Olympic and Paralympic Games" in order to develop measures that can prevent the spread of infectious diseases in coordination and in cooperation with each other to ensure the success of the Tokyo 2020 Games:

1) Implementing measures to prevent the spread of measles and rubella, including measles & rubella (MR) vaccination
2) Raising awareness on the different infection prevention measures
3) Implementing border measures to prevent the import of infectious diseases
4) Reinforcing surveillance
5) Implementing the preventive measures for food poisoning

The application of the abovementioned measures was emphasized. Vaccination against measles and rubella was promoted to the stakeholders and those who engaged in work that involves frequent contact with foreign visitors because the Tokyo 2020 Games were expected to attract a large number of foreign visitors to Japan. With regard to tuberculosis (TB), among other border measures, a pre-entry screening program was introduced for mid-to-long-term visitors from countries with a high TB prevalence.

Strengthening the measures for disease surveillance is elaborated in the next section.

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1.2.2 Reinforcing infectious disease surveillance during the Tokyo 2020 Games

The current infectious disease surveillance system (NESID) was implemented in April 1999, based on the Infectious Diseases Control Law. As at April 2021, 91 diseases are classified as notifiable diseases (including novel influenza and other infectious diseases) and while 24 diseases are monitored through sentinel surveillance; reporting is also required for " suspected " cases (determined through " undiagnosed serious illness surveillance" : patients requiring intensive medical care (or equivalent medical treatment) with pyrexia,

respiratory symptoms, rash, gastrointestinal symptoms, neurological symptoms or other symptoms suspected to be of infectious etiology (but cannot be immediately diagnosed as a specific infectious disease), as specified by the Order of the MHLW in accordance with Article 14, Paragraph 1 of the Infectious Diseases Control Law. A physician who diagnoses the aforementioned disease must fill in the required information on the designated case notification form and submit it to the local public health center (PHC). Each PHC enters the notification details into the NESID system, and the subnational level entities (e.g. prefectures) verify the data and report the information to the national level.

For the Tokyo 2020 Games, the following existing surveillance systems were strengthened: the aforementioned surveillance system based on the Infectious Diseases Control Law; and an event-based surveillance system aimed at the early detection of infectious disease outbreaks (occurring mainly overseas). The former system includes the introduction of "suspected" case surveillance (2019) and the establishment of an information-sharing system among local governments (2019), while the latter includes the use of Epidemic Intelligence from Open Sources (EIOS), which was developed under the initiative of WHO (see below for details).

1) Establishment of the Undiagnosed Serious Illness Surveillance

The "suspected" case notification system, in operation since April 2007, was established as a syndromic surveillance system designed to rapidly detect infectious diseases, including bioterrorism, without requiring a physician's laboratory diagnosis of the pathogen. Two categories of syndromes were under this notification system: fever of 38° C or higher with respiratory symptoms and fever with rash or vesicles, not considered to be an infectious disease included in the aforementioned notifiable disease list; sentinel medical facilities designated by local governments were required to report such cases. However, due to the broad definition of diseases that required reporting, the burden on the medical facilities was large, resulting in a largely dysfunctional system. For this reason, a new "Undiagnosed Serious Illness Surveillance (USIS)" was introduced in 2019, aimed at the "early detection of serious infectious diseases of unknown cause." Specifically, the definition for a "suspected" case was changed to "a case suspected to have an infectious etiology but cannot be immediately diagnosed as a specific infectious disease, and requires intensive medical care or equivalent medical treatment." The new system also required the selection of sentinel medical institutions that are capable of providing intensive medical care. NIID prepared and released an operational guidance document to ensure the smooth operation of the new suspected case surveillance system. In addition, revised versions were released prior to the 2019 Rugby World Cup in Japan and the Tokyo 2020 Games.

2) Enhancing information sharing between municipalities – development of an information-sharing platform for potentially epidemic-prone infectious diseases in NESID System

As mentioned above, diseases subject to notification via the NESID program are notified by the physicians to the PHCs and local governments, and are reported to the national government by putting them into the NESID system. However, as a rule, the contents of notifications are not shared between PHCs and local governments. On the contrary, it is not uncommon for outbreaks of infectious diseases to occur over a wide area across municipalities; in such cases, rapid understanding and sharing of outbreak information across municipalities will lead to the rapid epidemiological investigations, conduct of active case-finding activities, and provision of public health alerts. In 2019, through the utilization of the NESID file-sharing system, information sharing on infectious disease occurrences across jurisdictions was initiated, with an accompanying guide for its operation. At the time that the system was launched, five diseases were covered under this information-

sharing mechanism: MERS, EHEC, invasive meningococcal disease, measles, and rubella. In the context of international mass gatherings, the risk posed by these diseases, such as new case occurrence (including imported cases) and widespread outbreaks, increased during the Tokyo 2020 Games; COVID-19 that emerged in 2020 was added to this list, and the operational guidance was updated accordingly.

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- Center for Emergency Preparedness and Response, Center for Field Epidemic Intelligence, Research and Professional Development, Center for Surveillance, Immunization, and Epidemiologic Research, National Institute of Infectious Diseases. Operational Guidance on sharing information between municipalities using NESID file sharing system (second edition). June 29, 2021.

2 Emergence of COVID-19 and Postponement of the Tokyo 2020 Games in 2021

In late 2019, an outbreak of pneumonia of unknown cause was reported in Wuhan, China. The causative agent of the disease was later identified as the SARS-CoV-2, and the disease was called COVID-19. On January 30, 2020, due to the rapid spread of the disease worldwide, the WHO announced that the event was considered as a "public health emergency of international concern (PHEIC)". On March 11, the WHO declared the COVID-19 outbreak as a global pandemic. In response, on March 24, the Prime Minister of Japan, the President of the Tokyo 2020 Organising Committee, the President of the International Olympic Committee(IOC), and the Governor of Tokyo held a telephone conference and agreed to host the Tokyo 2020 Games in the summer of 2021 at the latest. On March 30, 2020, a new schedule was agreed upon, with the Olympics to be held from July 23 to August 8, 2021, and the Paralympics from August 24 to September 5, 2021. An overview of the COVID-19 epidemic status and the progress of COVID-19 vaccination in Japan by the time of the Tokyo 2020 Games is provided below.

The National Stadium: 50days to Tokyo Olympic Games

2.1 Overview of COVID-19 Epidemic Status and Countermeasures Implemented in Japan

Since the report of pneumonia of unknown origin from Wuhan, China, at the end of 2019, the Japanese government has been on heightened alert, with strengthened border measures. The first COVID-19 case was detected in Japan on January 16, 2020. The disease was reported as a designated infectious disease under the Infectious Diseases Control Act and a quarantine infectious disease under the Quarantine Act on February 1, 2020, and all COVID-19 cases were subject to reporting and hospitalization (isolation). On January 30, 2020, the Japanese government established the ad hoc Government of Japan (GOJ) COVID-19 Response Headquarters

(ad hoc GOJ HQ) to initiate a full-scale government-wide response. On March 8, COVID-19 was included in a list of diseases covered by the Special Measures Act for Pandemic Influenza and New Infectious Diseases Preparedness and Response (Special Measures Act). With the continued spread of the infection, the official GOJ HQ was established on March 26 based on the Special Measures Act, and the basic policies for responding to a pandemic were presented. Then, the government-wide measures based on the Special Measures Act were initiated.

In April 2020, when the number of COVID-19 cases began to increase nationwide, a state-of-emergency was declared based on the Special Measures Act, and the people were asked to refrain from going out or moving across prefectural borders (the first wave). The number of cases continued to increase in the summer of 2020 (the third wave), but the outbreak ended without declaring a state of emergency. From July to the end of December 2020, the "Go-To-Travel Campaign (a national campaign to promote travel with subsidization)" was launched to boost the economic recovery and stimulate the demand for the travel industry, which was particularly damaged after the state of emergency. Restrictions on spectators at professional baseball games and other events were gradually eased. In addition, the entry of foreign nationals was also gradually relaxed, including easing restrictions on activities during the quarantine period.

However, the number of cases started to increase in November 2020, with a sharp increase in the beginning of 2021, leading to the declaration of the second state of emergency. The rapid increase was controlled by declaring a state of emergency for over 2 months, until March 21 (the third wave). In February 2021, the Special Measures Act was amended to establish a quasi-state of emergency, under which the restaurants were requested to shorten their opening hours. However, the rapid increase in the number of patients was again observed nationwide (the fourth wave), leading to the declaration of a another state of emergency again only five weeks after the lifting. During the fourth wave, the rapid increase of cases and the pressure on medical care were particularly pronounced in the western Japan. Although the declaration of a state of emergency was lifted on June 20 after more than 2 months, the number of cases failed to decrease and showed a continuous increasing trend. In addition, the replacement of alpha variants with delta variants was underway. In Tokyo, the number of cases sharply increased, which led to the declaration of a state of emergency on July 12, less than a month after it was cancelled.

The basic concept of Japan's response was to suppress the epidemic by preventing the formation of disease clusters. The policy was to control the epidemic by limiting the opportunity for outbreaks of clusters of cases and to provide an early intervention; and active epidemiological investigations were also conducted in all cases. In particular, the government encouraged the public to avoid closed spaces with poor ventilation, crowded places with many people nearby and close-contact settings such as close-range conversations (also known as 3Cs), assuming an aerosol-mediated route of transmission, to prevent the formation of clusters. When there was a rapid increase in the number of cases, or when there was a shortage in medical care capacity, citizens were urged to take thorough infection prevention measures and take social distancing measures to prevent the spread of the disease. In addition the government requested citizens to limit the number of opportunities to go out, shorten the opening hours of restaurants, and limit the number of people at gatherings in large facilities as well as declaring a quasi-state-of-emergency or state-of-emergency to control COVD-19. No coercive measures such as lockdowns were taken. Although there was a shortage in medical capacity, and there were people dying at home before they were taken to the hospital. As of the end of June 2020, the cumulative number of infected people in Japan was 797,080 (6,348 people per 1,000,000 population) , while the cumulative number of deaths was 14,163 people (113 per 1,000,000 population), which remained low compared with those reported in other countries (Figures 2-1 and 2-2).

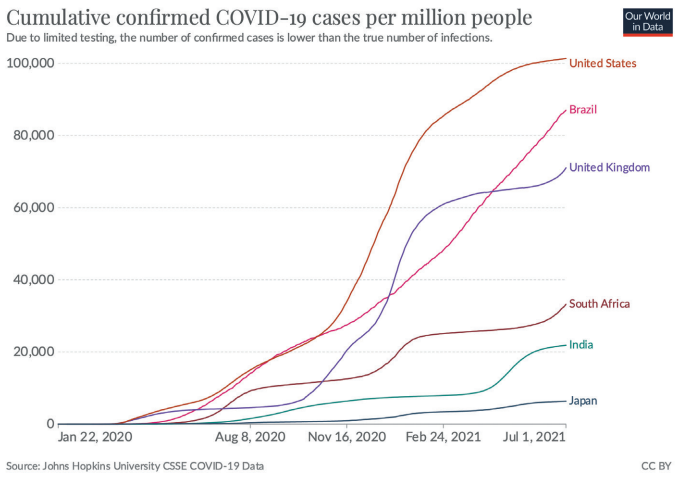

Figure 2-1. Cumulative confirmed COVID-19 cases per million people until July 1, 2020.

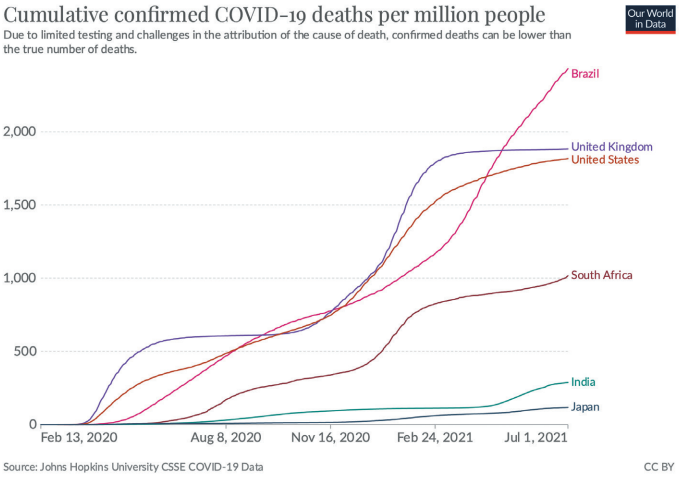

Figure 2-2. Cumulative confirmed COVID-19 deaths per million people until July 1, 2020.

References

• COVID-19 Data Explorer. Our World in Data. https://ourworldindata.org/explorers/coronavirus-data-explorer

2.2 SARS-CoV-2 Variant Situation in Japan

In mid-December 2020, the United Kingdom reported a surge caused by the B.1.1.7 variant (currently known as the alpha variant) thought to be increasingly infectious and transmissible. South Africa also reported a sharp increase in the number of cases caused by the P.1.351 variant (currently known as the beta variant). Following this, the proportion of cases caused by the alpha variant gradually increased in Japan; by mid-May, the domestic variants had been replaced by the alpha variant. Its infectiousness and transmissibility were estimated to be 1.5 times higher than that of the conventional strains, and the risk of secondary infection among household members and death upon hospitalization increased. Subsequently another variant, B.1.617.2 (currently known as the delta variant) emerged and became prevalent in India in late March and April, became the most dominant variant in India and the UK (Figure 2-3) in early July and was twice as infectious and transmissible as the conventional strain; those infected with this strain had an increased risk of developing severe disease. As of June 28, 2021, the variants detected in Japan were mainly alpha (86%) and delta (13%), with others such as beta (0.12%), iota (0.02%), and gamma (0.02%) variants being less dominant. In Japan, the number of cases caused by the delta variant had been on the rise and was expected to account for about half of the COVID-19 cases by the end of July. Thus, there were concerns of a rise in the effective reproduction number, leading to a more rapid disease spread, if no additional measures are applied.

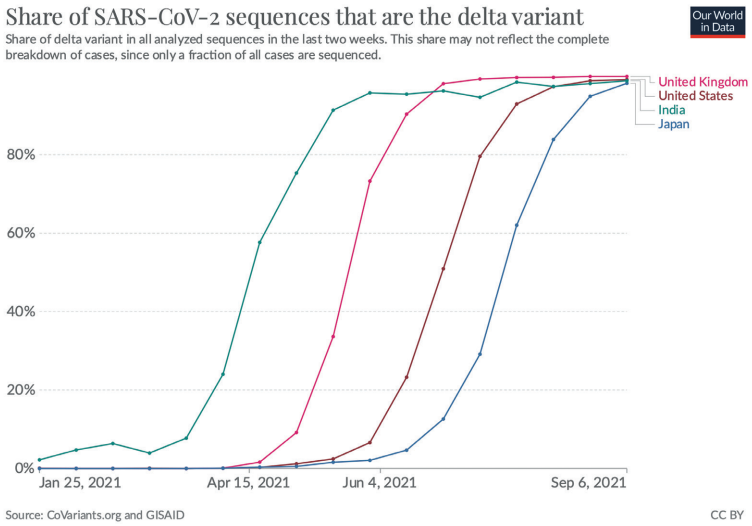

Figure 2-3. Share of SARS-CoV-2 sequences that are the delta variant

References

- COVID-19 Data Explorer. Our World in Data. https://ourworldindata.org/explorers/coronavirus-data-explorer
- Latif AA, et al. Japan Variant Report. outbreak.info, (available at https://outbreak.info/location-reports?loc=JPN).
- Ito K, et al. Predicted dominance of variant Delta of SARS-CoV-2 before Tokyo Olympic Games, Japan, July 2021. Eurosurveillance. 26(27). 2021.

2.3 COVID-19 Vaccine Rollout in Japan

Vaccines against COVID-19 have been under development since the beginning of the pandemic, and in December 2020, these vaccines were approved for emergency use in various countries. In UK, the Pfizer/BioNTech vaccine was approved for the first time on December 2, 2020, and vaccination began on December 8, 2020. Approximately 24% of the global population had started or completed vaccination as of July 1, 2021, and 8% had completed vaccination (Figure 2-4).

As of July 1, 24% of the global population received at least one dose, while 8.2% were fully vaccinated. The countries with the highest proportion of individuals who received vaccines (at least one dose, completed) were: UAE (73%, 63%), Canada (68%, 32%), Chile (67%, 57%), UK (66%, 49%), Uruguay (66%, 49%), and Japan (27%, 15%) was 16th in total, next to South Korea (30%, 10%), and was 14th in fully vaccinated, next to Mexico (25%, 15.11%).

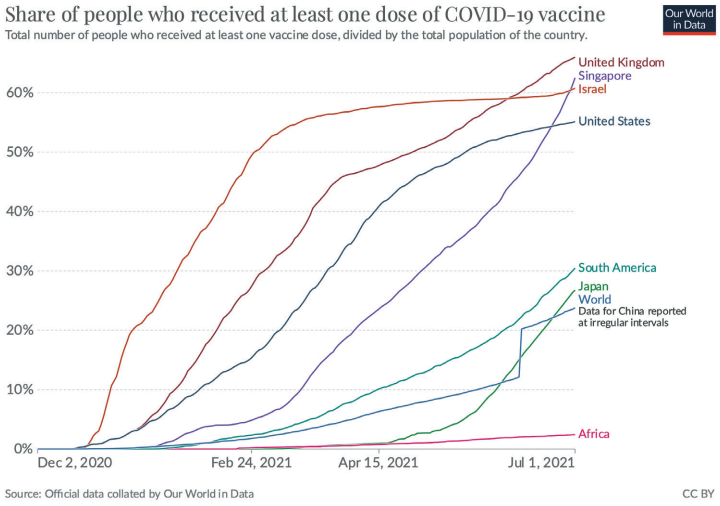

Figure 2-4. Share of people who received at least one dose of COVID-19 vaccine as of July 1st From OurWorld in Data https://ourworldindata.org/covid-vaccinations

In Japan, two vaccines (Pfizer and Moderna) were approved on February 14, 2021, and the vaccination of healthcare workers was started on February 17, 2021. Then, vaccination of the general population was started on April 12, 2021, prioritized those aged 65 years and older, and was later extended to the general population. A group vaccination program for general workers was initiated on June 21, accelerating the vaccination rollouts. As of July 1, 2021, the cumulative vaccination rate reached 33.72 million (27%), with 18.44 million (15%) having completed two doses (Figure 2-5).

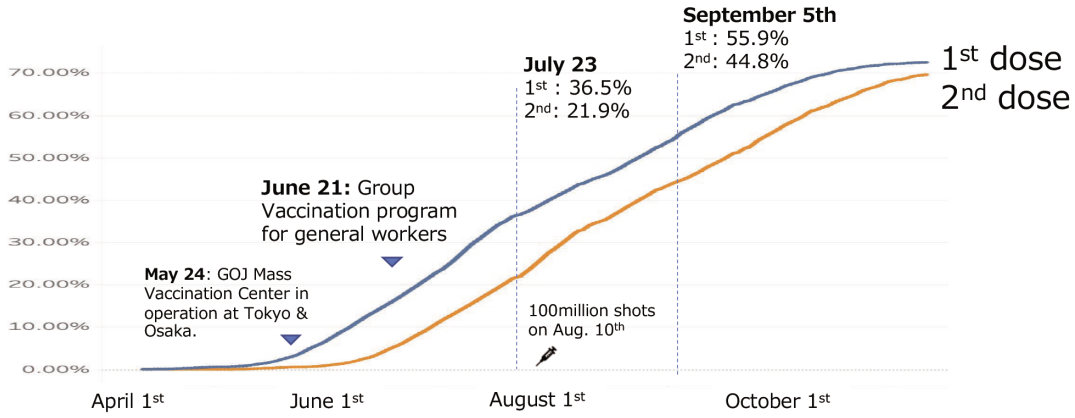

Figure 2-5. COVID-19 vaccine coverage in Japan

References

- COVID-19 Data Explorer. Our World in Data. https://ourworldindata.org/explorers/coronavirus-data-explorer
- Digital Agency Vaccine Record System. Status of COVID-19 Immunization. https://info.vrs.digital.go.jp/dashboard/

3 Infectious Disease Prevention and Control during the Tokyo 2020 Games after the Emergence of COVID-19

3.1 Policy on COVID-19 Countermeasures for the Games

Following the decision to postpone the event in 2021, discussions on COVID-19 countermeasures for the Tokyo 2020 Games did not begin in earnest until September 2020, when the TMG, the GOJ, the Tokyo 2020 Organising Committee, relevant organizations, and experts formed the "Coordination Meeting for COVID-19 countermeasures at the Olympic and Paralympic Games Tokyo 2020 (three-party meeting)". In order to plan effective COVID-19 countermeasures for the Tokyo 2020 Games, the following forums have been established, including the Coordination Meeting.

(1) The Coordinating Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020, a meeting body composed of the TMG, the GOJ, Tokyo 2020 Organising Committee, relevant organizations, and experts.

(2) The Five-Party Meeting, a meeting body by the Governor of Tokyo, the Minister of State for the Tokyo 2020 Olympic and Paralympic Games, the President of the Tokyo 2020 Organising Committee, the President of the IOC, and the President of the International Paralympic Committee (IPC).

(3) The Scientific Expert's Roundtable for COVID-19 Countermeasures at the Tokyo 2020 Games (Tokyo 2020 Roundtable), a meeting of six experts in the field of infectious diseases, public health, and other fields who provides advice on specific measures to be taken by the Tokyo 2020 Organising Committee based on the guidelines of the Coordinating Meeting and the Playbook.

3.1.1 Establishment of the coordination meeting for COVID-19 countermeasures at the Olympic and Paralympic Games Tokyo 2020 (Three-party meeting)

The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020 (Three-Party Meeting) was established under the inter-ministerial liaison committee on Tokyo 2020 Olympic and Paralympic Games to allow stakeholders including the Japanese government to comprehensively consider and coordinate countermeasures against COVID-19 during the Tokyo 2020 Games. The three-party meeting was chaired by the Deputy Chief Cabinet Secretary, with the participation of the TMG, the Tokyo 2020 Organising Committee, the Japanese government (relevant government ministries and agencies), the Japanese Olympic Committee, the Japan Paralympic Committee, and two infectious disease experts. The measures were discussed in seven meetings (Table 3-1). First, the Interim Summary was released during the 6th meeting in December.

At the first meeting, discussion process was presented. The three-party meeting started to discuss measures required for entry/exit, infection prevention and control, and medical care sequentially in each stage of the journey (entry, transportation, venue, etc.) for athletes, Games stakeholders, and spectators (Table 3-2).

Table 3-1. Members of the Three-party Meeting

Chairman	Deputy Chief Cabinet Secretary
Acting Chairman	Deputy Chief Cabinet Secretary for Internal Affairs
Deputy Chairperson	Deputy Governor of the TMG; Secretary-General, Tokyo Organising Committee for the Olympic Games and Paralympic Games (Tokyo 2020 Organising Committee); Secretary-General, Secretariat of the Headquarters for the Tokyo 2020 Olympic and Paralympic Games, Cabinet Secretariat; Director, Office for COVID-19 Preparedness and Response, Cabinet Secretariat
Members	Councilor, Cabinet Secretariat (National Security Secretariat); Councilor, Cabinet Secretariat, Assistant Chief Cabinet Secretary; Director General for General Affairs, Secretariat of the Headquarters for the Tokyo 2020 Olympic and Paralympic Games, Cabinet Secretariat; Councilor, Office for COVID-19 Preparedness and Response, Cabinet Secretariat; Deputy Director-General, Immigration Services Agency; Director-General, Tokyo Olympic and Paralympic Games Reception Office, Ministry of Foreign Affairs; Deputy Director-General, Sports Agency of Japan; Director-General, Health Bureau, Ministry of Health, Labour and Welfare; Deputy Director-General, Minister's Secretariat, Ministry of Economy, Trade and Industry; (TMG) Director-General, Bureau of General Affairs; Director-General, Tokyo Olympic and Paralympic Games Preparation Bureau; Director-General, Bureau of Social Welfare and Public Health; Director-General, Health Crisis Management, Bureau of Social Welfare and Public Health, (Tokyo2020 Organising Committee) Games Delivery Officer; Financial Officer; Director-General of Games Operations; Director of Security; Director of Transportation Executive Director, Japanese Olympic Committee; Chairman, Japan Paralympic Committee, Japan Sports Association for the Disabled
Advisors	Nobuhiko Okabe (Director, Kawasaki City Institute of Public Health) Tomoya Saito (Director, Department of Health Crisis Management, National Institute of Public Health(then))

Table 3-2. Agenda of the Three-Party-Meeting

No.	Date	Main Agenda
1	September 4, 2020	Categories of participants and their journeys COVID-19 measures in the TMG Response to COVID-19
2	September 23, 2020	Measures on athletes
3	October 9, 2020	Measures on athletes at the venues and villages
4	October 27, 2020	Public health, medical and healthcare functions for athletes
5	November 12, 2020	Operation of athletes' track Infection control measures for paralympic athletes Infection control measures for the audience Issues on field casts, etc.
6	December 2, 2020	Interim summary
7	April 28, 2021	Additional measures to address highly transmissible SARS-CoV-2 variants

References

- Decision by the chair of the Inter-ministerial liaison committee on Tokyo 2020 Olympic and Paralympic Games. Establishing the Tokyo 2020. Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games. September 3rd, 2020.
- The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020. Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games. Interim Summary. 2 December 2020.
- The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020. Additional Measures to respond to the variants. April 28, 2021.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.1.2 Interim Summary

In order to develop the Interim Summary, the Three-Party Meeting agreed to give the highest priority to the discussion of the measures for athletes.

The Three-Party Meeting started to develop an overall framework and the rules for implementing the prevention and control measures during the athlete's "journey", that is, from entry into Japan to the host town, participation in the Games, and departure from Japan (Figure 3-1, Table 3-3). Moreover, the Three-Party Meeting agreed that the opportunities for athletes to have contact with others should be limited and infection control measures such as screening test those who come in contact with athletes to ensure the safety of these athletes. With regard to the entry and exit, the Three-Party Meeting agreed to establish rules to allow athletes from overseas to have only limited activities for a 14-day quarantine period after entry. It was also agreed to develop a capacity for conducting COVID-19 screening tests, including pre-game screening, at the time of entry and exit. The Tokyo 2020 Infectious Disease Control Centre (tentative name) was to be established for an initial response to evaluate an infected person or a suspected case, share information with related departments, and manage various health and hygiene responses. To promptly provide athletes with suspected cases with medical care, a fever outpatient clinic was to be set up at the Olympic/Paralympic village, and polyclinic and hospitals were to be secured. With regard to Paralympic-athletes, guidelines for implementing the infection prevention measures by para-athlete caregivers and other staff were to be developed.

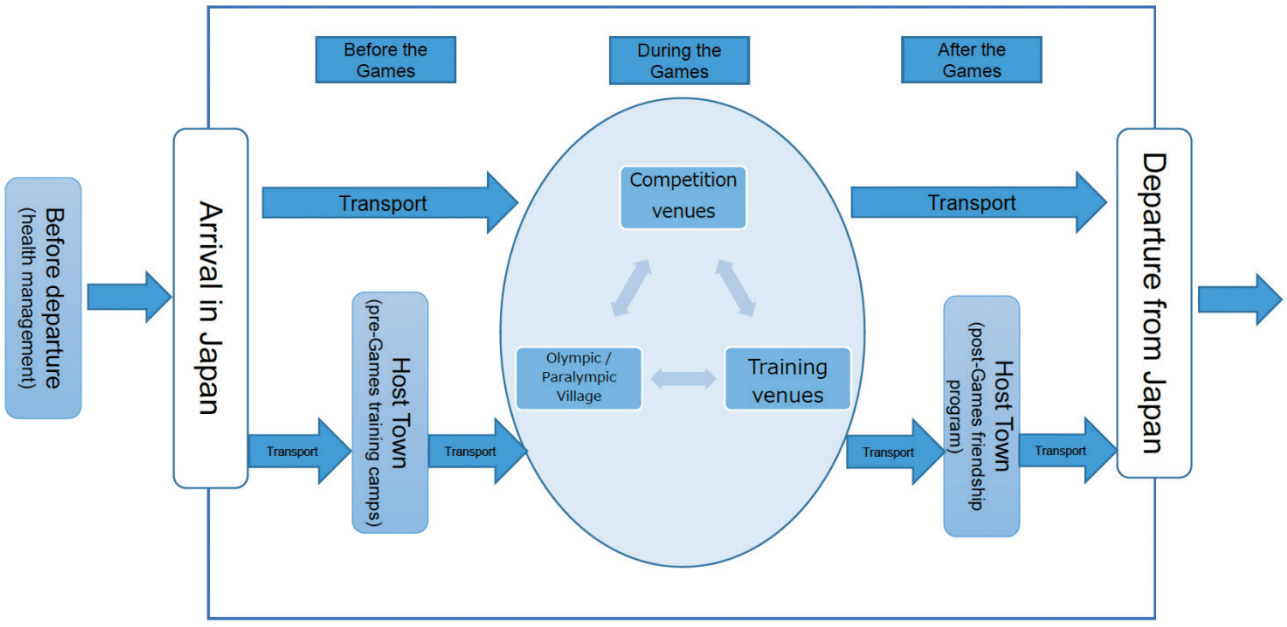

Figure 3-1. "Journey" of the Tokyo 2020 Games stakeholders (From the Interim Summary)

As for spectators and officials of the Games, the Three-Party Meeting confirmed that they should be dealt with in accordance with their involvement in the Games management, the nature of their work, and the frequency of contact with the athletes. As regards the spectators, the following issues were raised: the establishment of guidelines for spectators, measures to be taken when an ill person is identified at the venue, and the securing of medical facilities. In terms of the number of spectators, the final decision was to be made

by the spring of 2021, based on domestic regulations. As for the foreign spectators, implementation of the implementation of standard policy for visitors such as placing them under 14-days quarantines and not allowing them to use public transportation would make it impossible for them to watch the games. Thus, appropriate quarantine measures would be taken according to the risks, with the specific details decided by the spring of 2021.

As for the Torch Relay, the Organising Committee was to formulate the guidelines for infectious disease control measures by the end of 2020 and to promote the use of countermeasures by each stakeholder. It was also agreed that the guidelines for infectious disease control at live sites would be formulated by the end of 2020 and requested each local government to submit an infectious disease control plan at each site.

With regard to the host towns, based on the "Guidance for creating an acceptance manual for athletes in host towns" created by the Japanese Government in November 2020, each municipality was to be requested to prepare a manual for accommodating athletes and other participants in host towns and pre-camp sites to implement measures to prevent infection. Various cultural exchanges were to be promoted such as open practices and online events before the Games and other programs after the Games following the infection prevention protocols, according to the needs of each host town.

The Three-party meeting indicated the working schedule in the Interim Summary. The Three-Party Meeting was to address the following issues in detail:

- Policy on implementing a COVID-19 screening test for athletes, etc.
- Specific roles and function of the Organising Committee's Center for Infectious Disease Control (tentative name) and a base for health and hygiene
- Securing capacity for isolation and hospitalization of COVID-19 cases
- Developing Games operation policy when a COVID-19 case is detected
- Policy for Games stakeholders and spectators (including a policy on the maximum number of spectators, accepting foreign spectators)
- Infection prevention measures for spectators on public roads such as marathons and walking races, etc.
- Measures to avoid congestion and crowding at the torch relay and live sites
- Infection prevention measures for athletes and others during the opening and closing ceremonies
- Policy on vaccination if it became available.

In particular, the policy of implementing tests was discussed carefully, taking into account its feasibility and capacity. The policy on close contacts was also an important issue. In addition, the effectiveness of the vaccine and the extent to which it would be available were not at all foreseeable at that time. Thus, the plans were developed on the premise that there would be no vaccine available before the Games.

Table 3-3. Points for Consideration on the discussion of COVID-19 Countermeasures at the Three-party meeting

		Preventative Measures					Contingency Response			
		Point of Departure, Entry into Japan (persons from overseas)	Pre- & Post-Games (Training Camp etc.)	Rules on Transport, Behavior	Village, Other Accommodation	Competition Venue, Non-Competition Venue	Response to outbreak of infection	Epidemiological Study	Treatment, Medical Care etc.	Information Sharing etc.
Athletes (TOs, Coaches, etc.)	Olympic	・Testing measures ・Expedited procedures upon entry into Japan ・Paperwork procedures upon arrival, etc.	・Pre-Games training camp ・Relationships with local municipalities, etc.	・Public transport ・Outing ・Transportation to camp sites, etc.	・Health check ・Rules of behavior ・Area/flow management ・Facilities measures (CNW, etc.) ・Athletes residing outside of VIL	・Health check ・Area/flow management ・Measures for each sport (Olympic /Paralympic), etc.	Handling of: ・Athletes ・Teams ・Competition operational rules ・Venue, village, etc. ・Securing and enhancing functions of public health centers ・Personal information management regarding infected persons, etc.	・App to track activity ・Handling of persons in close contact, etc.	・Testing/ medical care/ treatment system ・Securing beds/ doctors/ nurses/ PH workers ・Handling of persons testing positive but asymptomatic	・Methods of info sharing between Government of Japan, TMG, Tokyo 2020, local municipalities, IOC/IPC, NOC/NPC, IF, etc.
	Paralympic									
Games Stakeholders (VIP, IOC/IPC etc., Media, Workforce (Volunteers, Paid Staff, Contractors))	Close Contact with ATH&TOs	ditto to above	・How to secure "clean" status	・Public transport ・Outing, etc.	・Health check - Testing ・How to secure "clean" status at accommodations, etc.	・Health check - Testing ・Area/flow management, etc.	ditto to above			
	No contact with ATH&TOs	ditto to above		・Rules of behavior, etc.	※ Designated hotels, general accommodation	・Health check ・Area/flow management, etc.	to be discussed			
Spectators (Domestic, from overseas)		ditto to above		・Rules of behavior, etc.	※ General accommodation	・Rules for spectating, etc.	to be discussed			

*1 Additions and omissions are expected on points above as the discussions progress.
*2 There are additional cross-sectional discussion points such as Torch Relay, Livesites etc., apart from above.

References

- The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020. Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games. Interim Summary. 2 December 2020.
- Cabinet Secretariat Olympic/Paralympic Promotion Headquarters Secretariat. Guidance for creating an acceptance manual for athletes in host town. November 2020 (revised in April, June, August, 2021). https://www.kantei.go.jp/jp/singi/tokyo2020_suishin_honbu/hosttown_suisin/index.html.

3.1.3 Additional measures to respond to more transmissible variants

After the publication of the Interim Summary, a new SARS-CoV-2 variant later called "alpha" emerged, which was said 1.5 times more transmissible than the ancestor, emerged. Therefore, stricter infection control and prevention measures were needed. Considering such a more transmissible variant, more detailed arrangements were agreed upon for the following issues at the 7th meeting held on April 28, 2021.

○ Rules for the border entry and exit of the Olympic and Paralympic athletes
○ Rules on transportation of athletes
○ Basic infection prevention and control measures
○ Infection prevention and control measures for athletes at the competition venues and the the Olympic/Paralympic village
○ Rules for athletes' activities
○ The COVID-19 screening policy for Tokyo 2020 Games participants, mostly for athletes
○ Health, hygiene, and medical capacities for athletes and other stakeholders
○ Competition-specific measures and rules (operations of competitions when participants were detected as SARS-CoV-2 positive)
○ Infection prevention measures for para-athletes, etc.

References

- The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020. Additional measures to address highly transmissible SARS-CoV-2 variants. April 28, 2021.

3.1.4 IOC/IPC/the Organising Committee's policy on the implementation of COVID-19 measures during the Games: The Playbook

The Playbook is a rulebook on COVID-19 countermeasures to be followed by participants during the Games published by Tokyo 2020 Organising Committee and the IOC/IPC, based on expert opinion (Figure 3-2). The Playbooks were developed for athletes and team officials, International Federations (IFs), marketing partners, broadcasters, the press, the Olympic and Paralympic families, and the Games staff.

The first edition was published in February 2021 and described the basic principles and framework that should be followed for every journey, based on the Interim Summary of the Three-Party Meeting, advice from the WHO and third-party experts and organizations, and learning from international sporting events worldwide. The second edition was published in April 2021. The first edition was updated to describe details such as frequency of testing for athletes and stakeholders (daily screening in principle) and the roles of COVID-19 liaison officers (CLO). The third edition was published in June 2021. The rules on activities were reinforced, and frequency of COVID-19 screening, and process were specified. In addition, sanctions for rule violations were clarified. The requirements for COVID-19 negative testing before leaving the country and other concerns in the second and subsequent editions were addressed.

Each time the Playbook was updated, a briefing session was held for the relevant organizations to

communicate the necessary information, and a mutual understanding was formed to ensure the safety and security of the Games and compliance with the rules. As regards compliance with the Playbook, consultations were held with the IOC/IPC, and disciplinary actions were promptly decided, resulting in warning, suspension of accreditation and deprivation of accreditation.

Figure 3-2. The Playbook Athletes and Officials

References

- International Olympic Committee, International Paralympic Committee, The Tokyo Organising Committee of the Olympic and Paralympic Games. The Playbook: Your guide to a safe and successful Games (Athletes and Officials, International Federations, Broadcasters, Press, Marketing Partners, Workforce, Olympic and Paralympic Family). June 2021(Version 3). https://olympics.com/ioc/tokyo-2020-playbooks.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.1.5 Tokyo 2020 Roundtable for COVID-19 countermeasures at the Tokyo2020 Games

The Tokyo 2020 Organising Committee established the Scientific Experts Round Table for COVID-19 Countermeasures at the Tokyo 2020 Games on April 30, 2021. This was established to obtain advice from an expert perspective on specific measures to be taken by the Tokyo 2020 Organising Committee to protect athletes and others from acquiring COVID-19 based on the agreement at the Three-party meeting and the Playbook prepared by the Tokyo 2020 Organising Committee in cooperation with the IOC/IPC to ensure the safety and security of the Games (Table 3-4). The Tokyo 2020 roundtable consisted of six experts in the field of public health, infectious diseases, sports medicine, and rehabilitation medicine, and these experts met six times (Table 3-5). Guest speakers were also invited to discuss the issues with expert analysis using simulation and opinions depending on the agenda. After the roundtable meeting, a press conference was held and the results of the discussions were made public, which served as an opportunity to disclose information on the status of specific infection control measures being considered for the Tokyo 2020 Games.

Table 3-4. Members of the Tokyo 2020 Roundtable

OKABE Nobuhiko	Director General, Kawasaki City Institute for Public Health Advisor, The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020
KONO Ichiro	Vice President, The Tokyo Organising Committee of the Olympic and Paralympic Games
SAITO Tomoya	Director, Center for Emergency Preparedness and Response, National Institute of Infectious Diseases Advisor, The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020
TAJIMA Fumihiro	Professor, Department of Rehabilitation Medicine, Wakayama Medical University Vice-chair, Medical Committee, Japanese Para Sports Association
MORIMURA Naoto	Professor and Chairperson, Department of Emergency Medicine, School of Medicine, Teikyo University The Academic Consortium on Emergency Medical Service and Disaster Medical Response Plan during the Tokyo Olympic and Paralympic Games in 2020
YANO Harumi	Board Member, The Tokyo Organising Committee of the Olympic and Paralympic Games

Table 3-5. Agenda of the Tokyo 2020 Roundtable Meetings

No.	Date	Agenda
1	April 30, 2021	Playbook V2 COVID-19 Screening Policy and Games operations when detecting COVID-19 cases and their close contacts
2	May 28, 2021	Site visit of the Olympic/Paralympic village Medical preparedness, Management of Games stakeholders' activities, Simulation analysis of COVID-19 situation
3	June 11, 2021	Infection prevention measures for spectators and the flow of people Effectiveness of measures in the opening ceremony, Infection prevention measures at the stadium, Impact of the spectators and measures for reducing the flow of people
4	June 18, 2021	Risk assessment of the opening ceremony and assessment of measures Impact of the Games to the COVID-19 situation in Japan the Playbook V3, measures on the new variants Considerations on the guidelines for spectators Recommendations from Dr. Omi and experts
5	August 20, 2021	Review of infection prevention and control measures at the Olympic Games Measures at Paralympic Games
6	September 28, 2021	Review

Press briefing after the Tokyo 2020 Roundtable Meeting on May 28, 2021

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.2 Measures for Visitors from Overseas

As one of the countermeasures against COVID-19, Japan had been implementing border measures such as entry restrictions and reinforcement of quarantine to minimize the impact to domestic epidemics caused by the imported cases. In particular, after the emergence of more transmissible variants such as the alpha variant, stricter measures were implemented, and careful consideration was given to implementing measures for foreign athletes and others entering Japan in order to ensure the safe operation of the Games. In consideration of the impact of the increase in the number of people entering Japan on the domestic epidemic and countermeasures, the number of the Games stakeholders from overseas was greatly reduced (see below).

3.2.1 General border measures to prevent the spread of COVID-19 during the Tokyo 2020

On January 30, 2020, COVID-19 was designated as a quarantine disease by a government ordinance. The ordinance became operational on the following day, February 1, so that passengers and others could be questioned, examined, and inspected at the border. Subsequent amendments to the government ordinance made it possible to isolate and quarantine passengers from February 14, 2020. The areas subject to enhanced measures were added sequentially as the disease spread. At the same time, to reduce the risk of a rapid influx of patients, the Immigration Control and Refugee Recognition Act (Article 5, Paragraph 1, Item 14) was applied to deny landing of foreigners from designated areas from February 1, 2020, unless they were under special exceptional circumstances. In addition, from March 2020, visa restrictions were also applied. As the infection spread, the target areas were added sequentially. For those who entered the country, measures including PCR tests at the time of entry, self-isolating at home or in other places for 14 days, non-use of public transportation, and health monitoring have been conducted depending on the epidemic situation in the region.

Subsequently, as the epidemic settled down, in June 2020, an exceptional track was established for the entry and exit of human resources required for business, apart from the general international traffic, and additional quarantine measures (e.g., provision of proof of negative screening test prior to entry and recording of location information for 14 days after entry) were introduced, in addition to maintaining the current quarantine measures (e.g., inspection and isolating at home, etc.). Also, a system (Business Track and Residence Track) had been tested that required additional quarantine measures (e.g., provision of proof of negative screening test prior to entry, recording of location information for 14 days after entry, and submission of Schedules of Activities in Japan if business activities are desired during the 14-day quarantine). In addition, on September 25, 2020, the Japanese government decided to allow new entries from all countries and regions from October 1, 2020, covering not only human resources required for business but also other residence statuses such as studying and family stay.

However, due to the outbreak of B.1.1.7 (alpha) and B.1.351 (beta) variants, which were more contagious and transmissible, border measures were drastically strengthened from December 23, 2020. In accordance with the government's decision on January 13, 2021, new entries from all countries and regions under the measures were suspended, and business and residence track operations with all countries and regions were suspended. It was also decided that foreign nationals or Japanese citizens returning to Japan from all countries/regions would be subjected to COVID-19 screening upon entry and would be required to submit proof of a negative screening test within 72 hours prior to departure. Later, with the spread of B.1.617 strains (so-called delta, etc.), additional strengthened measures were implemented in May 2021, which required additional 3-day isolation and screening for those from designated countries/regions where variants are spreading.

References

- Ministry of Foreign Affairs. Border measures to prevent the spread of novel coronavirus (COVID-19). https://www.mofa.go.jp/ca/fna/page4e_001053.html.
- Immigration Services Agency of Japan. Regarding the denial of landing permission to prevent the spread of COVID-19. https://www.isa.go.jp/en/hisho06_00099.html.
- Ministry of Health, Labour and Welfare. Border Measures. In Japanese. https://www.mhlw.go.jp/stf/covid-19/kansenkakudaiboushi-iryouteikyou.html#h2_7
- Ministry of Health, Labour and Welfare. New Measures on Border measures. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000121431_00209.html.

3.2.2 Entry of Tokyo2020 stakeholders with special exceptional circumstances

In accordance with Article 5, Paragraph 1, Item 14 of the Immigration Control and Refugee Recognition Act, foreigners who have stayed in certain countries or regions designated as high risk within 14 days were denied landing unless they are under special exceptional circumstances. However, from July 1, 2021, athletes and Games stakeholders were considered to have special exceptional circumstances. As a result, those involved in the Tokyo 2020 Games were considered as exceptions to the refusal of entry, and if necessary, the 14-day self-quarantine was relaxed. Those stakeholders were subjected to additional quarantine measures such as 1) pre-departure testing, 2) testing upon entry, 3) submission of a written pledge upon entry, and 4) health monitoring after entry.

Only the Games stakeholders whose Schedules of Activities in Japan (including information on where they would stay and work for 14 days after entering Japan) were approved by the GOJ and were allowed entry. Specifically, each stakeholders' CLO submitted the Schedules of Activities in Japan to the Organising Committee. The Organising Committee and the GOJ reviewed the Schedules and those whose necessity for entry was recognized entered the country as Games stakeholders. In addition, the Games stakeholders had to submit a written pledge to comply with the Schedules. During the Games, about 14,000 Schedules were approved.

To enter Japan, participants were required to undergo the COVID-19 test twice on different days within 96 hours of departure to Japan. In addition, at least one of those two tests must be performed within 72 hours of departure. Furthermore, upon entering the country, each stakeholder was required to register in advance with a laboratory that could issue a certificate that met the requirements and to obtain a genuine certificate from one of the approximately 4,000 laboratories on the list. The Games stakeholders were separated and guided to avoid crossing paths with other arrivals. For example, athletes passed through the CIQ and waited at accommodations directly connected to the airport, thus avoiding the crowd within the airport.

To monitor their health after entering the country, they were required to register and install the Online Check-in and Health report App (OCHA).

Volunteer who check the documents of the Games stakeholders at the airport

After the entry to Japan, CLO of each organization supervised the activities of each person under the responsibility of the Organising Committee. In principle, participants had to be quarantined in hotels for 14 days after arrival in Japan; if there were any problems, they were allowed to engage in activities from the fourth day onward if they avoided contact with people living in Japan under the supervision of the Organising Committee, . In exceptional cases, activities were allowed immediately after entry under strict supervision. As a general rule, the area of activities was limited to accommodations and competition venues, and movement was limited to the use of vehicles chartered by the Tokyo 2020 Organising Committee. In case of violation of the rules, measures such as deprivation of eligibility to participate in the Games were stipulated. In addition, Games stakeholders were asked to register their health status daily for 14 days after entry, and the Infectious Disease Control Centre of the Tokyo 2020 Organising Committee (Tokyo 2020 IDCC) registered and observed their daily health information.

For those staying outside the Olympic/Paralympic village, such as the media, accommodation was limited to hotels procured by or registered to the Organising Committee, where supervisors were stationed by the Organising Committee. The destinations were limited to those listed in the Schedules; transportation was limited to special buses or chartered cars.

References

- Ministry of Foreign Affairs. Border measures to prevent the spread of novel coronavirus (COVID-19). https://www.mofa.go.jp/ca/fna/page4e_001053.html.
- Immigration Services Agency of Japan. Regarding the denial of landing permission to prevent the spread of COVID-19. https://www.isa.go.jp/en/hisho06_00099.html.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
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3.2.3 Reducing the number of Games stakeholders from overseas

From the viewpoint of countermeasures against COVID-19, the number of Games stakeholders coming to Japan was to be controlled as much as possible, since the increase in the number of visitors to Japan could have a direct impact on the COVID-19 situation in Japan where suppressive measures for COVID-19 have been taken. The increased number of cases could pose an excessive burden on border measures and the domestic medical and public health systems.

Before the postponement, 141,000 stakeholders excluding athletes were expected to visit Japan for the Olympics and 36,000 for the Paralympics (Table 3-6). In the end, the total numbers were reduced to about 33,000 and 10,000, respectively, which were almost a quarter of the total.

The total numbers of people involved were 415,700 for the Olympics and 305,900 for the Paralympics.

Table 3-6. The total number of participants from overseas excluding athletes for the Tokyo 2020 Games

	Olympic Games		Paralympic Games	
Category	Before postponement	At the Games	Before postponement	At the Games
Friends and family of athletes and people involved in various programs	21,000	—	9,000	—
Games Stakeholders*	120,000	33,000	28,000	10,000

* Games stakeholders include IOC/IPC, National Olympic/Paralympic Committee, International Federations, Olympic Broadcasting Services, Press and others

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.3 COVID-19 Measures for Athletes and Team Officials

The COVID-19 countermeasures in the Playbook were implemented for athletes and team officials.

3.3.1 Policy on stay in the Olympic/Paralympic village

The Olympic/Paralympic village was one of the most important points in ensuring the safety of athletes. Reducing the number of people who stay in the village, alongside the infection control measures, could reduce the risk of a crowded environment for COVID-19. Therefore, guidelines were formulated to limit the number of people staying in the Olympic/Paralympic village by minimizing the length of stay. In principle, athletes and officials associated with the Games were allowed to enter the village 5 days prior to the start of the relevant competition and were required to leave the village within 48 hours after the completion of the competition. The above principle could be waived or altered, such as countries/regions where there is a time difference of more than 6 hours from Japan, or in cases where there are travel restrictions such as airplane schedules (Table 3-7).

Table 3-7. Number of requests for exemptions from the guidelines for staying in the Olympic/Paralympic village

Category		Requests for exemptions	
		Enter village within 5 days of competition	Departure within 48 hours after competition
National Olympic Committees	Requests	1,072	260
	Number of people	7,049	1,126
National Paralympic Committees	Requests	777	498
	Number of people	3,260	2,537

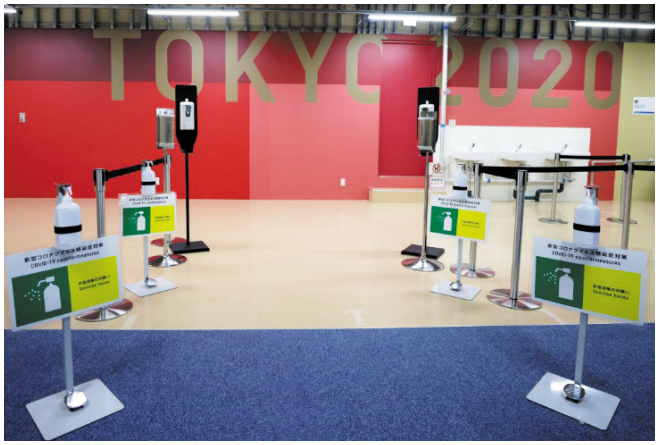
References

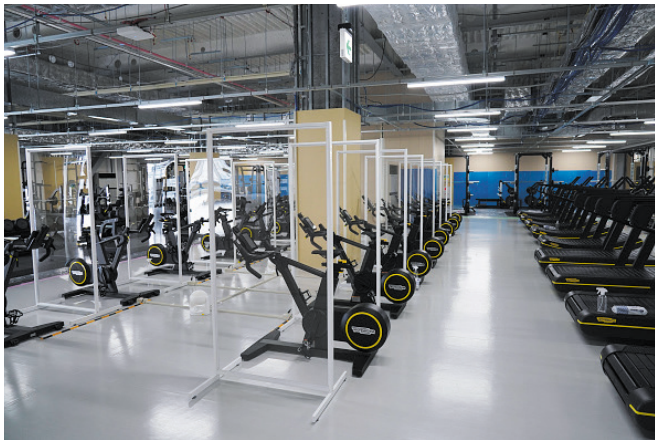
• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.3.2 Infection prevention measures in the Olympic/Paralympic village

A non-contact thermometer was used to check the body temperature upon entering the village. As a measure to prevent droplet infection, frequent ventilation was provided to all facilities in the village, and acrylic panels were installed in the main dining hall and fitness gym. Physical distancing was secured by installing signs on the floors. Interviews with athletes were only permitted at the mixed zone set up in the Village Plaza.

As a measure to prevent contact transmission, hand sanitizer was placed at various locations. Alcohol disinfectant, soap, and other anti-COVID-19 kits were distributed to those who stayed in the Olympic/Paralympic village. As a measure to reduce congestion, signage was installed in the main dining hall and other areas to show the status of congestion.





Upper left: the entrance of the dining hall in the Tokyo 2020 Olympic/Paralympic Village

Upper right: the dining hall in the Tokyo 2020 Olympic/Paralympic Village

Below left: Gym in the Tokyo 2020 Olympic/Paralympic Village

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.3.3 Screening and response to COVID-19 cases in the Olympic/Paralympic village

Daily screening tests for COVID-19 were conducted on the athletes' teams. A testing center was established in the Olympic/Paralympic village, where screening tests were conducted. A testing facility was set up in the outpatient clinic for the patients with fever at the polyclinic and operated 24 hours a day. If a positive result was confirmed, the patient was transported to a medical institution outside the village or to an isolation hotel. Negative pressure vehicles were prepared for transport. Isolation hotels for athletes and team officials were operated by the Organising Committee. In the isolation hotels, medical professionals conducted 24-hour health monitoring and communicated through the use of translation devices for multi-language support.

The rooms of those who tested positive were disinfected. Those in close contact were moved to private rooms and their route of the movement were separated from others. They were transported to the competition venue by dedicated vehicles and had to avoid contact with others by eating meals alone in their own rooms.

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.3.4 Testing policies for Games stakeholders

Following extensive discussion between the GOJ, the TMG, the Organising Committee, and the IOC (including its Independent Expert Panel) and supported by modeling by the Foundation for Innovative Diagnostics (FIND) in Geneva, a programme of testing for SARS-C0V-2 at the Games was agreed. The programme was designed to produce the maximum reduction in the risk of a transmission event within the Games, and from the games to the local population, while also minimizing the likelihood of an athlete being excluded from the Games on the basis of a false-positive result. The programme was risk-based with those closest to the athletes and those closest to the interface between the international and the local populations being tested most frequently.

All overseas Games participants underwent a quantitative saliva antigen test （CLEIA, chemiluminescent enzyme immunoassay） upon arrival. For the first 3 days, either quantitative saliva antigen test or saliva PCR tests was performed daily. Thereafter, athletes and officials underwent quantitative saliva antigen test daily. If the test result was positive, a saliva PCR test was performed using the same saliva sample. If the test result was positive or inconclusive, a confirmatory nasopharyngeal PCR test was conducted (Figure 3-3). Other participants were tested either daily, every 4 days or every 7 days, according to the operational nature of their role and level of contact with athletes (Table 3-8). A fever outpatient clinic and a branch laboratory were set up in the Olympic/Paralympic village, where athletes and officials with SARS-CoV-2 positive results at the airport or screening tests, and those with symptoms such as fever and cough were tested, and the results were returned within 2-3 hours after the specimens were collected, to avoid affecting the Games participation.

The Results Analysis Expert Group (RAEG), composed of experts from IOC/IPC, the Organising Committee, and national and international experts, developed a protocol for interpretation of screening test results obtained during the Games. The RAEG also conducted case evaluations of complex infection cases, provided expert advice to the Infectious Disease Control Center (IDCC), and advised on the management of complicated cases and close contacts.

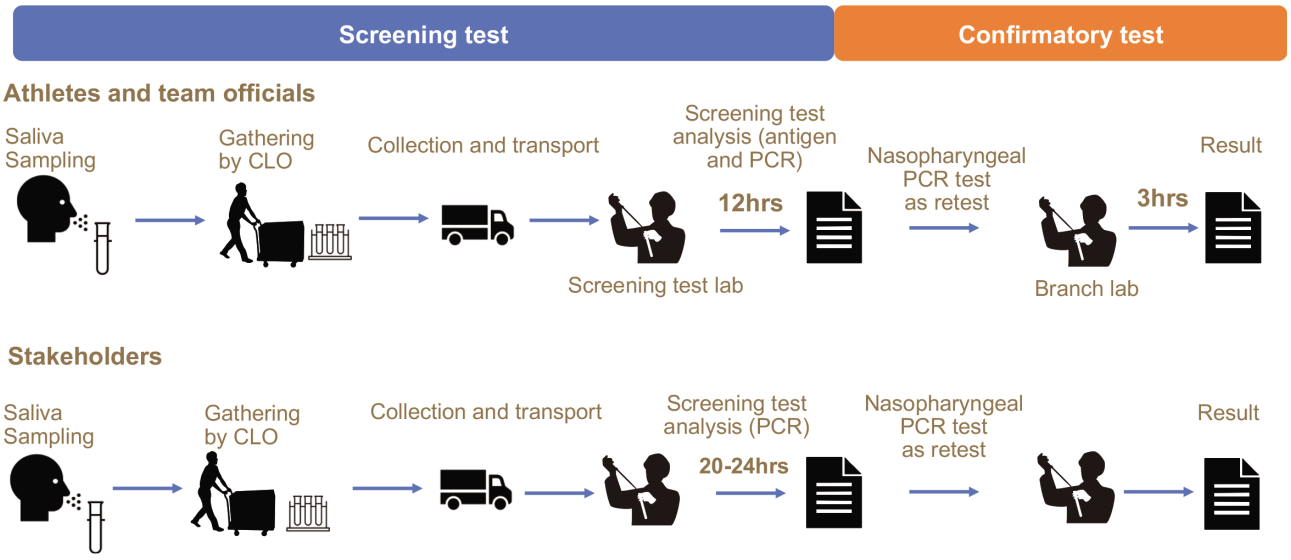


Figure 3-3. Screening and Confirmatory test for COVID-19among athletes, team officials and stakeholders

Table 3-8. Testing frequency (from the Playbook version3)

Population Location	Level	Characteristics	Population	Testing Frequency
Tokyo	1A	• Athletes staying in the Olympic/Paralympic Village • Other Olympic/Paralympic Village residents, due to their close proximity to athletes and critical role in operating the Games	• Olympic/Paralympic Village residents • Athletes • Team Officials • Other NOC/NPC accredited personnel	Daily
Tokyo	1B	• Athletes and team Officials not staying in the Olympic/ Paralympic Village	• Athletes not staying in the Olympic/Paralympic Village but residing in Tokyo • Team Officials not staying in the Olympic/Paralympic Village but residing in Tokyo • Other NOC/NPC accredited personnel	Daily
Remote	1C	• Athletes and Team officials not residing in Tokyo	Those residing in remote venues: • Athletes • Team Officials • Other NOC/NPC accredited personnel	Daily
ALL	1D	• Participants who have regular contact with or close proximity to athletes • Core participants required for Games operations	• IF Delegates, ITOs, Judges, Jury members, National Technical Officials, Equipment Technicians, IF Executive Board members, IF Presidents and Secretaries General, IF Full Time Senior Staff, IF Staff, IF Medical Officer, Transferable Guests, IF Head of Media • FOP broadcasters and photographers	Daily
ALL	1E	• Participants who have regular contact with or close proximity to athletes • Core participants required for Games operations	Select Sport-Specific Volunteers • Select FOP and OLV support services workforce (e.g. timekeepers, results managers, medical staff at isolation and quarantine facilities etc.)	Daily
ALL	2A	• Participants who may come into some contact with participants from Level 1 (in particular, those having some contact with athletes)	• Other broadcast and press • Olympic and Paralympic Family • Marketing Partners	Every 4 days
ALL	2B	• Participants who may come into some contact with participants from Level 1 (in particular, those having some contact with athletes)	• Other Sport-Specific Volunteers • Other support services workforce	Every 4 days
ALL	3	• Participants who have limited or no contact with Level 1 Participants • Workforce who may have some contact with overseas stakeholders		Every 7 days
ALL	4	• Other Games participants		No testing

Collection point for a specimen for a PCR screening test for media

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- International Olympic Committee, International Paralympic Committee, The Tokyo Organising Committee of the Olympic and Paralympic Games. The Playbook: Your guide to a safe and successful Games (Athletes and Officials, International Federations, Broadcasters, Press, Marketing Partners, Workforce, Olympic and Paralympic Family). June 2021(Version 3). https://olympics.com/ioc/tokyo-2020-playbooks.

3.4 COVID-19 Measures Implemented in the Venue

From June to August 2020, after the decision on the postponement of the Games, infection prevention and control measures were promoted at each competition venue using the WHO's "Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19": interim guidance and the Japanese government's information materials on "new lifestyles", informing the basic prevention measures on COVID-19 and the need for customized measures for different competitions and expected spectators in every venue. At all Games venues, basic measures against COVID-19 were thoroughly implemented, such as body temperature screening of visitors, hand hygiene, wearing of masks, and avoiding 3Cs. In addition, booths were set up at each venue to temporarily isolate individuals who tested positive for SARS-CoV-2 during the screening test or individuals suspected of COVID-19 such as those with fever.

References

- World Health Organization. (2020). Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19: interim guidance, 14 April 2020. World Health Organization. https://apps.who.int/iris/handle/10665/331764.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.4.1 COVID-19 measures for athletes in the venue

Efforts were made to prevent the spread of infection by informing visitors to take their temperature (primary and secondary), wash their hands, wear masks, and eat quietly. Areas used by athletes were regularly disinfected and ventilated. In addition, locations and times for practice were designated. Rules for wearing masks were established and indicated.

Screening tests were conducted at some competition venues. Specimen collection points were set up in easily recognizable locations, and the staff called out to ensure that the tests were conducted properly.

Physical distancing was ensured in the mixed zone. In the athlete dining area, boards for droplet prevention were installed and the staff was assigned to serve food to prevent athletes from serving food themselves.

The relevant departments in the Tokyo 2020 Organising Committee worked closely together to identify the close contacts of those with COVID-19 in competitions and practices. The movement of close contacts was separated from that of the general athletes, and dedicated staff accompanied them. Separate practice areas were also provided. Close contacts could successfully participate in the competition; however, some of them were unable to participate in their practice smoothly because of insufficient administrative support due to the last-minute decisions on the implementation of special measures for them.

Volunteers and staff members were encouraged to implement basic infection prevention measures; depending on the frequency of contact with athletes, those who had the opportunity to come into close contact with athletes were screened more frequently.

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.4.2 COVID-19 countermeasures for spectators/school's spectator programs

Although many venues held games without spectators due to the declaration of the state of emergency in response to the spread of COVID-19, some venues accepted spectators from schools or educational purposes with groups that could observe infection prevention measures. To ensure the safety and security of pupils

and students, the following infection prevention measures were thoroughly implemented:

- Temperature check and health observation of participants on the morning of the event and at school (temperature check and health observation 14 days prior to the event were also conducted)
- Body temperature screening and hand sanitization at the entrance of the venue
- Provision of a dedicated path inside the venues
- Maintaining a physical distance at the spectators' seating, ensure cheering by applause, and disinfecting the spectators' seats.
- Strongly recommended to come to the venue by a chartered bus to minimize the opportunities of infection for students and pupils during the public transport and not to increase flow of people

Cleaning mats at the Tokyo 2020 Games venue

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.4.3 COVID-19 countermeasures at the public roads

Although the Games were held without spectators, controlling the number of spectators for street events such as marathons, walking races, bicycle races, and triathlons were not feasible. The Organising Committee made announcements on public transportation systems, and its staff members patrolled the streets with signboards asking people to refrain from watching and cheering along the roads or to maintain physical distances. The start and finish lines were closed to the public.

Staff calls for watching from home on the road at women's marathon

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.5 COVID-19 measures among Field Casts and Staffs

3.5.1 Implementation of COVID-19 measures among field casts and staffs

A total of 76,186 Olympic and Paralympic Games volunteers (Field Cast) were involved in the Games. To ensure that all Games staff, including the Field Cast, would consistently implement COVID-19 countermeasures, guidelines were formulated, and a manual was developed that embodied and detailed the contents of the Playbook. For the field cast, advanced training opportunities were also provided. In addition, the Field Cast underwent COVID-19 PCR tests at the venue depending on the frequency of contact with athletes and foreigners visiting Japan. Based on the infection situation in Japan, the frequency was increased during the Paralympics. In cooperation with the GOJ and the TMG, vaccination opportunities were provided to all Games volunteers and staff (see details in the next section).

According to the Organising Committee, the content of the anti-COVID-19 measures was not fully understood at first, and some people were talking without wearing masks in the Field Cast dining room. In addition, there was a difference in the implementation of PCR testing depending on the roles and venues. Awareness was raised again by sending out e-mails to all volunteers to improve the situation.

The TMG prepared and implemented the "City Casts' Manual for COVID-19 prevention in their Activities" to prevent infection during training and activities associated with the "City Cast," an urban volunteer program operated by the TMG (Figure 3-4).

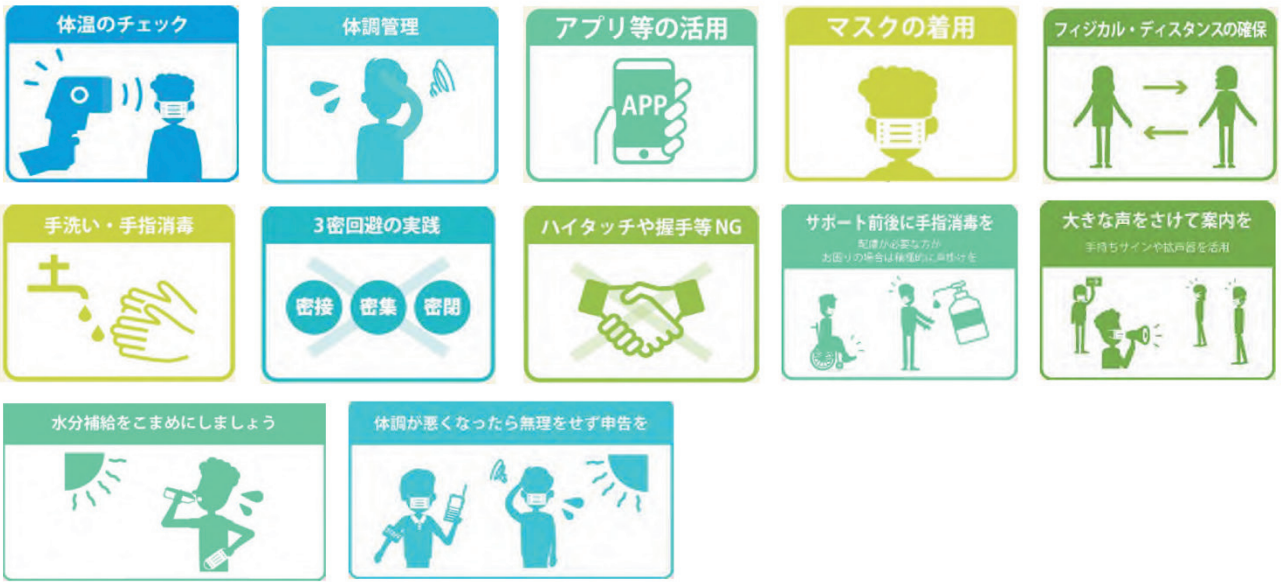


Figure 3-4. Infection preventive measures for the City Casts

From upper left: body temperature screening, health monitoring, using the Apps, wearing masks, physical distancing, washing hands and disinfection, avoiding 3Cs, following the no high-fives and shake hands rule, disinfection before support, avoiding loud voice, frequent hydration, leaving when feeling unwell

(From the City Casts' Manual for COVID-19 prevention in their activities)

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- Tokyo Metropolitan Government. City Casts' Manual for COVID-19 prevention in their activities. June 30, 2021. in Japanese. https://www.city-volunteer.metro.tokyo.lg.jp/jp/news/2021/0630_01.html.

3.5.2 COVID-19 vaccination for the Games participants

When the original Interim Summary was published by the Three-party meeting, preparations were made without taking into account of the COVID-19 vaccine as a countermeasure because of the uncertain availability; however, when the supply of the vaccine improved, the vaccination of Games stakeholders was not mandated but promoted. In collaboration with the GOJ and the TMG, the Organising Committee provided the vaccination opportunity to all Games volunteers and staff. On May 6, 2021, the IOC announced the free supply of Pfizer vaccines (20,000 doses). Vaccination for the Japan team started on June 1, 2021. Provision of an additional 20,000 doses was announced on June 15; in total, approximately 40,000 doses were provided. The vaccination program was initiated on June 18 and the 2-dose schedule was completed by August 21. Approximately 2,200 Japanese athletes, 1,300 Games officials, 30,000 Games staff, and 5,000 media staff were vaccinated. As for the volunteers, 14,300 people were vaccinated through the TMG and local governments where the venues were located. Additional opportunities for vaccination using the Moderna vaccine were also provided, and approximately 8,300 people were vaccinated. About 7,500 people aged 65 years or older and healthcare workers were vaccinated at the prioritized vaccination stage, and about 4,600 people were vaccinated during the group vaccination program held in their respective companies.

According to the Tokyo 2020 Organising Committee, the vaccination coverage exceeded 80% among athletes and media. The vaccine for athletes was provided free of charge by the IOC to the NOCs.

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.6 COVID-19 Prevention and Control Measures in Host Towns

The Japanese government recruited municipalities to be Host Towns to welcome athletes from overseas before and after the Tokyo 2020 Olympic and Paralympic Games. The goal of this initiative was to promote mutual human, economic and cultural exchanges with countries/regions participating in the Games to contribute to Japan's strategy for creating a sports-oriented nation, promote globalization, revitalize local communities, and expand tourism. A total of 533 municipalities nationwide had registered as Host Towns in 2020.

However, the Games was postponed for 1 year, and some athletic teams canceled their pre-Olympics training camps. By the time the Tokyo 2020 Games came to a close, a total of 6,349 athletes from 79 countries established training camps in 183 municipalities for the Olympics, and 1,627 athletes from 39 countries had camps in 67 municipalities for the Paralympics. With regard to post-Games exchanges, 191 athletes from 16 countries took part in exchanges after the Olympics in 22 municipalities and 33 athletes from 6 countries after the Paralympics in 13 municipalities. For example, the City of Maebashi in Gunma Prefecture hosted the South Sudanese athletic team's pre-Games training camp throughout the duration of the postponement, for 1 year and 9 months. The City of Ota, also in Gunma Prefecture, hosted the Australian softball team for 47 days starting in June.

On November 12, 2020, the Cabinet Secretariat issued the 1st edition of the " Guidance for creating an acceptance manual for athletes in host towns " that outlined infection countermeasures for hosting athletes. The manual was translated into English, Chinese, French, Russian, German, Spanish, and Portuguese. The manual underwent multiple revisions on April 28, June 30 and August 3, 2021, and the revised versions were issued in English as well. An agreement that all participants comply with this manual during their stay was established in advance between the host towns and visiting countries/regions.

Basic infection prevention measures were outlined separately for travel, accommodation, dining, training, and exchanges. During travel, contact with local people was avoided by using dedicated vehicles such as chartered buses instead of public transportation. When traveling on a chartered bus, efforts were made to provide ventilation and maintain distance between seats, and everyone was required to wear a mask. For accommodation, contact with other guests was prevented by separating floors or buildings. Private rooms were used, and meals were served in designated venues or in one's room. Use of shared facilities was prohibited.

As a general rule, training facilities were privately rented to avoid contact with Japanese locals. The rules specified that exchanges and interactions during the Tokyo 2020 pre-Games training camps be limited to those without direct physical contact with athletes or other Olympic participants. Media coverage also required avoiding close contact while maintaining distance.

Necessary considerations were given to Paralympic-athletes depending on the degree and type of impairment, such as disinfecting touched surfaces of wheelchairs, canes, or prosthetic hands, etc., and providing user-friendly disinfection opportunities (such as modifying locations and heights of dispensers).

Daily testing for COVID-19 was required for athletes staying in host towns and municipal personnel who have contact with the athletes. Furthermore, movement restrictions were implemented, and athletes' travel was limited to locations such as training facilities and hotels/accommodations.

For athletes who have finished competing and for whom at least 14 days have passed after entry into Japan, exchanges took place while adhering to prevention measures. The online exchange was also available when direct interaction was not possible.

In an event of a positive case, necessary communication and collaboration were to be made with Tokyo Base of Health Support for Tokyo 2020 Games and the Tokyo 2020 Organising Committee IDCC.

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- Cabinet Secretariat Olympic/Paralympic Promotion Headquarters Secretariat. Exchange at host town in Tokyo 2020 Olympic and Paralympic Games. Inter-ministerial liaison committee on host towns in Tokyo 2020 Olympic and Paralympic Games (12th). September 28, 2021. In Japanese. http://www.kantei.go.jp/jp/singi/tokyo2020_suishin_honbu/hostcity_townkousou/dai12/gijisidai.html.
- Cabinet Secretariat Olympic/Paralympic Promotion Headquarters Secretariat. Guidance for creating an acceptance manual for athletes in host town. November 2020 (revised in April, June, August, 2021). https://www.kantei.go.jp/jp/singi/tokyo2020_suishin_honbu/hosttown_suisin/index.html.

3.7 Measures and Policy on Related Events (Live Site/Public Viewing)

A variety of attractive events was planned in connection with the Tokyo 2020 Olympic and Paralympic Games. A concern was raised that all of these events could be places where there is a risk of forming COVID-19 clusters and that the euphoria generated by such events could indirectly affect Japan's COVID-19 control measures. Therefore, infection prevention and control measures, including the reduction or cancellation of the event, were discussed.

3.7.1 The Torch Relay and COVID-19 countermeasures

The Tokyo 2020 Olympic Torch Relay was scheduled to take place in all 47 prefectures and 859 cities, towns and villages (the number scheduled at the planning stage) for 121 days from March 25 to July 23, 2021. In the end, torch relays on public roads or lightning ceremonies were held in all 47 prefectures. A total of 10,514 torchbearers participated in the relay.

The Tokyo 2020 Paralympic Torch Relay took place from August 12 to August 24, 2021. Lighting ceremonies were held in all 47 prefectures, while Torch relays were held in the host prefectures (Shizuoka, Chiba, Saitama, and Tokyo). There were a total of 1,070 torchbearers. In cases where torch relays could not be held on public roads because of a state of emergency or a quasi-state of emergency, alternative measures were taken, such as lighting ceremonies where torchbearers connected the torch inside the venue. For the Olympic Games, 27 prefectures carried out the torch relay on public roads, of which four shortened or changed the route, 11 prefectures suspended the torch relay on public roads altogether, and nine prefectures partially suspended it. As for the Paralympics, three prefectures suspended the torch relay on public roads, and one prefecture partially suspended it.

According to the Interim Summary, the Tokyo 2020 Organising Committee was to prepare detailed infection prevention measures by the end of the year to ensure the safety and security of both spectators, torchbearers, operation staff, and local residents.

In February 2021, the Organising Committee published the " Guidelines Covering COVID-19 Countermeasures during the Tokyo 2020 Olympic Torch Relay," which outlines the basic countermeasures (Table 3-9). Specifically, torch bearers and spectators were required not to participate if they were feeling unwell, to wash their hands and follow the cough etiquette, and to apply disinfectants in all celebration sites. The health conditions and body temperature of torchbearers and staff were monitored. In addition, the Organising Committee suggested that further measures may be taken, such as to refrain from spectating along the route, change the route, and review the way of conducting the torch relay itself depending on the COVID-19 situation.

Table 3-9. Basic measures against COVID-19 during the Tokyo 2020 Olympic torch relay

1) Avoidance of the 3 Cs (closed, crowded, and close contact)
2) Prevention of droplet and contact infections
3) Through sterilization and disinfection
4) Thorough management and observation of the physical condition
5) Thorough publicity and awareness
6) Development of a response plan in the event of SARS-CoV-2 positive or ill cases

Particular attention was paid to measures for preventing crowding along roadsides. Locations, where a big crowd is expected, were examined in advance, the existence of congestion was quickly identified, and

countermeasures to ease it was implemented by the local government.

The Tokyo 2020 Olympic Torch Relay, Iwaki-city, Fukushima

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- The Tokyo Organising Committee of the Olympic and Paralympic Games. Guidelines Covering COVID-19 Countermeasures during the Tokyo 2020 Olympic Torch Relay. 25 February 2021.

3.7.2 COVID-19 plans at Live Sites

Many local governments canceled the Live Sites based on the five-party consultation statement on June 21, 2021, in which the five-party agreed to consider the cancellation or reduction of the scale of the Live Sites and Public Viewing as a countermeasure against the flow of people other than the spectators. The local governments that hosted the event implemented thorough countermeasures against COVID-19, and devised ways to watch the event without shouting, such as the use of applause and sound-producing goods to cheer the spectators, and watching "realistic live viewing" images in planetariums.

The TMG published the review policy on June 22, 2021. Live sites and public viewing in Tokyo with spectators were canceled. Venues such as live sites were converted to vaccination sites to accelerate vaccination. The TMG has also cancelled the onsite live sites planned in the three Tohoku prefectures and Kumamoto Prefecture.

References

- Tokyo Metropolitan Government. City Casts' Manual for COVID-19 prevention in their activities. June 30, 2021. in Japanese. https://www.city-volunteer.metro.tokyo.lg.jp/jp/news/2021/0630_01.html.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.8 Policy on Spectators

3.8.1 Decision on foreign visitors and spectators

In the Interim Summary, specific rules for the spectators (upper limit of spectators and foreign spectators) had not been decided. The rules were to be decided by the spring of 2021, taking into consideration the pandemic situation in Japan and worldwide, the restrictions on traffic to and from overseas, and hosting sports events. However, even in March 2021, the pandemic situation had not improved both in Japan and worldwide, including the emergence of more infectious and transmissible variants, and cross-border traffic was severely restricted in countries around the world, including Japan. Thus, guaranteeing free entry of foreign nationals to Japan from abroad during the summer was not expected. Therefore, the five parties meeting (IOC, IPC, TMG, the Organising Committee, and the GOJ) was held on March 20, 2021, at which the Japanese side (Organizing Committee, national government, and Tokyo Metropolitan Government) reported the conclusion that due to the current global situation of COVID-19, the acceptance of foreign spectators in Japan for the Tokyo 2020 Games would be declined. The IOC and IPC accepted this conclusion. At this point, five parties agreed to the plan to set a policy on limiting the domestic spectators in April 2021.

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- Holding of the Five-Parties Meeting (Part 2). Tokyo Metropolitan Special Committee for Olympic and Paralympic Games Promotion. June 1, 2021. in Japanese. https://www.2020games.metro.tokyo.lg.jp/944caae65962b44bcbb283f91cd3530b.pdf

3.8.2 Decision on Japanese visitors and spectators

At the five-party meeting on April 28, 2021, taking into account the COVID-19 situation in Japan affected by variants while there was a major change in circumstances, which did not allow spectators from overseas, it was agreed that the upper limit for domestic spectators should be in accordance with the upper limit regulations for domestic sporting events in June. On June 21, 2021, five parties discussed the policy on the number of spectators and reached the following agreement:

- With regard to the Olympic Games, the maximum number of spectators at all venues will be set at 50% of the capacity and less than 10,000, taking into account the restrictions imposed by the Japanese government on the holding of events (pupils and students and their escorts under schools' spectator program will be treated separately in view of their nature).
- The current schedule of competition times shall be maintained, and the admission of spectators as specified above shall be allowed.
- However, when a state of emergency or quasi state-of-emergency is declared after July 12, the policy on spectators shall be based on the measures (including no spectators policy) called for at that time.
- In the event of a sudden change in the epidemic or medical situation, a five-party meeting will be held promptly to discuss the response.
- To ensure a safe and secure situation, guidelines for spectators will be prepared, stipulating the wearing of masks at all times, prohibition of loud voices, avoidance of congestion through announcements, dispersed exit, etc., as well as direct travel to and from the venue and precautions when traveling across prefectures shall be requested.

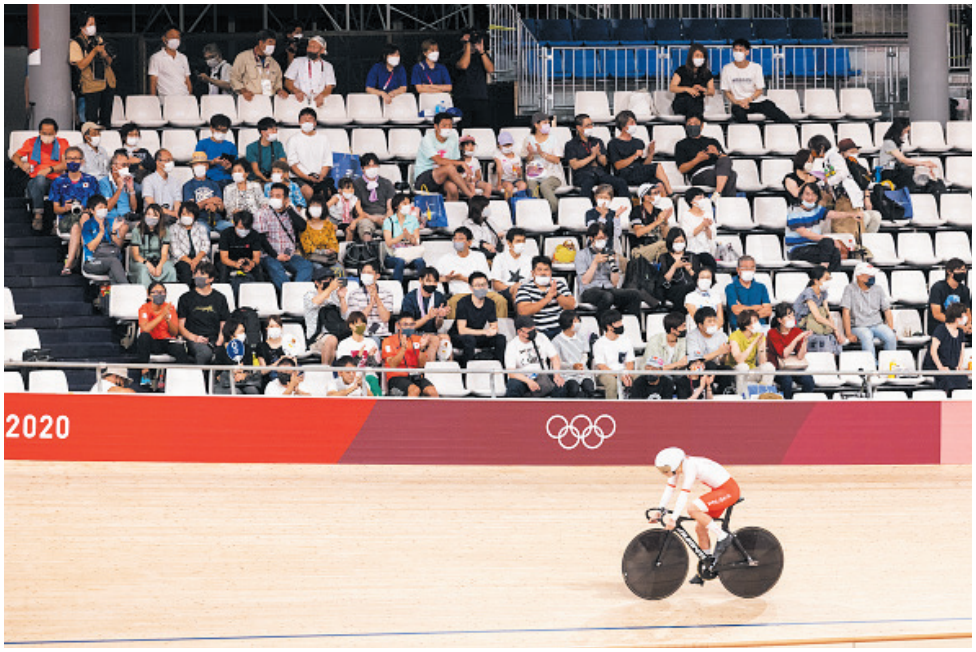
・In addition, as a measure to deal with the flow of people other than spectators, live sites and public viewing should be canceled or their scale should be reduced, related events should be reviewed, and new safe and secure ways of cheering under the COVID-19 pandemic should be proposed.
・The situation should be monitored based on expert knowledge in order to ensure a safe and secure Games.
・For the Tokyo 2020 Paralympics, the policy will be decided by July 16, one week before the opening ceremony of the Tokyo 2020 Olympics.

Based on the above policy, the "Guidelines for Ticket Holders on Countermeasures against COVID-19" was released on June 23, 2021.

3.8.3 Measures under the state of emergency and policy on the number of spectators

On July 8, 2021, the GOJ held a meeting of the COVID-19 Response Headquarters and declared a state of emergency for Tokyo from July 12 to August 22. The period of quasi-state of emergency in Saitama, Chiba, and Kanagawa prefectures, where the Games venues were located, was also extended until August 22 (later changed to the state of emergency from August 2). In these areas, the number of spectators in events was limited to 50% of the capacity and less than 5,000, and a request to shorten the business hours to 21:00 was made. The Tokyo 2020 Roundtable also examined the impact of the Game spectators through data analysis and simulations. Experts pointed out that the holding of the Olympic and Paralympic Games with an audience under a state of emergency would send contradictory messages both domestically and internationally (see the details in another section). At the five-parties meeting on the same day, in response to the above-mentioned declaration of the state of emergency, the Japanese side explained that, as a more stringent measure to control human flow and prevent the spread of COVID-19 infection, no spectators policy would be adopted. The IOC and the IPC agreed that. It was also agreed that, under this policy, in areas where the state of emergency has not been taken, a liaison council of relevant local governments would be convened to discuss the situation in each area and decide on specific measures after consultation with the leaders of the local governments. After subsequent consultations, it was decided that the three prefectures of Kanagawa, Saitama, and Chiba, where quasi-state-of-emergency were to be extended, would also have no spectators, as was the case in Tokyo. Subsequently, Hokkaido and Fukushima Prefecture also decided to have no spectators, and Ibaraki Prefecture also decided to have no spectators in principle, except for schools' spectator programs. Miyagi and Shizuoka prefectures held the games with spectators. As a result, the Olympics had 21 sessions with spectators, and approximately 43,300 people attended the games in the three prefectures.

On August 16, 2021, the four-party meeting (the GOJ, the TMG, the Organising Committee, and the IPC) decided on no spectators for the Tokyo 2020 Paralympic Games (except for schools' spectator programme). As a result, about 15,700 people entered under the schools' spectator programs on 64 sessions in the Tokyo 2020 Paralympic Games.



The Tokyo 2020 Games venue with spectators (Shizuoka, Japan)

References

- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- Holding of the Five-Parties Meeting (Part 2). Tokyo Metropolitan Special Committee for Olympic and Paralympic Games Promotion. June 1, 2021. in Japanese. https://www.2020games.metro.tokyo.lg.jp/944caae65962b44bcbb283f91cd3530b.pdf
- Joint Statement by the IOC, IPC, Tokyo 2020 Organizing Committee, Tokyo Metropolitan Government and the National Government. Tokyo Organizing Committee for the Tokyo 2020 Olympic and Paralympic Games. July 8, 2021. In Japanese. https://www.city.chuo.lg.jp/bunka/olympic/kuminkyougikai/shiryousoufu2.files/01.pdf

3.9 COVID-19 Measures and Heat Protection

Even before the COVID-19 outbreak, one of the public health concerns of the Games was the heat countermeasures. As a result of COVD-19, no spectators from overseas were allowed into the country, and most of the venues had no spectators; hence, the number of people subject to measures was greatly reduced. For this reason, the number of participants to be addressed on the heat precautions was greatly reduced; however, balancing the heat precautions and infection prevention measures remained a challenge. Awareness was raised on measures such as wearing of masks in a hot environment during the briefing and training sessions.

The signboard for Wet Bulb Globe Temperature (WBGT) and Heat Stress Index

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.10 Infection Prevention Measures during the Paralympic Games

3.10.1 Additional infection prevention measures during the Paralympic Games

As the number of COVID-19 cases increased in Japan during the Tokyo 2020 Olympic Games, additional infection prevention measures were implemented during the Paralympics for both domestic and international stakeholders.

To protect the safety of the athletes, some staff members who visited the Olympic/Paralympic village were tested once every 4 days during the Olympics; but during the Paralympics, staff members who have regular contact with athletes underwent screening daily. For those staff subject to screening including those not staying in the Olympic/Paralympic village, the frequency of screening was increased from once every 7 days to once every 4 days (Table 3-10).

In response to the spread of the infection, although overseas visitors have been subject to strict behavioral control in accordance with the Playbook for the first 14 days after entry, the Paralympic Games-related visitors were requested to keep their behavior in accordance with the rules in the Playbook even after the 15th day of their arrival (Table 3-11).

Table 3-10. Changes in frequency of COVID-19 screening tests after the Olympic Games

Subject	Before	After
Athletes, etc.	Everyday (no change)	
Staffs visiting Olympic/Paralympic village*	Every 4days	Everyday
Press	Every 4days (no change)	
Other staff	Every 7days	Every 4 days

* if they have regular contact with athletes

Table 3-11. Examples of requests on activities during the stay

Meals	Use of restaurants in the Games facilities and hotel restaurants is recommended. Eat alone and in silence.
Going outside	Limited to Games-related facilities, minimize contact with non-Games-related people
Transportation	Use vehicles arranged by the Game organizers or participants when it's available (Avoid using public transport)

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.10.2 Additional infection control measures for the Tokyo 2020 Paralympic Games

The infection prevention measures for athletes were the same for both the Olympic and Paralympic Games. While most para-athletes were capable of managing their health and following infection prevention measures autonomously, some para-athletes required support from others. Additional considerations for para-athletes were compiled separately by the Organising Committee (Table. 3-12).

Table 3-12. Examples of para-athletes who need assistance from others for infection prevention measures

Athletes with upper limb paralysis or deficits who have difficulty in applying the disinfectant to their own fingers were supported by the National Paralympic Committee (NPC) staff. Athletes with severe cerebral palsy who have difficulty disinfecting the hand rims of their wheelchairs by themselves were assisted by the NPC staff using paper towels coated with disinfectant. For athletes with intellectual disturbances who have difficulty checking their body temperature and reporting their temperature using an app, NPC staff input their temperature on their behalf. Athletes with visual impairments may have difficulty maintaining a physical distance and recognizing the location and operation of the disinfectant dispenser were supported verbally and observed to make sure the disinfection was complete.

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.11 Response to Cases and Contacts of COVID-19 among the Games Stakeholders

3.11.1 Framework for infectious disease control for the Tokyo 2020 Games

Since the Tokyo 2020 Games were postponed due to the outbreak of COVID-19, implementation of measures became the priority for the Games in 2021. Thus, the Organising Committee decided to establish the IDCC. The IDCC oversaw public health surveillance, health monitoring and support for athletes and others, and information sharing, communication, and coordination in the event that athletes and the Games stakeholders tested positive for COVID-19 (Table 3-13). In order to reduce the burden on the local government, the IDCC took the roles on the testing of close contacts, and coordination of visiting clinics and enrolling isolation hotels of the positive cases. In addition to the athletes and the Games stakeholders, the IDCC collected the epidemiological information on foreign visitors. The IDCC operated from July 1, 2021 to September 20, 2021, 24 hours a day during the Games, and from 7:00 to 23:00 during the rest of the term. Prior to COVID-19 outbreak, the public health response team of the Organising Committee consisted of a few people, but the IDCC had a total of about 80 people in the end.

As many athletes and media personnel would be staying in the Olympic/Paralympic village and in Tokyo, the TMG decided to establish the Tokyo Base for Health Support for the Tokyo 2020 Games (Tokyo Base) to support the COVID-19 response for athletes and others in the Olympic/Paralympic village, and to support the public health centers in Tokyo in dealing with COVID-19 cases related to the Tokyo 2020 Games (Table 3-14). The Tokyo Base operated from July 1 to September 20, 2021, with 1 doctor, 2 public health nurses, 8 clerical staff, and 15 part-time staffs (public health nurse, nurse, and contact tracers).

The IDCC and the Tokyo Base were set up in the same room, and liaisons from the Ministry of Health, Labor and Welfare (MHLW) were also stationed there to work, which facilitated communication and contributed to information sharing and faster decision-making.

Table 3-13. Operations of the IDCC of the Tokyo 2020 Organising Committee

- Health surveillance of Games Stakeholders using the Tokyo 2020 Infection Control Support System (ICON)
- Health monitoring of athletes, etc.
- Coordination of medical examinations, tests, treatment and hospitalization for those who tested positive or became ill
- Epidemiological investigation
- Testing close contacts
- Individual care for Paralympic athletes who tested positive

Table 3-14. Roles of the Tokyo Base for Health Support for the Tokyo 2020 Games

1) COVID-19 response at the Olympic/Paralympic village, etc.
- Response to the COVID-19 positive cases among athletes, etc. in the Olympic/Paralympic village
- Response to the athletes group who arrived the Olympic/Paralympic village before the results of the test conducted at the airport are returned

2) Support services at public health centers in Tokyo for COVID-19 cases among Games officials
- Coordination of isolation hotels for Games stakeholders when tested positive
- Provision of documents translated into English

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.11.2 Infectious disease surveillance by the Tokyo 2020 Organising Committee

The three methods of surveillance for infectious diseases were conducted for the Games participants (Table 3-15). The surveillance information was collated and reported daily in the form of a Public Health Daily Report to the Tokyo 2020 Organising Committee, the IOC/IPC, the WHO, the national government and the local government where venues were located.

Table 3-15. Infectious Disease Surveillance at the Tokyo 2020 Games

1) Syndromic surveillance using surveillance app for spectators and stakeholders in the venues
2) Syndromic surveillance for athletes using the electric medical record system
3) Health monitoring using OCHA*-based ICON**
*Online Check-in and Health report App (OCHA) : An app for Tokyo 2020 Games stakeholders to facilitate online check-in and health status reporting
**Tokyo 2020 Infection Control Support System (ICON) : A database of the Organising Committee used for information management of COVID-10 cases and close contacts

1) Syndromic surveillance using surveillance app for spectators and stakeholders in the venues

At Games-related medical facilities such as venue clinics for spectators and stakeholders, syndromic surveillance was conducted in patients who were examined and received medical treatment, based on the following items, and the incidence of patients was monitored daily.

Syndrome surveillance items at Games-related medical facilities:

①Fever: 38°C or higher at the time of medical examination

②Acute respiratory infection: fever of 38°C or higher at the time of examination and cough suspected to be due to infection and/or sore throat (onset within 10 days)

③Acute gastrointestinal infection: soft and/or watery stool (more than 3 times/day) and/or bloody stool and/or vomiting (onset within 24 hours)

④Skin rash: generalized skin rash (onset within 10 days)

⑤Meningitis symptoms: fever of 38℃ or higher and impaired consciousness and/or meningeal irritation sign (onset within 10 days)

⑥None of the above

2) Syndromic surveillance for athletes using the electronic medical record system

For athletes and the team official, surveillance data on the same items as in 1) were collected through the electronic medical record data at the medical facilities (polyclinic and venue medical facilities for athletes) for athletes and the team official.

3) Health monitoring using OCHA-based ICON

The participants were required to enter their health information into the integrated health information management system for foreign entrants called OCHA from two weeks before coming to Japan or starting their Games activities. The health information entered in the OCHA app was linked to the Tokyo 2020 ICON, and the IDCC received information on the health information entry status, presence or absence of symptoms, and details of symptoms of the Games participants from the ICON.

References

• The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.

3.11.3 Policy for close contacts in practicing and playing during the Games

Requiring athletes and other close contacts to refrain from going out and engaging in activities for 14 days, consistent with national rules, would deprive them of the opportunity to compete in the Games. The "Additional measures in response to new variants" and the Playbook also indicate the policy of allowing close contacts to participate in the Games under some conditions, and the participants were to agree with that policy. In consultation with the national government, the TMG, and the IOC/IPC, and in cooperation with the relevant public health authorities, the rules were set to allow the participation of close contacts in the Games and practices (Table 3-16). The final policy decision was made on July 15, 2021, just before the Games.

Table 3-16. Requirements for close contacts to participate in the games and practices

- Negative daily nasopharyngeal PCR test and a test 6 hours prior to practice and competition
- Staying in a private room and eat meals alone.
- Transportation must be in a charted dedicated vehicle.
- No going out except for practice and games, keeping a physical distance from others at the practice and game venues.

Close contacts have been identified by Japanese health authorities according to the information collected by the IDCC. The Organising Committee was responsible for deciding whether the athletes who were close contacts can participate in practices and games or not, and for ensuring the effectiveness of countermeasures. A Results Analysis Expert Group (RAEG) consisting of domestic and international infectious disease experts was established as an advisory body to advise the IDCC on the results of the nasopharyngeal PCR test, the decision on whether athletes who have been in close contact with the virus can participate in practices and games, and the measures to be taken.

References

- The Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020. Additional Measures to respond to the variants. April 28, 2021.
- The Tokyo 2020 Olympic and Paralympic Organising Committee. Documents in the Executive Board Meeting: Review of Tokyo 2020 Games. December 22, 2021. in Japanese. https://www.tokyo2020.jp/ja/news/news-20211222-03-ja/index.html.
- International Olympic Committee, International Paralympic Committee, The Tokyo Organising Committee of the Olympic and Paralympic Games. The Playbook: Your guide to a safe and successful Games (Athletes and Officials, International Federations, Broadcasters, Press, Marketing Partners, Workforce, Olympic and Paralympic Family). June 2021(Version 3). https://olympics.com/ioc/tokyo-2020-playbooks.

3.12 Infectious Disease Risk Assessment for the Tokyo2020 Games by the IOC and Tokyo 2020 Organising Committee using WHO's Mass Gathering Risk Assessment Tool

The Organising Committee and the IOC used the WHO Risk Assessment Tool (WHO Mass Gathering COVID-19 Risk Assessment Tool - Sports Events) to evaluate the risk of infectious diseases and rism mitigation measures considering the characteristics of sports events during the Tokyo 2020 Games was conducted from January to March 2021. At that time, no decision had been made regarding the participation of spectators at the venue, but the basic infectious disease countermeasures and a screening test for COVID-19 had already been planned; the overall risk assessment at that time was not relatively high, despite the large-scale nature of the event. However, it was confirmed that the Organising Committee did not have sufficient capacity to respond to a large-scale outbreak.

Through these risk assessments, the recognition of the gap between the preparedness at that point in time and the response that would be required helped IDCC to expand the scope of its work at the time of the Games.

References

• World Health Organization. (2020). WHO Mass Gathering COVID-19 Risk Assessment Tool – Sports Events, version 2. World Health Organization. https://apps.who.int/iris/handle/10665/333187.

3.13 Infectious Disease Risk Assessment for the Tokyo 2020 Games after the Emergence of COVID-19

In October 2017, NIID prepared the "Risk Assessment of Infectious Diseases for the Tokyo Olympic and Paralympic Games" and presented it to the local governments. The entire list was updated to include COVID-19, considering the change in context. In particular, NIID pointed out the places and situations that pose a risk of COVID-19 and indicated items that are expected to be strengthened in preparation for holding the Games. In addition, the risk assessment of some infectious diseases was reiterated, as the risk of outbreaks was expected to decrease due to the measures taken against COVID-19 and the impact of the absence of foreign visitors (Table 3-17).

Table 3-17. Summary on the NIID's Infectious Disease Risk Assessment for the Tokyo 2020 Olympic and Paralympic Games (Updated Version).

Risk assessment and recommended risk mitigation measures
(COVID-19)
・Since there is a risk of forming a cluster among the Games stakeholders at the Games venues and other Games-related facilities, it is important to take thorough control measures. ・If risk management measures are thoroughly implemented and complied with during the Games, the risk of a domestic outbreak originating from imported cases from overseas is low. ・After leaving the designated area, a strict management system is desirable, including avoiding contact with the public for at least 14 days. ・Thorough risk mitigation measures should be implemented not only for athletes, but also for foreign journalists and volunteers who stay in the designated areas. ・An increase in the number of opportunities for people to gather in the city, as well as an increase in the flow of people within and between regions, may increase the risk of the spread of infection in Japan. Vigilance and countermeasures are needed.
(Infectious diseases other than COVID-19)
・Infectious diseases requiring attention are as follows: COVID-19, measles, invasive meningococcal infections, MERS, and EHEC infection. ・As a result of domestic and international measures against COVID-19, the risk of spread of respiratory infections such as influenza is lower than before the outbreak of COVID-19. ・The risk of imported infectious diseases, such as dengue fever, has also decreased due to a decrease in the number of travelers owing to the implementation of travel restrictions in various countries. ・The risk of developing food-borne infections such as EHEC infection and norovirus, and sexually transmitted diseases has not decreased compared with the risk before the outbreak of COVID-19.
Infection prevention and control measures to be strengthened or added for the Games
① Thorough implementation of infection prevention measures among spectators at venues, etc ② Enhanced surveillance of infectious diseases and reinforcing information sharing among local governments ③ Securing testing capacities in venues and pre-Games camp sites. ④ Strengthening of response to outbreaks and securing of medical services and capacity ⑤ Communications at routine intervals and in the event of cases/clusters domestically and internationally ⑥ After action review for the Games

References

• Center for Emergency Preparedness and Response, Center for Field Epidemic Intelligence, Research and Professional Development, Center for Surveillance, Immunization, and Epidemiologic Research, National Institute of Infectious Diseases. Operational Guidance on sharing information between municipalities using NESID file sharing system (second edition). June 29, 2021.

3.14 Enhanced Infectious Disease Surveillance for Tokyo 2020 Games

3.14.1 Enhanced NESID program and laboratory surveillance for SARS-CoV-2 variant

MHLW has strengthened the infectious disease surveillance to increase the sensitivity of infectious diseases detection from July 1, 2021, to September 19, 2021 (from 2weeks before and until 2weeks after the Games). This included enhancing the above-mentioned undiagnosed serious illness surveillance and ensuring cooperation among local governments that would enable smooth operation of the inter-municipal sharing system of NESID for 6 targeted diseases. In addition, the surveillance for the B.1.617.2 strain (delta variant), which already had been strengthened since June 17, 2021, was emphasized: the PCR test for the L452R mutation and genome sequence were required for those who had been diagnosed with COVID-19 at a training camp prior to the Games. Such laboratory testing was conducted at local public health institutions or at a commercial laboratory entrusted by the local government. Public health centers were asked to enter the result of the PCR test for the L452R mutation and genome sequence into the HER-SYS.

The Tokyo 2020 Games were postponed to 2021 from 2020 due to COVID-19 pandemic. The COVID-19 situation did not improve at the early period of 2021; therefore, the Game organizers decided not to allow overseas spectators at the Games. In addition, the organizers applied the so-called " bubble" for the Games participants and other relevant personnel. Given that COVID-19 outbreak response would be required regardless of the place that the outbreak occurred in Japan, enhanced EBS conducted by NIID focused on domestic public health events. For overseas infectious disease information, support from the WHO Regional Office for the Western Pacific (WPRO) was sought to conduct EBS with EIOS and the private Epidemic Intelligence platform was utilized for the disease-specific risk assessment of infectious disease importation to Japan.

References

- Cabinet Secretariat Olympic/Paralympic Promotion Headquarters Secretariat. Registration of cases on HER-SYS and testing on variants in the event that a COVID case is confirmed at the host town's pre-training camp, etc. June 29, 2021.
- Tuberculosis and infectious disease control division, Health Bureau and COVID-19 Response Headquarters, Ministry of Health, Labour and Welfare. Enhanced infectious disease surveillance for Tokyo 2020 Olympic and Paralympic Games. June 29, 2021; https://www.mhlw.go.jp/content/000800039.pdf, revised on July 13, 2021; https://www.mhlw.go.jp/content/000807923.pdf. in Japanese.

3.14.2 Event-based surveillance and assessment by the NIID

As routine epidemic intelligence activity, the NIID uses NESID, media information including press releases of official information, overseas infectious disease information platforms (e.g., ProMED, CIDRAP), and information from public health and medical personnel as information sources for EBS. As mentioned above, the number of people entering the country from overseas and their activities during their stay were restricted as a control measure against COVID-19. This decreased the risk of importation of infectious diseases and of disease spread. Therefore, EBS focused on collecting information of infectious diseases occurring in Japan, especially COVID-19. For domestic EBS, the EOC of the NIID organized daily meetings with officials of the TMG and the organizers of the Games to strengthen information sharing on infectious diseases. In addition, when a widespread cross prefecture cluster of COVID-19 was suspected, meetings with several relevant local governments were held for prompt information sharing. As for overseas EBS, the NIID conducted an initial risk assessment based on the information provided by WPRO. The epidemic intelligence platform of BlueDot Inc. was used as a reference for the risk of importation of each infectious disease to Japan.

References

- Kasamatsu A, et al. Enhanced event-based surveillance for imported diseases during the Tokyo 2020 Olympic and Paralympic Games. WPSAR J. 12(4)1-7.2021

3.14.3 Activation of Emergency Operations Center in NIID (NIID EOC)

NIID activated the Emergency Operations Center for the Tokyo Olympic and Paralympic Games (NIID EOC) from July 1, 2021 through September 19, 2021. The EOC was established in the Center for Emergency Preparedness and Response in April 2021 as an information hub in NIID for emergency response. CEPR activated the EOC for the first time for this event. NIID EOC supported the operations of enhanced surveillance, assessment, response, and consultation during the Games (Figure 3-5). During this period, EOC published a daily report on enhanced surveillance in collaboration with MHLW and shared it with the relevant agencies. The EOC also dispatched experts to support the Tokyo Base as requested by the TMG and to perform an outbreak investigation related to the Games as requested by the local government. The EOC was jointly operated by the Center for Surveillance, Immunization, and Epidemiologic Research, the Center for Field Epidemic Intelligence, Research and Professional Development, and Center for Pathogen Genomics as well as the Center for Emergency Preparedness and Response in NIID (Figure 3-6).

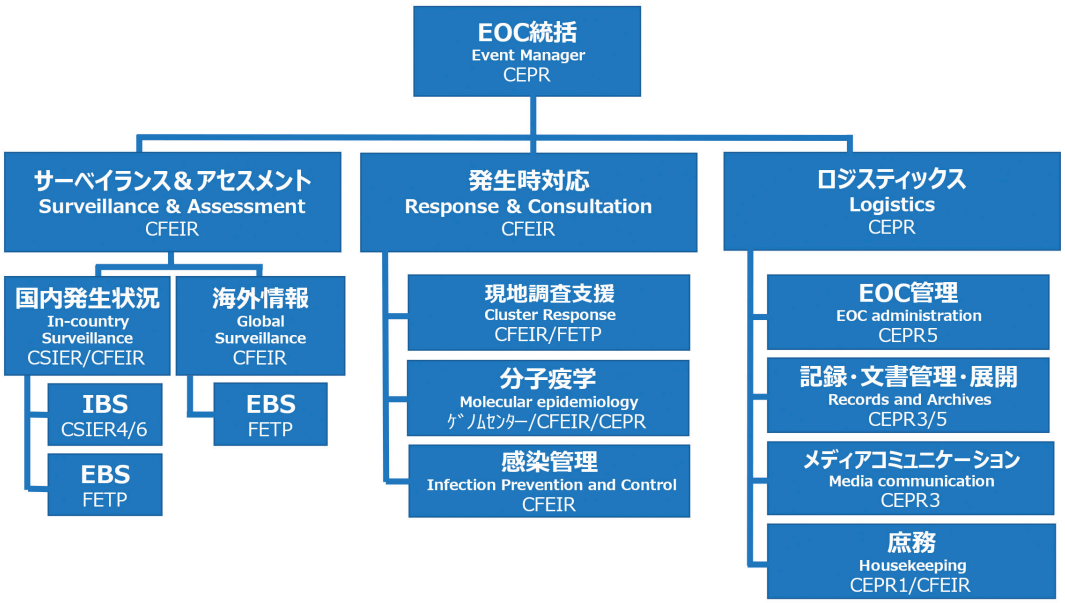


Figure 3-5. Organogram of NIID EOC for Tokyo 2020, July 1 to September 22, 2021.

Figure 3-6. NIID EOC

3.15 Preparedness and Response for Infectious Disease Outbreaks including COVID-19 Preparedness at the TMG

The TMG established the Coordination Center for Disease Control and Intelligence (the Coordination Center) in the TMG, which was responsible for consolidating information on infectious diseases, overseeing the response to infectious diseases, and preparing daily reports. The Tokyo Institute of Public Health was responsible for supporting epidemiological investigations and compiling epidemiological data. In addition, the Tokyo Base was established to provide COVID-19 response in the Olympic/Paralympic village (see details in other section). These organizations and public health centers collaborated to provide a response for infectious disease outbreaks (Figure 3-7).

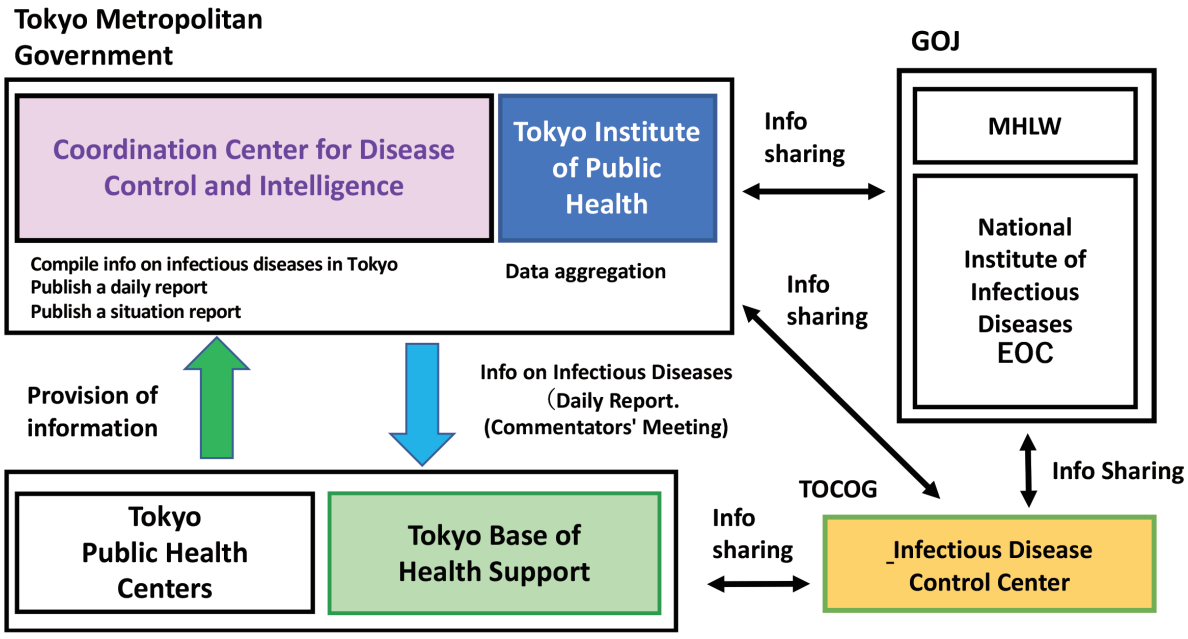


Figure. 3-7. The Roles of relevant agencies in sharing of information on infectious disease control during the Tokyo 2020 Games

The Daily Report was published from July 1, 2021, to September 12, 2021 (Table 3-18). Data for the daily report was compiled by the Tokyo Institute of Public Health, and the report was published by the Coordination Center. After the evaluation by the NIID EOC, the report was distributed to relevant organizations every evening. Information was exchanged with the NIID EOC through daily web conferences, and regular web conferences were held with public health centers in Tokyo for information sharing.

Table 3-18. Contents of the daily report by the TMG

- Overall comments
- Notifiable disease surveillance (class 1-4, part of class 5 [Measles, Rubella, invasive meningococcal disease –to be reported immediately after diagnosis]
- Sentinel surveillance (infectious diseases in children, etc. - weekly report)
- Undiagnosed Serious Illness Surveillance (Report from designated medical institutions)
- Outbreak report (report from facilities)
- Infectious disease ambulance surveillance* (report from the fire department)

* The TMG's unique surveillance system, which collects and analyzes information such as symptoms at the time of emergency transport, using data provided by the Tokyo Fire Department's Emergency Information Analysis and Management System.

In the preparation of daily reports, existing infectious disease surveillance information such as the national surveillance of reportable diseases, sentinel, and undiagnosed Serious Illness (USI) Surveillance systems were used. USI surveillance was designed to identify outbreaks of serious infectious diseases of unknown origin at an early stage, and 38 hospitals in Tokyo were designated as sentinel sites during the Games. In addition to this, some unique systems in Tokyo such as cluster reports, which require reports from facilities, and the ambulance surveillance on infectious disease, which is a report from the fire department were available. Data on symptoms and other information at the time of an emergency call and transport provided by the Tokyo Fire Department were collected and analyzed.

The Tokyo Epidemic Investigation Team (TEIT) of the TMG and the Field Epidemiology Training Program (FETP) of NIID started to support the Tokyo Base for COVID-19 infections among Games participants from July 26, 2021. One TEIT and three FETP members were dispatched. TEIT and FETP directly collected information on cases from CLOs and compiled epidemiological information, thereby reducing the time required for epidemiological investigations and identification of close contacts (Figure 3-8.).

Figure 3-8. Support for epidemiological investigation of COVID-19 cases among the Games stakeholders

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4 Results and Evaluation of COVID-19 Countermeasures and Situation during the Games

4.1 Criticism and Recommendations from External Experts before the Games

The hosting of the Tokyo2020 Games, an international mass gathering event, under the COVID-19 pandemic, was highly controversial. More rapid spread of the disease was expected as the alpha variant was replaced by the more transmissible delta variant, which may compromise the healthcare services. In addition, various concerns were raised both domestically and internationally, such as the ethical issues of vaccinating people involved in the Games despite the limited supply of vaccines, safe travel, infection control during the Games, and the indirect impact on the epidemic in Japan and other countries.

On February 1, 2016, the year of the Rio Olympic Games, WHO declared a Public Health Emergency of International Concern (PHEIC) on the Zika virus and an observed increase in the incidence of neurological disorders and neonatal malformations identified in Brazil[1]. On May 28, 2016, after concerns were expressed by some in the public health community, the WHO concluded it would not be necessary for the Rio Olympics 2016 to be either postponed or the venue changed due to the Zika virus[2]. Despite the pandemic of COVID-19, the WHO had not commented on the continued hosting of the Tokyo 2020 Olympics Games.

An article in the Lancet pointed out that "all nations have an interest in the COVID-19 pandemic and the safety of the games, yes discussions have largely rested with the IOC and the Japanese government."[3] Tokyo could not unilaterally cancel the Games and the risk assessment by IOC was not publicly available. Since the WHO kept silent on Tokyo 2020 Games, the Lancet called for a global conversation.

Sparrow et al. pointed out that the Playbook published by IOC was not sufficient enough on infection control[4]. They suggested that the risk assessment should take the difference of activities and venues into account. For example, in sports, there may be a difference in infection risk of outdoor sport between those with less contact and those with close contact. The risk of infection may be higher for indoor sports. In addition, the risk of infection during transportation by bus, in the cafeteria and hotel room should also be taken into consideration. Moreover, they pointed out that the Playbook issued by the IOC did not have involvement of player associations and did not include plan B in the event of an outbreak, they also pointed to limited insurance for athletes, and not having detailed information about the frequency of testing. They finally suggested the WHO should convene an emergency committee that included experts in occupational health and building and ventilation engineering.

In Japan, a voluntary independent group of experts for COVID-19 response in Japan published their recommendations[5]. It had been delivered to the Organising Committee and discussed at the Tokyo 2020 Roundtable meeting on June 18, 2021. Especially, whether to accept spectators was extensively discussed at the Tokyo 2020 Roundtable. The simulations on the impact of ticket holders on the flow of people based on the numbers of sales and where those ticket holders live, the impact of other activities on the flow of people, and the risk of infection at the opening ceremony with an audience were presented and discussed. The proportion of those who go straight home among spectators in the J-League (Japan's professional football league) 's demonstration experiment was also considered.

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Recommendations about COVID-19 risks related to holding the 2020 Tokyo Olympic and Paralympic Games from the Japanese Group of Experts

1. As the COVID-19 pandemic continues through the duration of the Tokyo Olympic and Paralympic Games in Tokyo (hereinafter, the Games), it is necessary to avoid increases in the number of infected patients in communities and the resulting overwhelming of healthcare capacity until widespread vaccination can suppress the number of patients with severe symptoms. Even if vaccination efforts progress, it is possible that the number of patients with severe symptoms will increase again between July and August 2021. Additionally, the potential impact of new variants must be considered.
2. Compared with ordinary sporting events, the Games are in a league of their own in terms of scale and public attention. Additionally, the Games coincide with summer vacation and the nationwide Obon festival period (around mid-August). These conditions create risks for increased virus transmission and the overwhelming of healthcare systems resulting from the increased movement of people and social contact around the country triggered by the Games.
3. Depending on how spectators are admitted to the venues, there is also a risk of disseminating contradictory messaging to people around the country watching the Games at home. Organizers should consider this carefully when making decisions on the number of spectators who will be allowed at the venues.
4. We believe that the ideal option is to have no spectators in the venues at all, as the risk of transmission would be the lowest compared with other options. If spectators are to be allowed, the following three points should be considered:
   a. Apply a stricter standard on the number of spectators allowed than what is currently set for large-scale events;
   b. Limit spectators to area residents so as to minimize the flow of people and contact across prefectural lines. Additionally, the spectators should be limited to those who can adhere to prevention measures, including during travel to and from the venues;
   c. If signs of increasing numbers of infections or strain upon healthcare capacities are detected, immediately and without hesitation switch to no spectators in the venues. Do not miss the opportunity to act before the situation worsens.
5. We would like for the Organizers to collaborate with government agencies to cancel supporting events and watch parties where crowds of unspecified numbers of people may gather, and to request that restaurants and bars refrain from hosting similar events with large crowds. Additionally, we request that the Organizers lead Japan in advocating for adapting available technology in new ways to enjoy sporting events that allow safely sharing the inspiration of sports around the globe.
6. The government should prepare to take necessary measures (such as declaring a state-of-emergency) if signs of an increase in COVID-19 infections or strain on healthcare capacities is detected, even if this occurs during the Games, without hesitation or missing the opportunity to act before the situation worsens.
7. The Organizers and the government must immediately share with the public and maintain public understanding of how the risks that have been communicated to them are being recognized, how such risks are going to be reduced, and what situations will result in more drastic measures.
8. We expect the organizers to share this with the IOC and IPC.
   In response to the recommendations of the expert volunteers, the government and TOG stated that they would consider holding the event without spectators if the COVID-19 situation worsened (REF?).

(English version)

A voluntary independent group of experts for COVID-19 response in Japan (Anan H, Furuse Y, Hasegawa H, Imamura A, Kamayachi S, Kawana A, Kawaoka Y, Maeda H, Nakajima K, Nakazawa Y, Nishiura H, Ohmagari N, Okabe N, Omi S, Osaka K, Oshitani H, Ota Y, Seiko A, Suzuki M, Takayama Y, Taniguchi K, Tateda K, Tomono K, Wada K, Wakita T, Yoshida M.). Recommendations about COVID-19 risks related to holding the 2020 Tokyo Olympic and Paralympic Games. https://note.stopcovid19.jp/n/ne75ac804adb4.

4.2 Number of Infected/Hospitalized Cases among the Games Participants

The number of tests and the number of positive results among the Games participants were published daily on the Tokyo 2020 website. The summary was also published in the Tokyo 2020 Organising Committee's board meeting on September 28, and December 22, 2021. According to this published list, the number of Tokyo 2020 Games officials with COVID-19 was 546 for the Olympics and 323 for the Paralympics. In addition, there were 5 Olympic and 7 Paralympic Games-related cases announced by local governments and the Japanese government. Most of them were asymptomatic or had mild illnesses and were treated in isolation facilities (hotels).

The numbers of inpatients and those isolated in hotels in Tokyo among visiting athletes and officials were 6 and 225, respectively (of whom 142 were athletes). The peak number of hospitalized people was 2, while the peak number of people admitted to isolation hotels in Tokyo was 49. In addition, the number of domestic Games participants hospitalized was 37. None of the Games' stakeholders had severe cases.

According to the Organising Committee, from July 1 to September 8, 2021, 54,250 people from overseas entered the country for the Games. Of these, 261 people tested positive throughout the Olympic and Paralympic periods (Table 4-1.). Considering those who tested positive at airport quarantine and within 14 days of entry to the country as imported cases, 0.29% of those entering the country from overseas were infected at the time of entry.

Table 4-1. Number of SARS-CoV-2 positive among Tokyo 2020 foreign participants

	Entry from overseas: 54,250		
	Airport Quarantine	Screening	
		within 14days after entry	after 15days after entry
Olympic	39	72	64
Paralympic	16	30	40
Total	55	102	104
Positive (%)	0.10%	0.19%	0.19%

A total of 1,014,170 screening tests were conducted on domestic and overseas Games officials in the same period (Figure 4-1.), and 299 (0.03%) tested positive. At maximum, 36,000 were screened in a day. The positive rate among athletes and team officials was 0.01% (53/418,506), which was lower than the rate of 0.04% (246/595,664) among other Games participants.

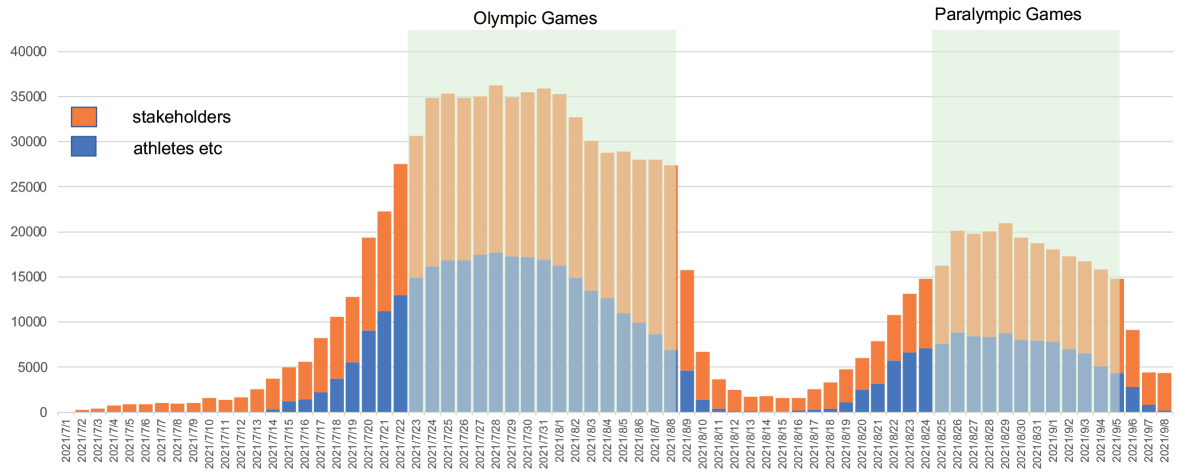

Figure 4-1. Number of screening tests for athletes and stakeholder

Approximately 67.1% of those who stayed in and outside Tokyo tested positive during the repeat screening test, while 73.7% (28/38) of individuals who showed positive results during the airport test were retested at the fever outpatient clinic in the Olympic/Paralympic village. Seven individuals were found to be previously infected after a positive result. Several individuals showed prolonged positive tests due to a history of infection prior to their entry in Japan; however, after obtaining a proof of infection in the home country, the patient was confirmed not reinfected based on Ct values, etc., and was regarded as non-infectious.

During the Games period, 374 close contacts of positive cases and 861 in-flight close contacts were identified at the time of entry (Table 4-2.). Of those in-flight close contacts, 67 %(580/861) were athletes and team officials.

Table 4-2. Close contacts among Games stakeholders for whom the special rule was applied

Types of contacts	Period	Athlete, etc.	Stakeholders
With positive cases after entry	Olympics (July 11 to August 11)	106	116
	Paralympics (August 12 to September 8)	102	50
With positive cases in the airplane	Olympics (July 11 to August 11)	413	242
	Paralympics (August 12 to September 8)	167	39

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4.3 Summary of COVID-19 Cases during the Tokyo 2020 Olympic Games Provided by the NIID

NIID reported preliminary results of the enhanced surveillance for the Tokyo 2020 Games on August 20, 2021. This report aimed to review the epidemiology of the COVID-19 cases related to the Tokyo 2020 Olympic Games and to provide information to relevant health authorities, so that better prevention and control measures can be taken during the Tokyo 2020 Paralympic Games, which will be held from August 24, 2021.

A total of 453 cases of COVID-19 related to the Games were reported, of which 80 (18%) were participants in the Games, including athletes, national team officials, coaches, referees, and team medical staff, while 373 (82%) were other stakeholders, including organizers, journalists, staff and volunteers.

The number of participants with COVID-19 started to increase on July 14 and peaked on July 22, while the number of other stakeholders with COVID-19 increased since July 1 (Figure 4-2). The majority of athletes and other cases were from overseas (overseas travelers: 95% (76/80), domestic residents: 5% (4/80)), and 93% (71/76) were diagnosed at quarantine or within 14 days of entry. No cases were reported among athletes from Japan.

COVID-19 cases related to the Games were reported in 14 prefectures. Most cases (357 cases; 79%) were reported in the Tokyo metropolitan area, where the Olympic and Paralympic village and many Games venues are located, followed by Chiba (27 cases; 6%) and Saitama (26 cases; 6%).

No fatalities have been recorded as of this report.

The number of reported COVID-19 cases in athletes and team officials, most of whom traveled from overseas, peaked 3-5 days after the peak entry into Japan. Therefore, the burden of public health response, including investigation of cases and contacts and isolation measures at the Paralympic Games, was expected to increase from the peak of entry to the country 3-5 days later, as it was the period of the Tokyo 2020 Olympic Games. The report pointed out the need to secure and prepare the necessary human and other resources for response. In addition, some infected individuals were thought to have been exposed to the domestic COVID-19 epidemic unrelated to the Games. The report pointed out that thorough countermeasures are needed again for the Tokyo 2020 Paralympic Games, as some of the Games personnel live in groups in Tokyo and have to perform their duties in closed and crowded settings.

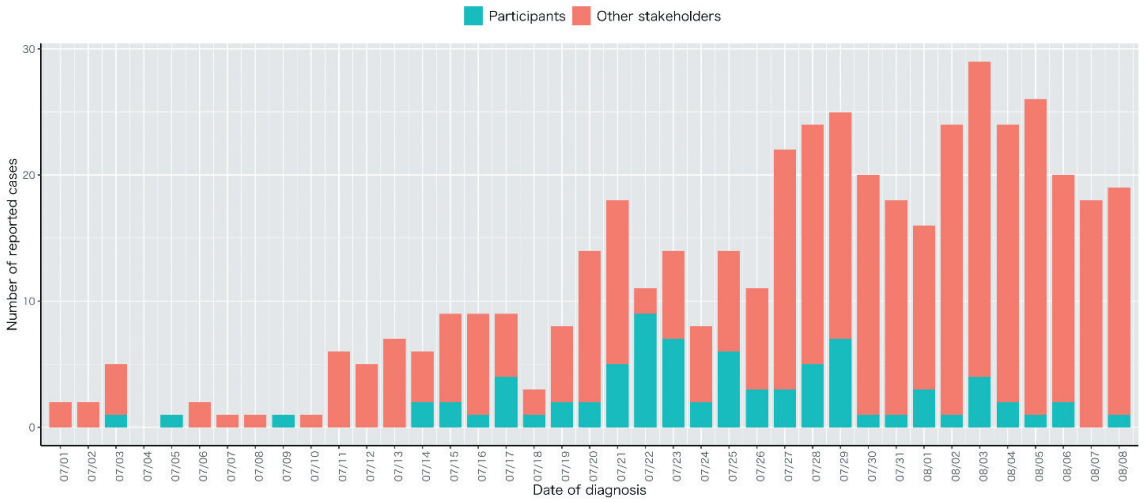

Figure 4-2. COVID-19 cases related to the Tokyo 2020 Olympic Games based on the enhanced surveillance by NIID (n=453; July 1st to August 8th , 2021 as of August 9th, 2021, interim report)

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4.4 Event-based Surveillance by the NIID

The EBS was conducted from July 11 to August 8, 2021. The total public health events detected during this period were 11 diseases and 121 cases by WPRO screening, 2 diseases and 2 cases by EI platform, and 10 diseases and 17 cases by conventional EBS (Table 4-3). As a whole EBS, a total of 773 cases were detected by screening (including updated information and the same reported case from multiple sources), and a total of 100 cases were shared with relevant parties by daily reports, all of which were related to COVID-19. Of these, a total of 8 cases were monitored continuously at a particular period of time, and 1 case led to a field investigation.

Table 4-3. Number of events and disease detected by event-based surveillance of infectious diseases occurring overseas before and during the Tokyo 2020 Games, Japan, 11 July to 8 August 2021

	Pre-existing EBS	Screening report from the WHO Regional Office for the Western Pacific	BlueDot EI platform	Total
Number of events	17	121	2	140
Number of diseases	10	11	2	20
Disease	Avian influenza B virus infection, Cyclospora infection, cholera, dengue, Japanese encephalitis, Middle East respiratory syndrome, monkeypox, plague, typhoid fever	Acute gastroenteritis, chikungunya, dengue, hepatitis A, hepatitis B, Middle East respiratory syndrome, sexually transmitted infections, unknown disease, West Nile virus infection, yellow fever, Zika virus disease	Dengue, malaria	

EBS: event-based surveillance; EI: epidemic intelligence; WHO: World Health Organization.
• Excludes coronavirus disease 2019.

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4.5 The Infectious Disease Epidemiology during the Tokyo 2020 Games in Tokyo

In Tokyo, the host city, a total of 192 notifiable diseases were identified when the daily report was published. EHEC infection was the most common with 122 cases. There was a total of 408 cluster outbreak reports from non-medical facilities, 392 of which were from nurseries and due to RS virus infection. There were no reports from USIS system. There were 5 unusual case detections in infectious disease ambulance surveillance, and 2 were COVID-19 cases from two isolation hotels. Thus, no outbreak was detected which might affect the Games operations.

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4.6 Level of Compliance and Efforts to Address Noncompliance to Infection Prevention and Control Measures

Compliance with infection control is a kind of code of conduct; for most of the stakeholders involved, compliance is left mainly to their initiative. Notices were posted throughout the venue to encourage compliance with infection control measures. On the contrary, for those who have accreditation to participate in the Games, penalties were imposed for violating the Playbook, which could result in disqualification from the Games, which may have helped to increase the effectiveness of the Playbook.

According to the Organising Committee, there are three levels of punishment for violations of the Playbook: warning, suspension of accreditation, and deprivation of accreditation (Table 4-4). Examples of warnings included minor violations of going out during the 14-day quarantine period, group eating and drinking in hotels, not wearing masks at the spectator stands of close to the athletes and others, and disturbances in the Olympic/Paralympic village. Suspension of accreditation were imposed in following situations: group eating/drinking in the hotel, and receiving multiple warnings. Cases of deprivation included violations of athletes going out for sightseeing purposes, unauthorized entry of tournament officials into the Field of Play, assault of athletes, and criminal offenses for marijuana possession. The proportion of violators among stakeholders was 0.16% (89/54,250).

Table 4-4. Number of cases of punishment for violations of the Playbook

	Warning	Suspension of accreditation	Deprivation of accreditation
Olympic	32	9	15
Paralympic	29	1	3

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4.7 COVID-19 situation in Japan after the Tokyo 2020 Games

Despite the quasi-state of emergency, the increase in the number of infected persons led to the declaration of the state of emergency. The TMG started to take emergency measures on July 12, 2021, just before the start of the Games. The number of reported cases continued to increase, leading to the commencement of emergency measures in prefectures, which host the Games venues such as Saitama, Chiba, and Kanagawa prefectures from August 2, and in Ibaraki and Shizuoka prefectures from August 20. The Fukushima Prefecture started implementing measures under the quasi-state of emergency after the Games was held on August 8. The number of reported cases nationwide finally began to decline after the Olympics. At the start of the Paralympics, the number of reported cases continued to decline, but the number of severe cases increased. The state-of-emergency and quasi-state-of-emergency were lifted on September 30 in all prefectures.

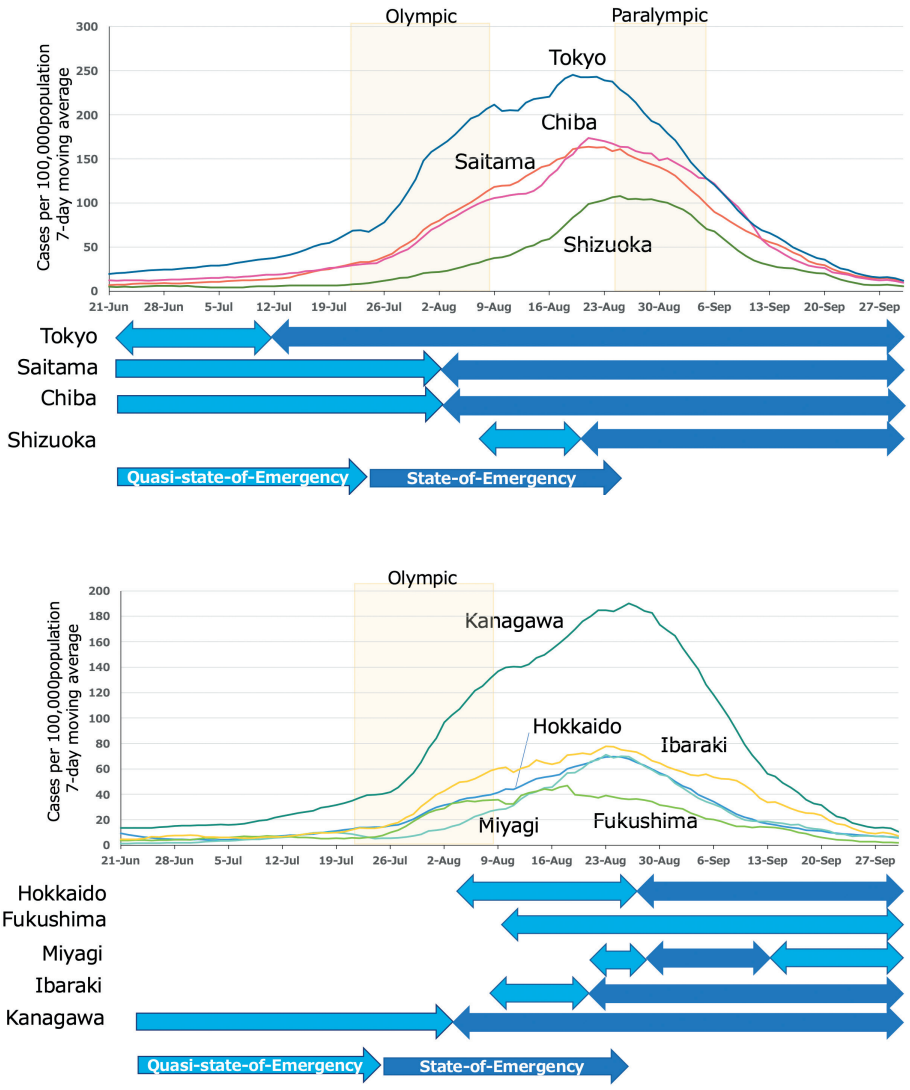

Figure 4-3. Moving average of the number of cases per 100,000 population per week in prefectures hosting the Olympic and Paralympic Games (top) and those hosting only the Olympic Games (bottom), July 21-September 30, 2021. Light blue arrows: Quasi-State of Emergency period. Blue arrows: State of Emergency period. The number of infected persons is based on MHLW data (https://covid19.mhlw.go.jp/), and the population is based on the 2020 census.

According to an analysis performed by the NIID, the effective reproduction number by the estimated date of infection rose increased to more than 1 from mid-June; peaked on July 21, just before the opening of the Games; and then showed a downward trend. In late August, before the opening of the Paralympics, the effective reproduction number fell below 1, and the number of cases entered a downward phase (Figure 4-4). Therefore, the Games did not directly affect the COVID-19 epidemic situation in Japan significantly.

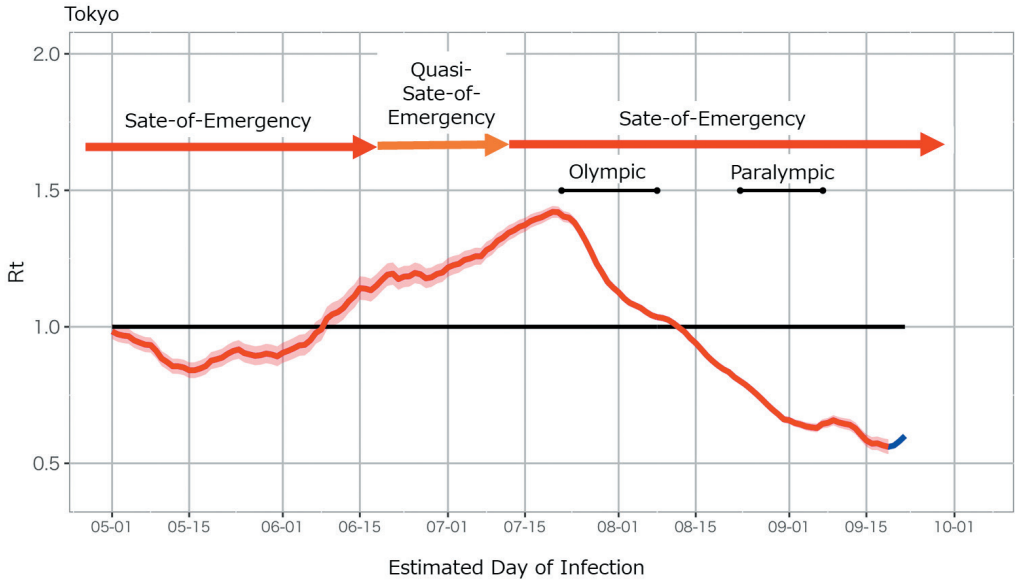

Figure 4-4. COVID-19 Rt estimate in Tokyo. (Modified from a document from NIID CSIER. MHLW COVID-19 Advisory Board Meeting. October 6, 2021.)

There have been no reported cases of large-scale clusters spreading within the Games participants. Although the opportunities for contact between those involved in the Games and domestic residents in the so-called "bubble" were strictly controlled and the opportunities for introduction of infection from outside the country were very low.

The results of genomic surveillance also indicate that it is unlikely that the Tokyo 2020 Games impacted the local host population and the global COVID-19 pandemic status. During the Tokyo 2020 Olympics, the AY.29 lineage of the delta variant predominated in Japan. The AY.29 was unique to the Japanese domestic epidemic as it has rarely been reported overseas. The dominance of the AY.29 variant in Japan after the Games means that other lineage of the viruses that were brought in by the participants did not spread widely in Japan. No other epidemic caused by the AY.29 variant occurred outside Japan, which means that viruses that may have been exported by participants did not appear to spread outside Japan.

4.8 Indirect Impact of COVID-19 Situation in Japan

The TMG evaluated the indirect impact of the Games on the flow of people. The flow of people around the venues and congested areas on roads and stations was reduced by recommending Transportation Demand Management (TDM) and a call for working from home. In the enhanced TDM areas, there was an 8%-11% decrease at 14:00 on weekdays, a 9% decrease at 14:00 on weekends, and a 10%-20% decrease in the number of train users during the Games compared with those prior to the Games. The report also said that the flow of people in major downtown areas during the opening and closing ceremonies showed a downward trend as the public was encouraged to watch the Games at home. Based on the TV viewing rate and water usage during the same time period, many people were watching the games at home. Moreover, the effective reproduction number peaked on July 21; it has been on a downward trend since then.

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Closing Remarks

This report comprehensively describes the public health measures for the Tokyo 2020 Olympics and Paralympic Games, especially measures against COVID-19. Although the Games were postponed due to the COVID-19 pandemic, the outlook for COVID-19 was still uncertain, and the immunization status was also uncertain; the countermeasures against COVID-19 were considered and implemented in all dimensions related to the Games. In addition to frequent testing and vaccination, measures were taken in a multilayered manner, from prevention to response in the event of an outbreak. With the emergence of highly infectious and transmissible variants, the situation was changing drastically. With limited time, additional modifications were flexibly added and implemented to cope with the situation. With so many people and organizations involved, careful communication was very important and was the key to the success of preparedness and response during the Games. As a result, no outbreak or chain of clusters that would have a significant impact on the operation of the Games occurred, and no apparent impact on the local or global epidemic was recognized. In Tokyo, the host city, the number of infected people increased even before the event was held, and a shortage in medical capacity was reported. The preparations for the Tokyo2020 Games required a significant deal of effort, and the burden on the public health authorities and the host city's medical system was not negligible. In planning future mass gathering events, it will be necessary to position a pandemic as one of the risk scenarios from the early stages of planning, and to obtain sufficient discussion and understanding.

Since the COVID-19 pandemic is still ongoing and emerging of new variants is still unpredictable, this report has only described what transpired during the Tokyo 2020 Games; the experience of the Tokyo 2020 Games will be extremely valuable, and further summary and verification will be an important legacy of the Tokyo 2020 Games for future mass gatherings and better health security.

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Appendix：Timeline of preparedness and response for the Tokyo 2020 Games

Date	Event
2013	
Sept. 7	Tokyo was elected as the host city for 2020 Olympic and Paralympic Games
2019	
Aug. 1	GOJ published the Action Plan to manage infectious diseases toward Tokyo 2020 Olympic and Paralympic Games
2020	
Jan. 30	WHO declared that COVID-19 outbreak as a Public Health Emergency of International Concern (PHEIC) GOJ established the ad hoc GOJ COVID-19 Response Headquarters (ad hoc GOJ HQ) TMG established the COVID-19 Response Headquarters
Feb. 4	Tokyo 2020 Organising Committee established the COVID-19 Response Headquarters
Feb. 25	Ad hoc GOJ Headquarters published GOJ Key Principles Responding to COVID-19
Mar. 11	WHO declared COVID-19 a pandemic
Mar. 22	Speaking via telephone, then-Tokyo 2020 President Mori Yoshiro and IOC President Thomas Bach start dis-cussing multiple scenarios for the Games, including postponement, and agree to make a decision in four weeks' time.
Mar. 24	Speaking via teleconference, then-Japanese Prime Minister Abe Shinzo, then-Tokyo 2020 President Mori Yoshiro, IOC President Thomas Bach, and Tokyo Governor Koike Yuriko agree, in light of worsening conditions around the world, to safeguard the health and safety of athletes and spectators as the top priority and postpone the Games until summer 2021 at the latest, with specific plans to be decided going forward.
Mar. 26	GOJ established the official GOJ Headquarters under the Special Measures Act for Pandemic Influenza and New Infectious Diseases Preparedness and Response (Special Measures Act) TMG established the COVID-19 Response Headquarters under the Special Measures Act Tokyo 2020 Organising Committee established the Tokyo 2020 New Launch Task Force
Mar. 28	GOJ published the Basic policies for novel coronavirus disease control
Mar. 30	5 parties (Tokyo 2020, IOC, IPC, TMG, GOJ) decide on new dates for the Tokyo 2020 Games
Sept. 4	First Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020
Dec. 2	Sixth Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020 (Publication of the Interim Summary)
2021	
Feb. 3	Publication of the Playbook (version 1～March 16)
Mar. 20	5-party-meeting concluded that Japan would not accept overseas visitors from overseas
April 28	Seventh Coordination Meeting for COVID-19 Countermeasures at the Olympic and Paralympic Games Tokyo 2020 (Publication of the additional measures to address highly transmissible SARS-CoV-2 variants) Publication of the Playbook (version 2～May 10)
April 30	First Meeting of the scientific experts' roundtable for COVID-19 countermeasures at the Tokyo2020 Games (subsequently held for 5 times until September 2021)
June 15	Publication of the Playbook (version 3 ～June 22)
June 21	Five-party-meeting agreed that the maximum number of spectators at all venues will be set at 10,000 within 50% of the capacity and the policy on spectators shall be based on the measures (including no spectators policy) called for at that time when a state-of-emergency or quasi state-of-emergency was declared after July 12

Date	Event
July 8	Declaration of the state of emergency for Tokyo under the Special Measures Act 5-party-meeting agreed on no spectator policy
July 23	Tokyo 2020 Olympic Games: 23 July to 8 August
Aug. 16	4-party-meeting agreed on no spectator policy for the Paralympic Games (except for schools' spectator program)
Aug. 24	Tokyo 2020 Paralympic Games: 24 August to 5 September