

# Public health activities in the host cities of the Rugby World Cup 2019 in Japan

March 2021

Research Project 'Health Security for Mass Gathering/High Profile Events' funded by the Health, Labour and Welfare Policy Research Grants (Research on Health Security Control) in FY2019 and FY2020.

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# Executive summary

## Background

The Rugby World Cup 2019 (RWC2019) was held from 20 September to 2 November 2019 in 12 municipalities (host cities) in Japan. The Rugby World Cup is the third-largest international sporting event after the Summer Olympic and Paralympic Games and the International Federation of Association Football (FIFA) World Cup. The RWC2019 featured 45 matches played by 20 teams, with more than 1.7 million spectators watching the matches in the stadiums.

When hosting such large-scale or mass gathering events, it is necessary to prepare for and respond to various public health risks, such as infectious diseases, food poisonings, natural disasters, terrorist attacks and other mass casualty incidents. The host cities of the RWC2019 implemented various public health and medical measures to realise a safe event. However, little is known about the specific efforts of the host cities and their challenges. Moreover, hosting mass gathering events is not routine for many local authorities and most health care workers are not experienced with public health preparedness activities. Therefore, systematically documenting the details of each host city's public health preparedness and identifying good practices and challenges is important to inform preparedness for similar future mass gatherings.

This report provides an overview of the public health activities undertaken in each host city for RWC2019 and provides the lessons learned for future mass gatherings.

## Key findings: Good practices and challenges

A questionnaire survey and interviews were conducted with the relevant departments in charge of public health operations in the host cities to describe the public health and medical activities of the RWC2019. The findings were summarised according to the following topics: 1) organisational structure; 2) risk assessment; 3) planning; 4) training and exercises; 5) public health measures; 6) medical care; 7) emergency response; and 8) evaluation and legacy building.

### Some good practices and challenges were as follows:

#### Good Practices

- Some host cities established a multisectoral task force with relevant public health departments and the Organising Committee members to conduct a risk assessment and planning for the event.
- Risk assessment of infectious diseases was widely conducted using standardised methods based on the national guidelines.
- Full-scale and tabletop exercises were conducted on responding to terrorist threats with joint participation of multiple agencies in charge.
- Some host cities used the opportunity of the RWC2019 to promote food safety in relevant businesses based on hazard analysis and critical control points (HACCP).
- Information on health and disaster prevention was provided to foreign tourists in multiple languages.
- Some host cities utilised existing frameworks for disaster medicine, such as Disaster Medical Assistance Teams (DMAT) and disaster medical coordinators, to prepare for possible mass casualty incidents.
- There were no significant disruptions of public health services, despite the landfall of a major typhoon. This was partly because the Organising Committee decided early on to cancel the matches and provided information to ticket holders via e-mail.

## Challenges

- Despite their experience with international sporting events, some host cities could not fully utilise their knowledge because they did not have detailed records.
- Except for infectious diseases, no standardised methods for risk assessment were introduced. Therefore, the risk assessments that were conducted, were not based on the all-hazards approach and differed significantly among host cities.
- The rationale for selecting training, exercise content and damage assumptions was not clearly defined.
- While the medical system within the access control area was clearly defined and standardised, medical care outside the access control area was under the jurisdiction of the host city. Therefore, it varied widely among host cities depending on the city's resources and health care approach.
- Few host cities used the opportunity to build a legacy of public health activities.

## Lessons learned and recommendations

The followings are the key lessons learned and recommendations for future mass gatherings.

- Adopt an all-hazards approach to risk assessment
  - It is desirable to conduct a risk assessment using an all-hazards approach, in which risks are systematically assessed and prioritised for all-hazards and threats, including unknown ones.
- Preparedness for terrorist attacks, disasters and other mass casualty incidents
  - As no major incidents occurred during the RWC2019, the current system and response capacity were not tested. There is a need to strengthen preparedness, including securing surge capacity based on quantitative risk assessment.
- Preparedness and operations in consideration of the impact of the COVID-19 pandemic
  - In the wake of the COVID-19 pandemic, future mass gatherings need to be prepared in the context of a pandemic or considering the possibility of a pandemic. National and local capacities need to be reviewed and strengthened.
- Effective after-action review
  - Implementation of the systematic after-action review is recommended and should be planned from the preparatory stage of mass gatherings.

# Outline of the survey

## 1 Objectives

- To systematically describe the public health activities of the host cities of RWC2019, from the planning process to the response during the event.
- To learn lessons that will contribute to improving the capacity of healthcare responses for future mass gathering events.

## 2 Survey period

- November to December 2019 (questionnaire survey and interviews)

## 3 Host cities

- The following RWC2019 host cities were included in the survey.
  1. Sapporo City\*#
  2. Iwate Prefecture & Kamaishi City\*#
  3. Saitama Prefecture & Kumagaya City\*#
  4. Tokyo\*#
  5. Kanagawa Prefecture & Yokohama City\*#
  6. Shizuoka Prefecture\*#
  7. Aichi Prefecture & Toyota City\*#
  8. Osaka Prefecture & Higashi Osaka City
  9. Kobe City \*#
  10. Fukuoka Prefecture & Fukuoka City\*#
  11. Kumamoto Prefecture & Kumamoto City\*#
  12. Oita Prefecture\*#Municipalities that responded to the questionnaire survey\* and those that conducted interviews#
- The questionnaire survey and interviews were conducted with the relevant department's contact person, such as the department in charge of RWC2019 (for details, see 'Survey Results').

## 4 Survey methods

- **Questionnaire survey and interviews**
  - A questionnaire was sent to individuals in charge of the host cities by e-mail. For those host cities that cooperated, the researchers and collaborators of the research group interviewed them regarding the details of their responses.
- **Information collection using public documents and literature**
  - Additional information was collected from the official website of RWC2019, the host city website, host city reports and reports from other public organisations.

## 5 Survey items

- Based on the core capacities of the International Health Regulations (2005) and the topic areas discussed in the World Health Organisation's Guidance "Public Health for Mass Gatherings: Key Considerations (2015)", we collected and organised information on the following topic areas that are relevant for mass gathering events (see Appendix: Questionnaire for details).

1. Basic information
  - Venue
  - Game summary
  - Fan zone
  - Campsites and teams
  - Involvement in the Tokyo Olympics and Paralympics
  - Experience of recent large-scale international events.
2. Coordination among responding organisations and departments
3. Risk assessment
  - Infectious diseases
  - Food and water hygiene
  - Environmental health (e.g., heat stroke)
  - Terrorism (e.g., biological, chemical, radiation and explosive)
  - Others (e.g., mass casualty incidents and natural disasters)
4. Planning
5. Training and exercises
6. Public health measures
  - Infectious diseases
  - Non-communicable diseases and injuries
  - Laboratory system
  - Food and water hygiene
  - Environmental health
  - Counterterrorism
  - Others
7. Medical care
  - Medical care for spectators
  - Medical care for athletes and officials
  - Medical care for residents
8. Emergency responses during the Games
9. Evaluation and legacy building
  - After-action review of the public health activities
  - Impact on the normal operations of public health centres
  - Concepts and plans for legacy building
10. Timeline of public health activities

## 6 Analysis

- Based on the actual situation of the host cities' preparedness and responses to the above topic areas, good practices and challenges were discussed.
- This survey is based on responses of individuals in charge at each host city and does not necessarily cover all the activities planned and implemented by the municipality. Therefore, we did not quantify the frequency of implementation but focused on the content of planned and implemented activities.

# Survey Results

(Public Health Activities of the Host Cities)



## 1. Basic information

Population : 1.97 million

### Stadium

Sapporo Dome (Sapporo City) Capacity: 41,410 people

### Match Summary

21 September 2019 (Sat)	Pool match	Australia v Fiji	36,482 people
22 September 2019 (Sun)	Pool match	England v Tonga	35,923 people

### Fan Zone

JR Sapporo Station South Exit Square, 20-22 September 2019 (3 days) Total: 13,751 people  
Odori Koen Nishi 2-chome, 20-29 September 2019 (10 days) Total: 38,646 people

### Campsites and teams in host cities and prefectures

Sapporo: Australia, England, Fiji, Tonga  
Ebetsu City: Australia  
Abashiri City: Fiji

### Involvement in the Tokyo Olympics and Paralympics

Games: Yes  
Camps: Yes

### Recent large-scale international events

2017 Asian Winter Games  
2008 G8 Hokkaido Toyako Summit  
2002 FIFA World Cup

## 2. Public health preparedness of the host city

Under the jurisdiction of Sapporo City and the RWC2019 Organising Committee, measures were implemented based on the implementation system of the Asian Winter Games (2017).

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event: Set up. (see [Figure 1](#))
  - Rugby World Cup Section was set up within the International Games Department of the Sapporo Sports Bureau (April 2018).
  - The International Games Department is an ad-hoc organisation set up at the time of the Games but has been in place since around 2013 (after deciding to hold the Asian Winter Games).
  - The City of Sapporo, police and fire departments dispatched liaisons to the venue operations centre of the Organising Committee, which dispatched liaisons to the Sapporo City operations centre.
  - [Figure 2](#) shows the response to emergencies and the communication system among related organisations.



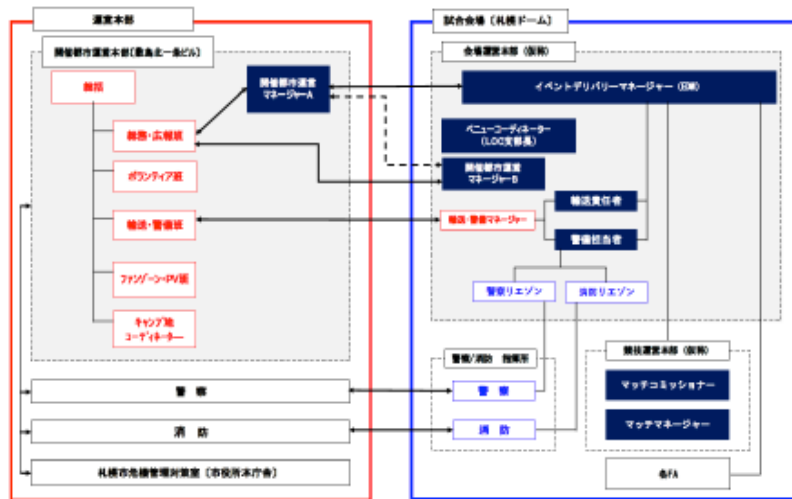


Figure 1 : Operations centers in the venue: Host city and the Organising Committee(in Japanese).

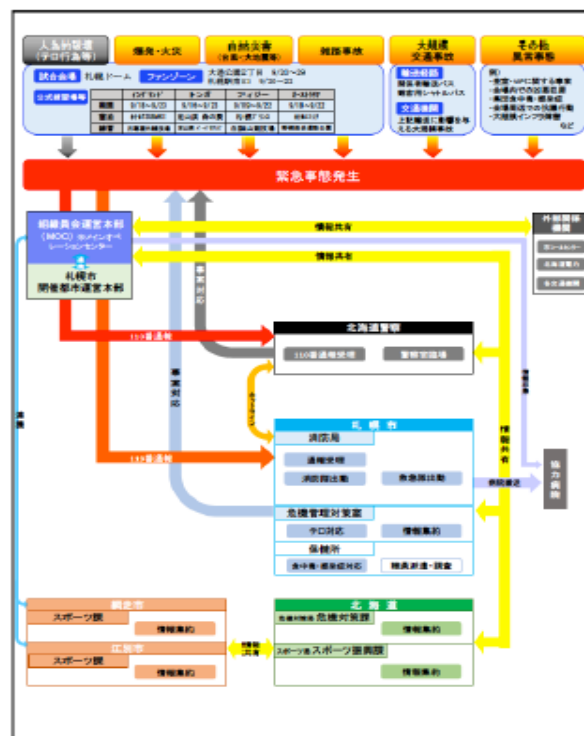


Figure 2 : Sapporo RWC2019 emergency response flowchart(in Japanese).

- Operations centre for public health and medical care: Not set up
  - The RWC was smaller (single event, single venue) and shorter than the Asian Winter Games and the division of roles between the Organising Committee and the host city was clear. Therefore, there was no establishment of a health and medical operations centre or the health and medical department's participation in the operation centre.
    - In the Asian Winter Games, a team of health professionals was set up in the operations centre, as the host city had jurisdiction over the venue and athletes' management.
- Staffing
  - Preparation phase: 22 staff in charge of the Rugby World Cup, 10 staff in the Sapporo Branch of the Organising Committee
  - During the Games: Approximately 95 staff members of the Sports Bureau (main tasks: operation centres, guest relations, fan zone, public viewing, official campsites, volunteer relations, shuttle bus services, etc.)

## 2.2 Risk assessment

- Although risk assessment was not conducted using an all-hazards approach, risks were empirically assumed and linked to the response.
- It was assumed that many foreign visitors would be a risk and the number of visitors was estimated based on ticket sales information. The city of Sapporo has been receiving an increasing number of inbound visitors regularly and it was assessed that it would be able to handle this situation under normal operations. No information was shared or discussed with other host cities or the Organising Committee about conducting the risk assessment.

### Risk assessment for major areas

- Infectious diseases
  - Infectious disease outbreaks were assumed, although they were not conducted risk assessment for RWC.
  - For the Tokyo Olympic and Paralympic Games, in response to an administrative communication from the Ministry of Health, Labour and Welfare, high-risk imported infectious diseases were identified based on the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games Procedures for Local Authorities' (5 October 2017, Infectious Disease Surveillance Center, National Institute of Infectious Diseases).
- Food and water hygiene
  - Not implemented, but the outbreak of mass food poisoning was expected.
  - At the request of the Organising Committee of the Asian Winter Games, tabletop exercises were conducted on how to respond to an outbreak of food poisoning in a hotel. No such request was made by the Organising Committee of the RWC.
  - [Opinions & Requests] Because the response varies from one international event to another; it would be easier for local governments to manage and operate if there were some minimum standards for what should be done.
- Environmental health (e.g., heat stroke)
  - Not implemented.
- Terrorism (e.g., biological, chemical, radiation and explosive)
  - Implemented by police and fire departments.
- Others (e.g., mass casualty incidents and natural disasters)
  - Explosions, fires, natural disasters (typhoons, major earthquakes, etc.), miscellaneous accidents, large-scale traffic accidents, other abnormal situations (VIP-related incidents, violent crimes in the venue, protests around the venue, large-scale infrastructure failure, etc.) (See [Figure 2](#))

## 2.3 Planning

- Food Sanitation Monitoring and Guidance Plan (FY2019) was implemented.
  - In the Food Sanitation Monitoring and Guidance Plan, which is formulated every year by the City of Sapporo, "monitoring and guidance for the hosting of international sporting events" was set as a priority and focused on on-site inspections and collection inspections of accommodation facilities and mass-production facilities related to the RWC2019.

## 2.4 Training and exercises

- No healthcare-related training or exercises were conducted.
- At the request of the Organising Committee of the Asian Winter Games, a tabletop exercise was conducted on how to respond to a food poisoning outbreak in a hotel.
- The Sapporo Fire Department and Hokkaido Police conducted a joint drill under the assumption of a fire.
  - Date and place: July 2019, Sapporo Dome
  - Content: Warning in English, information provision using visions, etc., use of multilingual apps, etc.
- Additionally, the Hokkaido Police also conducted a drill, assuming a terrorist attack.

### 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases
  - 1) Reinforcement of existing measures :
    - Enhanced surveillance based on notification from the National Institute of Infectious Diseases (only during the designated period)
  - 2) Newly introduced measures: None
- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures : None
  - 2) Newly introduced measures: None
- Laboratory system
  - 1) Reinforcement of existing measures : None
  - 2) Newly introduced initiatives: None
- Food and water hygiene
  - 1) Reinforcement of existing measures : None
  - 2) Newly introduced measures: None
- Environmental health
  - 1) Reinforcement of existing measures : None
  - 2) Newly introduced measures:
    - Distribution of drinking water by the Organising Committee within the venue
- Counterterrorism
  - 1) Reinforcement of existing measures : None
  - 2) Newly introduced measures: None
- Others
  - 1) Reinforcement of existing measures :
    - Each city government's department strengthened its response to provide information by utilising the existing system.
      - Cooperative agreement with hotels to provide information in the event of an earthquake (Tourism department)
      - Provision of information on evacuation sites through a smartphone application (International Affairs Department)
      - Leaflets describing what to do in the event of an earthquake were distributed to private accommodation facilities (City Fire Department)
  - 2) Newly introduced measures: None

## 4. Medical care

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue (under the jurisdiction of the Organising Committee)
    - Spectator First Aid Room
      - On both days, less than 10 spectators, including foreigners, visited the room (symptoms: dehydration, suspected heat stroke, suspected urinary tract infection, dizziness, wounds, back pain, etc.)
  - Around the venue
    - Last-mile: No temporary first aid stations were set up.
    - Fan Zone: A temporary waiting area was set up (waiting until the ambulance arrived). One nurse was assigned to each fan zone.
    - There were no serious injuries (only drunkenness). Disinfection and cleaning was done.

- Special preparations and systems for accepting foreign patients
  - Since the event was to be held on the weekend, the issue of whether medical institutions could handle foreign patients was raised and discussed. They concluded that it would not be a significant risk since they could usually handle foreign patients.
  - The city's fire department requested that the RWC2019 operations centre and the public health centre work together to deal with many foreigners.
  - Because the number of inbound travellers had been increasing in Sapporo and the reception desk was already able to respond in English, the hospital did not take any action, such as sending interpreters to the hospital. (When the FIFA World Cup was held in 2002, interpreters were commissioned to be dispatched and stationed at the emergency hospital.)
  - During 20-23 September, two emergency response staff and one English staff member were stationed at the operations centre 24 hours a day to be ready in case of any difficulties in dealing with medical-related languages.

## 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee.
  - An athlete's medical room was set up in the venue and three ambulances were on standby (Sapporo City dispatched the ambulances).

## 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

# 5 . Emergency response during the event

- No incidents reported.

# 6. Evaluation and legacy building

## 6.1 Review of public health activities

- Two reports were prepared, one for the Organising Committee and the other for the host city.
- Regarding public health, the number of emergency transport cases was compiled. However, this information has not been published. No reviews or evaluations of other details were conducted.

## 6.2 Impact on normal operations of public health centres

- None in particular.

## 6.3 Legacy building

- Although it has not been compiled as a whole, it is believed that experience is being accumulated in each departmental unit.

## 7. Other issues

- Since Sapporo City had experience in large-scale international events in the past (such as the Winter Universiade (1991), Asian Winter Games (1986, 1990, 2017) and FIFA World Cup (2002), they were able to handle the RWC without any major confusion because they had the timeline and experience of each department.
- For the FIFA World Cup, Sapporo City had to be wary of hooligans rioting among the spectators. However, for the RWC, they received information through the embassy that the spectators were relatively affluent and riots were unlikely to occur; thus, they could respond as such.
- They also had experience with high-profile events, such as the G8 Hokkaido Toyako Summit in 2008 (Note: The Summit was held under the jurisdiction of the Hokkaido prefectural government, not Sapporo City).

## 8. Timeline of public health activities

- April 2018
  - Establishment of the Rugby World Cup Section within the International Games Department of the Sports Affairs Bureau, City of Sapporo
- Around November 2018
  - Information provided to relevant parties via email, etc.; the first meeting
- March 2019
  - Meeting held to provide information to relevant parties, as the location and other details are decided
  - Called on the Public Health Centre, Sapporo City Institute of Public Health, Fire Department, Crisis Management Office, Tourism Division, etc., to provide information
  - The section in charge of RWC2019 to be reduced at the end of November 2019 and dissolved at the end of March 2020

# Iwate Prefecture & Kamaishi City

## 1. Basic information

Population : Iwate Prefecture: 1.21 million, Kamaishi City: 33,000

### Stadiums

Kamaishi Unosumai Memorial Stadium (Kamaishi City) Capacity: 16,334 people

### Match Summary

25 September 2019 (Wed)	Pool Match	Fiji v Uruguay	14,025 people
13 October 2019 (Sun)	Pool Match	Namibia v Canada	Cancelled

### Fan Zone

Kamaishi Civic Hall, 20 September - 2 November 2019 (28 days)	Total: 38,982 people
*Public viewing in Kamaishi (6 locations)	Total: 5,093 people

### Campsites and teams in host cities and prefectures

Kamaishi City: Uruguay, Canada  
Morioka City: Namibia  
Miyako City: Fiji, Namibia  
Kitakami City: Uruguay

### Involvement in the Tokyo Olympics and Paralympics

Games: No  
Camps: Yes

### Recent large-scale international events

None

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Departments in charge
  - Rugby World Cup 2019 Promotion Office, Culture and Sports Department, Iwate Prefecture
  - Kamaishi City Rugby World Cup 2019 Promotion Headquarters Secretariat
  - General Disaster Prevention Office, General Affairs Department, Iwate Prefecture
  - Prefectural Living Safety Division, Environment and Living Department, Iwate Prefecture
  - Medical Policy Office, Health and Welfare Department, Iwate Prefecture
  - Iwate Prefectural Medical Bureau
- Operations centre for the event: Not set up
- Operations centre for public health and medical care: Not set up
  - The Medical Policy Office designated in advance medical personnel to enter the operations centres and requested a system to be in constant contact with prefectural officials on match days to quickly set up a task force for health and medical care in an emergency.
  - Preparation phase: The Kamaishi Organising Committee's Security, Firefighting and Medical Rescue Subcommittee discussed the measures to be taken.
  - During the Games: Deployment of a medical system in cooperation with the Organising Committee, General Disaster Prevention Office and Medical Policy Office

- A first aid team supervisor was assigned to the firefighting command post in the venue. Further, if it was judged necessary to dispatch a medical first aid team, the decision to dispatch the team on standby was made after consultation with the prefectural government's department in charge.
  - A staff member from the Medical Policy Office went to the site with the medical first aid team and provided support such as collecting information.
- Staffing
    - Preparation phase: 0 full-time, 0 part-time
    - During the games: 61 full-time staff (including 4 from the Medical Policy Office), 6 concurrently

## 2.2 Risk assessment

- Risk assessment using an all-hazards approach was not conducted, but risks were empirically assumed and linked to responses.
- No information sharing or consultation with other host cities or the Organising Committee was conducted for the risk assessment.

### Risk assessment for major areas

- Infectious diseases
  - Risk assessment was conducted based on the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games - Procedures for Local Governments' (5 October 2017, Infectious Disease Surveillance Center, National Institute of Infectious Diseases) in response to administrative communication from the Ministry of Health, Labour and Welfare (on 31 January 2019, by the Infectious Diseases Section, Medical Policy Office, Department of Health and Welfare).
  - The above was reported at the Iwate Prefecture Infectious Disease Control Committee and experts' advice was considered.
- Food and water hygiene
  - Not implemented.
- Environmental health (e.g., heat stroke)
  - Not implemented.
- Terrorism (e.g., biological, chemical, radiation and explosives)
  - Not implemented.
- Others (e.g., mass casualty incidents and natural disasters)
  - Not implemented.

## 2.3 Planning

- Unknown

## 2.4 Training and exercises

- FY2018 Iwate Joint Exercise for Civil Protection (15 January 2019)
  - FY2019 Iwate Prefecture-Kamaishi City Joint Exercise for Civil Protection (11 July 2019)
- \*Both exercises were conducted in and around the Kamaishi Unosumai Memorial Stadium to prepare for RWC2019.

### Pacific Nations Cup Japan (Test event for RWC2019)

- Date and place: 27 July 2019, Kamaishi Unosumai Memorial Stadium
- The same medical system was deployed as in the RWC2019.

### 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases

Departments in charge: Infectious Diseases Section, Medical Policy Office, Health and Welfare Department; Kamaishi Public Health Centre

- 1) Reinforcement of existing measures:

- Implementation of enhanced surveillance

- 2) Newly introduced measures:

- Holding liaison meetings among relevant organisations within the healthcare area (during the RWC2019 only)
- Mandatory reporting of zero suspected cases (during the RWC2019 only)

- Non-communicable diseases and injuries

- 1) Reinforcement of existing measures : None
- 2) Newly introduced measures: None

- Laboratory system

Departments in charge: Infectious Disease Section, Medical Policy Office, Health and Welfare Department; Iwate Prefectural Research Institute for Environmental Sciences and Public Health

- 1) Reinforcement of existing measures:

- Strengthening of inspection system for the outbreak of infectious disease.

- 2) Newly introduced measures:

- Increased stockpiling of specimen collection containers in preparation for mass infection (during the RWC2019 only)

- Food and water hygiene

Departments in charge: Prefectural Living Safety Division, Environment and Living Department

- 1) Reinforcement of existing measures :

- Enhanced inspection of inns, hotels and restaurants at venues and organising the seminars for food safety.

- 2) Newly introduced measures:

- Based on the 'Guidelines for Food Hygiene Safety Measures at Big Events (prepared by the prefecture)', the '2019 Guidelines for Event-Related Food Hygiene Measures' were prepared and monitoring and guidance based on the guidelines were implemented. (during the RWC2019 only)

- Environmental health

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: None

- Counterterrorism

Departments in charge: Medical Policy Office, Health and Welfare Department; Health and National Health Insurance Division (pharmaceuticals and blood), Health and Welfare Department: details are confidential.

- 1) Reinforcement of existing measures :

- Issued a notice to related organisations requesting cooperation in the supply and delivery of medicines and blood in emergencies.

- 2) Newly introduced measures: (during RWC2019 only)

- Standby medical rescue team at the site
- Request for medical personnel to be on standby at the prefectural headquarters when the disaster strikes
- Deployment of materials and equipment for decontamination to base disaster hospitals in the host area
- Issuance of a notice requesting cooperation from the three neighbouring prefectures in cases of a major incident.

- Others

Departments in charge: Medical Policy Office, Health and Welfare Department; Health and National Health Insurance Division(pharmaceuticals and blood), Health and Welfare Department



- 1) Reinforcement of existing measures :
  - Issued a notice to related organisations requesting cooperation in the supply and delivery of medicines and blood in emergencies
- 2) Newly introduced measures: (all during the period of the event only)
  - Standby medical rescue team at the site
  - Request for medical personnel to be on standby at the prefectural headquarters when the disaster strikes
  - Issuance of notices requesting cooperation from the three neighbouring prefectures in cases of a major incident

## 4. Medical care

### 4.1 Medical care for spectators

- Medical care in and around the venue

In the venue

- Under the jurisdiction of the Organising Committee, match doctors were dispatched from the prefectural hospital.

Around the venue

- The medical aid team was on standby at the Unosumai Sewage Treatment Plant. Because the stadium's situation could not be directly monitored, a first aid team supervisor was placed at the fire department's command post inside the stadium. Further, after sharing information with the fire department, the standby team was dispatched as per the supervisor's direction according to the situation.
- To prepare many emergency patients, we asked the Iwate Medical Bureau to establish a support system for prefectural hospitals (Ofunato Hospital, Chubu Hospital, Tono Hospital, Miyako Hospital and Otsuchi Hospital) near the Kamaishi Medical Area.
- Ofunato Hospital dispatched a first aid team (DMAT) on the Game's day, with hospital command centre's personnel on standby. Moreover, Otsuchi Hospital prepared for the possibility of a heat stroke.

Last Mile First Aid Station

- Department in charge: Rugby World Cup 2019 Kamaishi Executive Committee, Kamaishi City Health Promotion Division
- Cooperating organisations: Iwate Medical Association, Kamaishi City Health Promotion Division, individuals (interpreters), Iwate International Association, Kamaishi-Otsuchi District Administration Association Fire Department and firefighting support teams within the prefecture
- Staffing
  - Four public health nurses, one interpreter
  - Ambulances: two units assigned
  - Two personnel transport buses (with a capacity of about 20 people) were provided to allow the injured and sick to rest.

Fan Zone First Aid Station (Period: 2019/9/20~25, 28, 29, 10/5, 6, 19, 20, 26, 27, 11/1, 2)

- Department in charge: Rugby World Cup 2019 Kamaishi Executive Committee
- Cooperating Organisations: Iwate Medical Association, Kamaishi Kosei Hospital, Kamaishi Nozomi Hospital, Iwate Nurses Association, Oshu City International Exchange Association, Kitakami City International Exchange Association, Iwate International Association
- Staffing
  - Game days: One doctor, one nurse, two interpreters (English/Japanese) each (two shifts)
  - Non-game days: One nurse, one interpreter.
  - No ambulances or other personnel were assigned.

\*The above system was also implemented on the day of the test match (27 July 2019) with the following staffing.

- Last Mile First Aid Station: one doctor, four public health nurses, one interpreter (English)
- Fun Zone First Aid Station: one doctor, one nurse, two interpreters (English)

- Special preparations and systems for accepting foreign patients
  - In addition to one translator tablet (English, Chinese, Korean, Portuguese and Spanish) for medical institutions, multilingual medical questionnaires (English, Spanish and French) and pointing sheets were available at the last mile and fan zone first aid stations.
  - At Iwate Prefectural Kamaishi Hospital, interpreters from the Oshu International Association were available on the day of the game in Kamaishi.

## **4.2 Medical care for athletes and officials**

- Jurisdiction of the Organising Committee.

## **4.3 Medical care for residents**

- The Kamaishi Medical Association, Iwate Prefectural Kamaishi Hospital and other local medical institutions worked together to expand the system to accept emergency patients. It established a system for the rapid transfer of patients out of Kamaishi Medical Area.
- To prepare for the occurrence of dental emergencies, we asked the Iwate Dental Association to establish a system for receiving emergency patients, including extending the hours of duty doctors and handling emergency patients.

# **5. Emergency response during the event**

- No emergency response was reported. However, the pool game on 13 October 2019 was cancelled due to Typhoon No. 19(Hagibis).

# **6. Evaluation and legacy building**

## **6.1 Review of public health activities**

- To be determined (by department)

## **6.2 Impact on normal operations of public health centres**

- None in particular.

## **6.3 Legacy building**

- None in particular.

# **7. Other issues**

- None.

## 8. Timeline of public health activities

- FY2016
  - Training on handling a mass casualty incident based on the Rugby World Cup as part of the Joint Exercise for Civil Protection.
- FY2018
  - Based on the training issues, the stadium was approved by the Iwate Prefecture Disaster Base Hospital Liaison Council.
  - The Iwate Prefecture Disaster Base Hospital Liaison Council approved a policy to have medical rescue teams on standby in the vicinity of the stadium.
- 22 November 2018
  - The Iwate/Kamaishi Regional Branch of the Organising Committee requested the prefectural hospital (Medical Bureau) to take action.
- 4 December 2018
  - The Main Office of the Medical Bureau approached Kamaishi Prefectural Hospital to designate it as a logistical support hospital.
- January 2019
  - Executive Committee requests cooperation in medical relief activities from the Health and Welfare Department
- 15 January 2019
  - Iwate Joint Exercise for Civil Protection
- 8 March 2019
  - Memorandum of Understanding signed between the Organising Committee, Medical Bureau and Kamaishi Hospital regarding Kamaishi Hospital's designation as a supporting hospital.
- FY2019
  - The governor issued a letter to base disaster hospitals in Iwate Prefecture requesting them to organise and stand for a medical rescue team on the day of the RWC and requested the Iwate Branch of the Japanese Red Cross Society to provide tents and other equipment for setting up first aid stations on site. Moreover, the expenses for the first aid team's dispatch were included in the initial budget of the prefecture for FY 2019, assuming that the expenses for travel and overtime pay for the standby team will be reimbursed by the prefecture, as in the case of a normal disaster dispatch.
- 28 June 2019
  - The Kamaishi Medical Association and other organisations discussed the readiness to receive many injured and sick people in Kamaishi City outside the venue.
- 8 July 2019
  - Issued a notice requesting cooperation with the directors of prefectural hospitals in the Kamaishi area (Ofunato, Miyako, Tono and Chubu)
- 11 July 2019
  - Iwate Prefecture and Kamaishi City Joint Exercise for Civil Protection
- 27 July 2019
  - Pacific Nations Cup (Test Event)
- 20 September 2019
  - Fan Zone opened
- 25 September 2019
  - Matches held
- 13 October 2019
  - Match cancelled (due to Typhoon No. 19)
- 2 November 2019
  - Closes (Fan Zone closed)

# 3 Saitama Prefecture & Kumagaya City

## 1. Basic information

Population : Saitama Prefecture: 7.34 million, Kumagaya City: 190,000

### Stadiums

Kumagaya Rugby Stadium (Kumagaya City) 25,600 capacity

### Match Outline

24 September 2019 (Tue)	Pool Match	Russia v Samoa	22,564 people
29 September 2019 (Sun)	Pool Match	Georgia v Uruguay	24,895 people
9 October 2019 (Wed)	Pool Match	Argentina v USA	24,377 people

### Fan Zone

Kumagaya City Community Plaza, 20 September-9 October 2019 (10 days) Total: 71,791 people

### Campsites and teams in the host city and prefecture

Kumagaya City: Russia, Uruguay, Argentina, Tonga, Samoa, Georgia, USA  
Saitama City: Russia

### Involvement in the Tokyo Olympics and Paralympics

Games: Yes  
Camps: Yes

### Recent large-scale international events

None.

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the entire operation: Set up
- Operations centre for health and medical care: Set up
- Chain of command (e.g., relationship with the Organising Committee, whether or not a health care task force is established)
- The organisation of the host city operations centre; see [Figure 1](#).

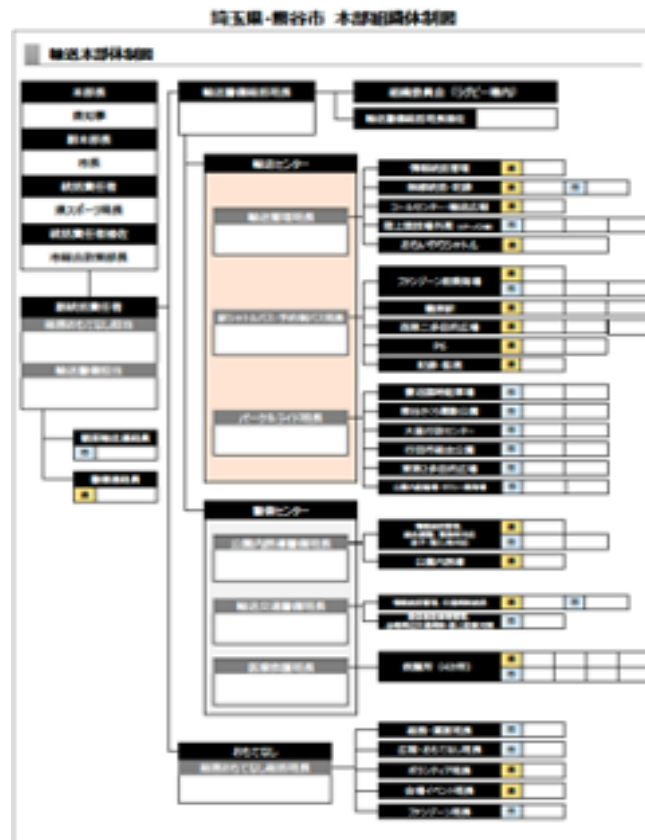


Figure 1: Organisation of the host city operations centre (in Japanese)

● Staffing

- Preparation phase: 0 full-time, 5 part-time  
 In charge of medical care (Prefecture): one manager, one supervisor, one chief  
 (City) One manager, one inspector, one supervisor
- During the Games: 9 full-time, 0 part-time  
 In charge of medical first aid (Prefecture): five, including the chief of medical first aid team; (City): four.

## 2.2 Risk assessment

### Risk assessment for major areas

● Infectious diseases:

- Risk assessment was conducted by referring to the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games - Procedures for Local Governments' (5 October 2017 Infectious Disease Surveillance Center, National Institute of Infectious Diseases).
- Published a document on the prefectural website and prepared a summary version for distribution to medical institutions in the prefecture.
- The notice 'Risk assessment informed public health centres of infectious disease outbreaks in Saitama Prefecture due to the Rugby World Cup 2019' issued by the Infectious Disease Control Chief, Public Health and Medical Policy Division, Department of Public Health and Medical Services, Saitama Prefecture.

● Food and water hygiene

- Not implemented.

● Environmental health (e.g., heat stroke)

- Not implemented.

● Terrorism (e.g., biological, chemical, radiation and explosives)

- Not implemented.

● Others (e.g., mass casualty incidents and natural disasters)

- Not implemented.

## 2.3 Planning

- Developed a 'Medical Aid Manual' (Saitama Prefecture Rugby World Cup 2019 Division, Kumagaya City Rugby World Cup 2019 Promotion Office)

## 2.4 Training and exercises

- Drills were conducted under the assumptions of the deliberate release of chemical agents and the explosion.

# 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases

Departments in charge: Infectious Disease and Pandemic Influenza Countermeasures, Public Health and Medical Policy Division, Department of Public Health and Medical Services

- 1) Reinforcement of existing measures:
  - Implementation of enhanced surveillance
- 2) Newly introduced measures:
  - Training on infectious diseases for medical institutions (during the RWC2019 only)
  - Conducting risk management training (continued after the RWC2019)

Departments in charge: Kumagaya Public Health Centre

- 1) Reinforcement of existing measures:
  - Training of putting on and removing PPE for public health centre staff
  - Strengthening of nosocomial infection control measures for measles
  - Confirmation of emergency communication system
- 2) Newly introduced measures:
  - Training on infectious diseases for medical institutions (during the RWC2019 only)
  - Risk management training (continued after the RWC2019)
  - Providing mosquito vector control manuals to the venue's facility management office (during the RWC2019 only)
  - Disease-specific measures based on risk assessment (during the RWC2019 only)
  - Training on risk assessment and control measures (during the RWC2019 only)
  - Recommendation of vaccination to workers (only during the RWC2019)
  - Request for cooperation to the fire department in patient transportation (to be continued after the RWC2019)

- Non-communicable diseases and injuries

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: None

- Laboratory system

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: None

- Food and water hygiene

Departments in charge: Kumagaya Public Health Centre

- 1) Reinforcement of existing measures:
  - Simultaneous monitoring of the food-related businesses near Kumagaya Station
- 2) Newly introduced measures:
  - Hygiene seminars for vendors
  - Instead of notifying all temporary openings vendors, which cannot regulate menus, a simple restaurant business permit was obtained. Further, a permit ledger was maintained for an emergency response so that regulations could be enforced to prevent menus' provision with a risk of food poisoning.

- Confirmation of menus provided by vendors
- Food surveillance of the stadium, hospitality area and fan zone
- Environmental health
 

Department in charge: Kumagaya Public Health Centre

  - 1) Reinforcement of existing measures:
    - Conducting hygiene seminars (norovirus, legionella and bedbug countermeasures)
    - Raising awareness regarding infectious disease countermeasures while monitoring of inns, etc.
    - Guidance on norovirus countermeasures during the construction of the Kumagaya Rugby Stadium
  - 2) Newly introduced measures:
    - Increased the number of toilets from half of the standard of the Saitama Prefecture Entertainment Centre Law Enforcement Ordinance to 80% of the standard of the Ordinance
    - Provision of information on infectious diseases to the operators of inns in the jurisdiction
    - Permission of entertainment venue for fan zone
    - Notification of changes related to the installation of temporary stands at the stadium
- Counterterrorism
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures:
    - In response to recent incidents of terrorist attacks by vehicles, vehicles were restricted from entering the park on the roads surrounding the park. Moreover, materials and equipment were installed to prevent vehicles from entering the park at the entrances and exits and in front of the fan zone.
    - Inside the park, security vehicles and iron fences were placed at multiple locations to ensure spectators' safety in cases of vehicle intrusion.
    - At the Kumagaya Rugby Stadium, Fan Zone and Hospitality Area, baggage was checked upon entry to prevent the entry of dangerous items
- Others
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures:
    - Carpets in the VIP rooms were replaced with tiles to facilitate disinfection in case of vomiting.
    - Measures for foreign nationals in accommodation facilities

## 4. Medical care

### 4.1 Medical care for spectators

The Organising Committee was responsible for medical care in the stadium (in the access control area). The host city was responsible for medical outside stadium (last mile, fan zone).

- Medical care in and around the venue

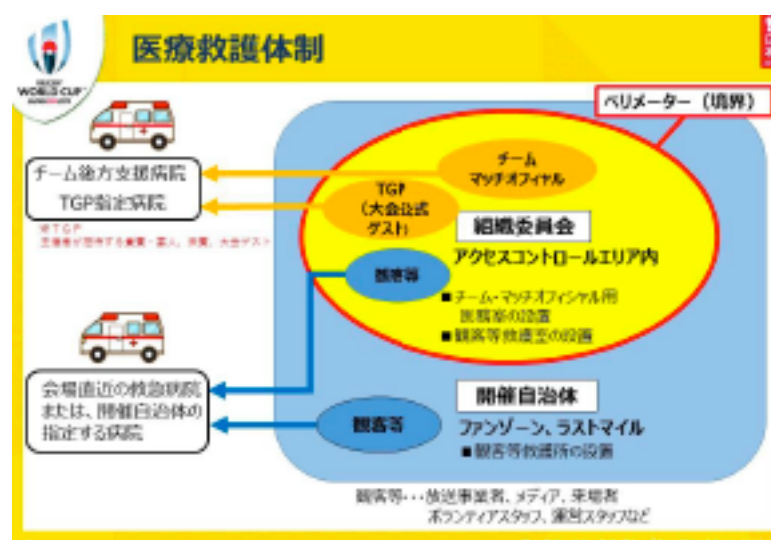


Figure 2: Medical system in and around the venue (in Japanese)

- Special preparations and systems for foreign patients
  - Deployment of interpreters, etc.
  - Assigned interpreters in English and other languages appropriate to the country in question.
  - Set up a foreign language communication board
  - Support for foreigners in emergency medical institutions
    - When a foreigner was transported to an emergency medical facility, the destination medical facility used the telephone interpretation service for medical institutions.

## 4.2 Medical care for athletes and officials

- A medical room for team and match officials and spectator first aid was set up in the stadium.
  - Players, referees and guests: Team logistical support hospital
  - Spectators: Secondary and tertiary emergency hospitals in the Kumagaya City area
  - Four first aid stations were set up in Kumagaya Sports Cultural Park and in the last mile of the park to provide first aid to the injured and sick and transport them to medical institutions.
  - First aid and emergency transport to medical institutions

**Table 1:** Summary of the four first aid stations established (in Japanese).

救護所名	設置場所	スタッフ
救護本部	彩の国くまがやドーム内 医務室	医師、看護師(2)、通訳(1~2)、 ボランティア、行政職員
西エリア救護所	西第2多目的広場 (熊谷駅シャトルバス乗降場)	看護師(2)、ボランティア、行政職員
徒歩動線救護所	箱田高齢者・児童ふれあい センター(徒歩ルート上休憩所)	
ファンゾーン 救護所	コミュニティひろば (ファンゾーン内)	看護師(1)、ボランティア、行政職員

## 4.3 Medical care for residents

There was no particular impact on the usual medical system during the RWC2019.

# 5. Emergency response during the event

- Unknown.

# 6. Evaluation and legacy building

## 6.1 Review of public health activities

- Develop a report of the enhanced surveillance
- Presentation of the food monitoring
- The report of the RWC2019 Saitama Prefecture Promotion Committee was issued.

## 6.2 Impact on normal operations of public health centres

- There were constraints on the usual food monitoring operations since the food monitoring officer was involved in the operations for RWC2019.
- Student internship program was cancelled during the RWC2019.

## 6.3 Legacy building

- None in particular.



## 7. Other issues

- None.

## 8. Timeline of public health activities

- March 2018
  - The Organising Committee prepared a draft of the Basic Plan for Medical Affairs.
- April 2018
  - Meetings began with the prefecture, city, local branch of the Organising Committee (LOC) and prefectural rugby union.
- May 2018
  - Meetings began with the Kumagaya City Fire Department
  - Address to the president of the prefectural medical association
- August 2018
  - Basic plan for medical operations formulated
- September 2018
  - Organising Committee requested cooperation from the Japan Medical Association
- November 2018
  - Requested for cooperation from prefectural medical associations (prefectural and city governments, LOC)
- December 2018
  - Requested for cooperation from the Urawa Medical Association and Kumagaya Medical Association (prefectural and city governments, LOC)
- January 2019
  - Visited each medical institution and requested cooperation (prefectural and city governments, LOC)
- May 2019
  - Requested to Kumagaya Medical Association for cooperation in the send-off game for the Japanese national team (prefectural and city governments, LOC)
- June 2019
  - Requested cooperation from the prefectural international association, prefectural nursing association, and Saitama branch of the Japanese Red Cross Society (prefectural and city governments)



# 1. Basic information

## 1. Basic information

Population 13.97 million (Chofu City: 240,000)

### Stadiums

Tokyo Stadium (Chofu City) Capacity: 49,970 people

### Match Outline

20 September 2019 (Fri)	Pool Match	Japan v Russia	45,745 people
21 September 2019 (Sun)	Pool Match	France v Argentina	44,004 people
29 September 2019 (Sun)	Pool Match	Australia v Wales	47,885 people
5 October 2019 (Sat)	Pool Match	England v Argentina	48,185 people
6 October 2019 (Sun)	Pool Match	New Zealand v Namibia	48,354 people
19 October 2019 (Sat)	Quarter-final	New Zealand v Ireland	48,656 people
20 October 2019 (Sun)	Quarter-finals	Japan v South Africa	48,831 people
1 November 2019 (Fri)	Third place play-off	New Zealand v Wales	48,842 people

### Fan Zone

Tama site (Chofu Station Square, Chofu City Green Hall, etc.)	20 September-2 November 2019 (16 days)	Total: 131,900 people
Tokyo site (Tokyo Sports Square)	20 September-2 November 2019 (25 days)	Total: 178,600 people
		Total: 310,500 people

\*Due to the impact of Typhoon No. 19 (Hagibis), the Tama site was cancelled on 11 and 12 October and the Tokyo site on 12 October 2019.

### Campsites and teams in host cities and prefectures

#### Municipalities in Tokyo

Musashino City: Russia

Fuchu City: England, France, South Africa

Machida City: Namibia

#### Additional sites secured by the Organizing Committee

Tokyo A: Scotland

Tokyo B: Japan, Wales, Argentina

Tokyo C: New Zealand, Japan, Australia

### Involvement in the Tokyo Olympics and Paralympics

Games: Yes

Camps: Yes

### Recent large-scale international events

FIFA World Cup 2002 and many others

## 2. Public health preparedness in the host city

According to the Basic Contract for the Games signed on 31 August 2015, the host city must provide medical services to spectators. The Tokyo Metropolitan Government (TMG), as the host city, was responsible for the development of the medical system in the last mile and fan zone based on the basic plan for medical services formulated by the Organising Committee.

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

The main divisions in charge are the Rugby World Cup (RWC) Preparation Section of the Sports Promotion Division established within the Bureau of Olympic and Paralympic Games Tokyo 2020 Preparation and the Bureau of Social Welfare and Public Health.

#### RWC Preparation Section

- Establishment of first aid stations (in the last mile and around the venue) and temporary rest areas
- Assignment of medical personnel (first aid station outside the venue)
- Cooperation with the Tokyo Fire Department
  - Organising a communication system to share information in cases of injury or illness on match days
- Information sharing with medical associations
  - Providing the Tokyo Medical Association and the local medical associations of the three cities (Chofu, Fuchu and Mitaka) with an outline of the tournament, the date and time of the games and information on the medical system and communication system during the tournament and share the information

#### Bureau of Social Welfare and Public Health

No organisation was set up for the RWC2019. The sections in charge of each project (see below) took the lead in discussing necessary measures while sharing information with public health centres, etc., as appropriate and implemented measures in cooperation.

- Organisation of the main office (matters under the jurisdiction in parentheses).
  - General Affairs Division (internal liaison and coordination)
    - Policy Planning Section
  - Medical Policy Section
    - Medical Policy Section (community healthcare)
    - Emergency Medical Services and Disaster Response Section (emergency and disaster medical care)
    - Medical Safety Section (medical guidance)
  - Health Policy Division
    - Health Policy Section (coordination of metropolitan public health centre operations)
  - Health and Safety Division
    - Food Safety Control Section (food hygiene measures)
    - Pharmaceutical Affairs Section (pharmaceutical hygiene measures)
    - Environmental Health and Sanitation Section (environmental hygiene measures)
    - Infectious Disease Control Section (infectious disease control measures)

- Operations centre for the event: Set up (host city operation centre)

The RWC preparation section played a central role in organising the match-day operation system. Further, the operation centre was set up in a conference room on the first floor of the Musashino Forest Sports Plaza (consisting of RWC Preparation Section staff and supporting staff).

- A liaison was dispatched to the Organising Committee's Security Command Centre at Tokyo Stadium to work with the Organising Committee, the Metropolitan Police Department's Local Security Headquarters and the Tokyo Fire Department's Local Security Headquarters.
  - Liaison and coordination with a private security company (ALSOK)
- Operations centre for public health and medical care: Set up [Security and Medical Operations Centre (Figure 1)]
    - Security and medical operations centres established in the host city operations centre (composed of RWC Preparation Section staff and supporting staff)
    - Supervise first aid stations and the situation around the venue

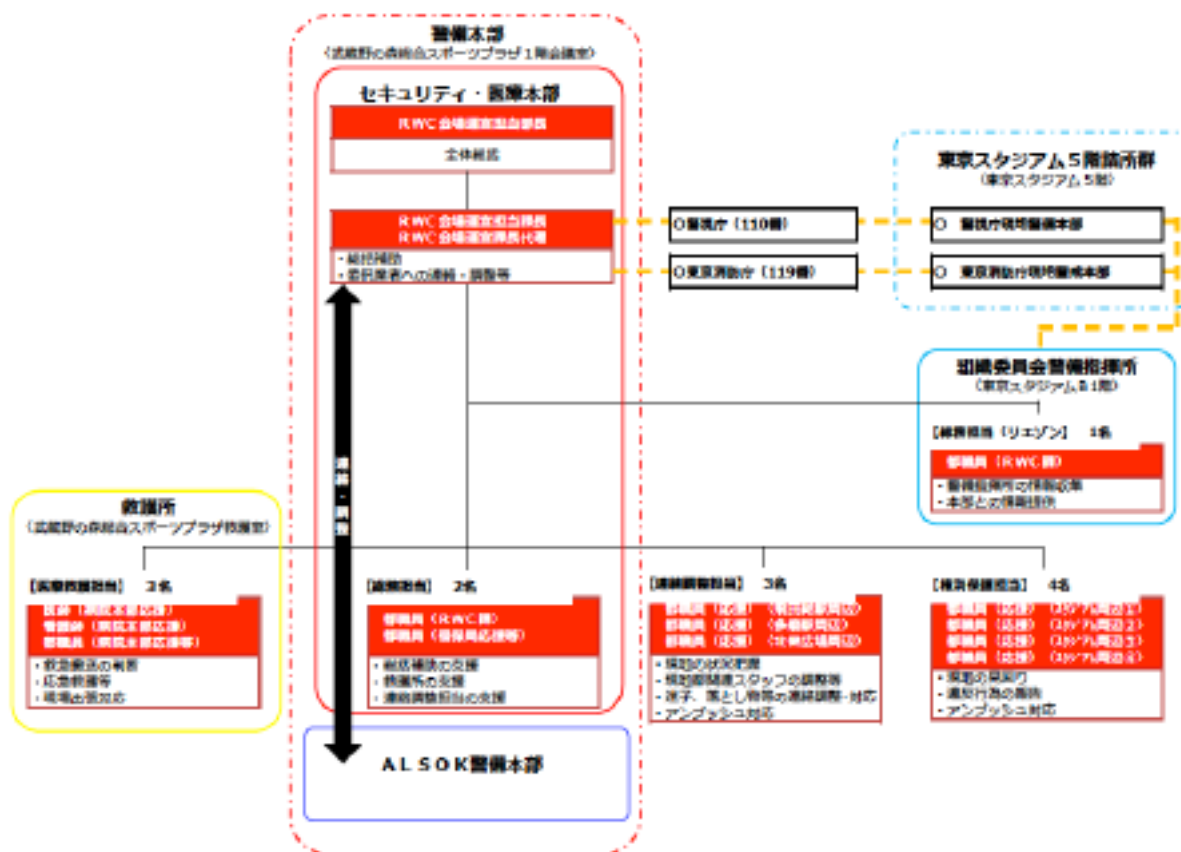


Figure 1: RWC2019 operations centre of the Tokyo Metropolitan Government (in Japanese)

## • Staffing

- Preparatory phase: Number of staff engaged in the operations: 4 full-time, 0 part-time
- During the Games: Number of staff engaged in the operations: 3 full-time, 4 part-time
  - (Full-time) 1 doctor, 1 nurse, 1 administrative staff (supporting staff)
  - (Concurrently) 4 administrative staff (3 security/medical staff, 1 supporting staff)

## • Cooperation with other organisations

〈Cooperation in the Preparation Phase〉

- Department in charge: RWC Preparation Section, Bureau of Social Welfare and Public Health
- Information sharing and exchange of opinions with the Organising Committee (regional branches), ward and city public health centres, Tokyo Medical Association, etc. as appropriate (organising monitoring system, emergency contact system, etc.)

### (1) Security and medical affairs

- Host city coordination meeting (with the participation of the Organising Committee, Metropolitan Police Department, Tokyo Fire Department, etc.)
  - Discussed security and medical systems, emergency management, etc. during the Games
  - Yokohama City and Oita Prefecture Joint Opinion Exchange Meeting (23 April 2019)
  - Sharing of information on security, medical systems, emergency management, etc. in the three host cities

### (2) Food hygiene

- Coordination with the Organising Committee (regional chapters), etc.
  - Confirmation of menus, number of items to be served, cooking methods, etc.
  - Coordination regarding accreditation
  - Organise emergency contact system in cases of food poisoning outbreak
- Coordination with ward and city public health centres
  - Organise a joint surveillance team of metropolitan, ward and city public health centres
  - Conduct a workshop for staff in charge of monitoring and guidance (explaining points to remember while monitoring and guidance)
  - Share the results of monitoring and guidance and organise an emergency contact system

### (3) Infectious diseases

- Coordination with the Organising Committee (regional branch), etc.
  - Confirmation of where the team and related personnel are staying, etc. (information sharing is limited to related departments)
  - Instruction of procedures for conducting epidemiological investigations in the event of an outbreak of infectious diseases, etc.
  - Organise emergency contact system in case of infectious disease outbreak
- Coordination with ward and city public health centres
  - Coordination of the implementation of enhanced surveillance during the Games
  - Sharing of information on where teams and related personnel are staying, etc. (limited to related departments)
  - Arrangement of the emergency contact system in cases of an outbreak of infectious diseases and information sharing system during epidemiological investigations

#### <Cooperation during the Games>

- RWC Preparation Section
  - Ensure a system that enables the security and medical operations centre to promptly contact relevant organisations when necessary
- Bureau of Social Welfare and Public Health
  - Policy Planning Section, General Affairs Division: Liaison office for general RWC matters
  - Emergency Medical Services and Disaster Response Section, Medical Policy Division: Emergency contact point
  - Tama Fuchu Public Health Centre: Food poisoning and food hygiene, infectious diseases control
  - Tokyo Metropolitan Medical Information Center (Himawari): Emergency contact with public health centres during nighttime and holidays
- Office of Metropolitan Hospital Management
  - General Affairs Section, Managerial Planning Division: Coordination of dispatch of doctors and nurses
  - Tama Medical Center: Dispatch of doctors and nurses
- Chofu City
  - Life, Culture and Sports Department, in charge of Olypala (general city contact point for RWC)
  - Health Promotion Division, Welfare and Health Department: City Hall's contact point for the City Medical Association
- Chofu City Medical Association
  - Medical care for injured and sick patients in the fan zone

## 2.2 Risk assessment

Risk assessment using an all-hazards approach was not conducted, but the risks were identified for infections diseases, natural disasters, terrorism, etc. The followings are the roles of the RWC Preparation Section and Bureau of Social Welfare and Public Health.

- WRC Preparation Section: Some risk of the emergencies, such as natural disasters and terrorism, was discussed with the Organising Committee.
- Bureau of Social Welfare and Public Health: Necessary measures were discussed in each division within the scope of its jurisdiction

#### Risk assessment for major areas

- Infectious diseases
  - Not implemented specifically for the RWC2019.
- Food and water hygiene
  - Not implemented specifically for the RWC2019.
- Environmental health (e.g., heat stroke)
  - Not implemented specifically for the RWC2019.
- Terrorism (e.g., biological, chemical, radiation and explosives) : RWC Preparation Section
  - Possible emergencies and their risk levels were determined. (May-August 2019)
- Others (e.g., mass casualty incidents and natural disasters)

## Remarks

- Details of emergency management systems were shared at the joint meeting between Yokohama City and Oita Prefecture (23 April 2019).
- Although there was no system in place, host city government received advice and opinions from the Tokyo Medical Association and other organisations.

## 2.3 Planning

- The following plans were developed.
  - Tokyo Stadium Venue Operations Plan, Tokyo Metropolitan Government Transportation Basic Plan, Fan Zone Operations Plan, etc.

## 2.4 Training and exercises

(1) FY2019 Comprehensive Exercise for Large-Scale Terrorism (sponsored by the Tokyo Fire Department)

Date: 4 July 2019

Location and number of participants: All areas under the jurisdiction of the Tokyo Fire Department and all Tokyo Fire Department employees

Contents:

- Response to a large number of casualties due to a series of terrorist attacks occurring in the stadium
- Operation of a police headquarters (operating room) linked to practical training
- Emergency call-up and unit formation training in the event of a large-scale disaster
- Tabletop exercises for terrorist attack (conducted at each fire station)
- The outline of the practical training is as follows.
  - Location: Tokyo Stadium
  - Assumption: During an international sporting event in the Tokyo Fire Department jurisdiction, a large-scale serial bombing disaster occurred at the stadium.
  - Number of participants: Approximately 3,300 people (approximately 3,200 firefighters and 100 other participating organisations)
  - Participating organisations: Rugby World Cup 2019 Organising Committee, Tokyo Metropolitan Government, Tokyo Stadium Corporation, Tokyo DMAT

## 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious disease: Infectious Disease Control Section
  - 1) Reinforcement of existing measures:
    - Information sharing among those in charge of infectious disease control at the Tokyo Metropolitan Government and public health centres via a web conference (twice a week)
  - 2) Newly introduced measures:
    - Implementation of enhanced surveillance (only during the RWC2019)
      - Target items
        - (1) Notification of the designated infectious diseases
        - (2) Reporting of diseases for sentinel surveillance (patients and pathogens)
        - (3) Reports on suspected case surveillance
        - (4) Reports of outbreaks
        - (5) Tokyo Infectious Disease Alert (emergency examination of patients with suspected MERS).
        - (6) Status of emergency transport surveillance
      - Implementation methods

Method of implementation: Daily reports are compiled on the above items' status in Tokyo  
Daily information on the above items, except for (5) and (6), to all public health centres in Tokyo and the Tokyo Medical Association

- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures:None
  - 2) Newly introduced measures: None
- Laboratory system
  - 1) Reinforcement of existing measures:None
  - 2) Newly introduced measures: None
- Food and water hygiene:Food Safety Control Section
  - 1) Reinforcement of existing measures:
    - Monitoring and guidance of food and beverage facilities on the game days (by a joint monitoring team of metropolitan, ward and city public health centres)
  - 2) Newly introduced measures:
    - Prior guidance (workshops, etc.) for businesses providing food and beverages in the match venues and sharing of the results of monitoring and guidance among related parties (only during the RWC2019)
    - Sharing the results of monitoring and guidance
    - (1) Report from the public health centre with jurisdiction over the venue to the Organising Committee on the guidance for businesses.
    - (2) Report from the TMG's food monitoring section to the Ministry of Agriculture, Forestry and Fisheries on the status of management of self-service food and beverage outlets, etc.
- Environmental health
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None (but implemented for the Tokyo Olympics and Paralympics)
- Counterterrorism : RWC Preparations Section
  - 1) Reinforcement of existing measures:
    - Simulation of the communication system between the host city and the Organising Committee
  - 2) Newly introduced measures: None
- Others: RWC Preparation Section
  - 1) Reinforcement of existing measures:
    - Simulation of the communication system between the host city and the Organising Committee.
  - 2) Newly introduced measures: None

## 4. Medical care

Based on the Basic Plan for Medical Services formulated by the Organising Committee, the host city was responsible for developing the medical system in the last mile and fan zone.

### 4.1 Medical care for spectators

- Medical system in and around the venue
  - In the venue (under the jurisdiction of the Organising Committee)
    - The spectator first aid room was set up and registered as a clinic with three doctors and three nurses
  - Around the venue (under the jurisdiction of the Tokyo Metropolitan Government)
    - Last Mile: A first aid room was set up in the Musashino Forest Sports Plaza on the match days. [An existing medical room was used but not registered as a clinic. One doctor, one nurse and one clerk were assigned to the room (doctors and nurses were dispatched from the Tama Medical Center)] .
    - Fan Zone: A first aid station was set up in each fan zone with one nurse and one clerk. A system was in place to consult with primary or secondary emergency medical institutions nearby medical attention was deemed necessary .
    - Temporary resting places: Three places were set up around the nearest stations (Tobitakyu Station on the Keio Line, Nishi Chofu Station and Tama Station on the Seibu Tamagawa Line).

Note: Medical personnel were dispatched to secondary emergency medical institutions close to the Fun Zone as a voluntary effort by the local medical association and other medical professionals.

- Special preparations and systems for foreign patients
  - The following measures were taken to handle injuries and illnesses among foreign spectators.
    - Use of communication support boards\* (carried by security guards and installed at first aid stations)
    - Use of multilingual translation tools (Pocketalk) (carried by security guards)
  - \*Developed by the Meiji Yasuda Foundation for Mental Health under the supervision of Tokyo Metropolitan Police Department and the Tokyo Fire Department. Available in English, Korean, Chinese, Portuguese and Spanish.

Operation results of first aid stations. (spectators only)

(Based on the preliminary report on the first aid response at the Rugby World Cup 2019™ issued on 20 November 2019.)

- Spectators' first aid room : 8 days, 90 cases (23 foreigners) , 6 ambulance transports.
- Last Mile: 8 days, 15 cases (10 foreigners), 5 ambulance transports
- Fan Zone (Chofu) 16 days, 11 cases (1 foreigner), 1 ambulance transport.
- Fan Zone (Yurakucho): 25 days, 22 cases (1 foreigner), 3 ambulance transports.
- The temporary resting places were not used.

## 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee
- The Organising Committee registered a first aid station as a clinic and designated one supporting hospital for players and one for guests for emergencies on match days.
- For athletes
  - Four doctors in play area
  - Four doctors and one nurse was assigned to the medical room for athletes .
- For guests
  - One doctor was assigned in the guest lounge.

## 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

# 5. Emergency response during the event

- In the areas of food sanitation, environmental health and infectious diseases, there were no incidents that required special responses.

# 6. Evaluation and legacy building

## 6.1 Review of public health activities

- RWC Preparation Section: The review was not planned.
- Bureau of Social Welfare and Public Health: A report scheduled to be made to the Infectious Disease Control Subcommittee of the Safety and Security Promotion Council for the Tokyo 2020 Games on infectious disease countermeasures implemented for RWC2019.

## 6.2 Impact on normal operations of public health centres

- Special responses taken to cope with RWC2019.
  - On-call staff on duty to ensure the emergency contact system on weekends and holidays and at night on weekdays



- On-site support system for food hygiene monitoring at the venues.
- Secured the standby staff for infectious disease control on weekends and nights.
- Additional duties for RWC2019
  - Medical inspections of the temporary medical rooms at the venues
  - Permission procedures for local pharmacies to serve as administrators to support dispensing operations at hospitals.
  - Food hygiene monitoring of food and beverage facilities at the venue and fan zones (Tama area)
  - Prior liaison and coordination with the Organising Committee (implementation of food hygiene monitoring, emergency communication system, etc.)
  - Prior guidance to food businesses and holding of seminars, etc.
  - Licencing of entertainment venues for two public viewing sites, guiding businesses and preparing records
  - Pre-meeting with the Area Medical Officer of the Organising Committee
  - Reporting on the implementation of enhanced surveillance for infectious diseases (daily)
- Rescheduling and rearrangement of normal operations
  - Rescheduling of regular on-site inspections of medical institutions
  - Rescheduling of the council of local stakeholders on oral health
  - Rescheduling of food collection inspections (collection of food served at the venues)
  - Rescheduling of lectures, meetings, practical training related to infectious disease control, etc.
- Cancellation (total or partial) of the normal operations.
  - Partial cancellation of training for donning and doffing of PPE for infectious diseases (reduction in the number of training sessions)
  - Absence from council meeting on school lunches (hosted by the city)

### 6.3 Legacy building

- The experiences and lessons learned through the organisation of the RWC2019 are being carried over to the preparations for the Tokyo 2020 Games.

## 7. Other issues

- The official report ‘Rugby World Cup 2019™ Tournament Report: Record of Tokyo's Hosting of the Rugby World Cup’ (Tokyo Metropolitan Government, March 2020) is now available.

## 8. Timeline of public health activities

- 31 August 2015
  - The basic contract to host the event (Medical care for the spectators was required as one of the host city's obligations).
- 16 December 2015
  - RWC Special Task Force established in the Tokyo Metropolitan Assembly
- 10 March 2017
  - Formulation of the venue operations plan for Tokyo Stadium
- 8 August 2017
  - Establishment of the Special Committee on the Olympic and Paralympic Games and RWC Promotion Measures in the Tokyo Metropolitan Assembly
- 1 November 2018
  - Venue operation plan for Tokyo Stadium updated
- 23 April 2019
  - Draft Fan Zone Operation Plan formulated
- 4 July 2019
  - Comprehensive exercise for large-scale terrorism in FY2019 (Tokyo)



# Kanagawa Prefecture & Yokohama City

## 1. Basic information

Population : Kanagawa Prefecture: 9.21 million, Yokohama City: 3.75 million

### Stadiums

Yokohama International Stadium (Yokohama City) Capacity: 72,327 people

### Match Summary

21 September 2019 (Sat)	Pool Match	New Zealand v South Africa	63,649 people
22 September 2019 (Sun)	Pool Match	Ireland v Scotland	63,731 people
12 October 2019 (Sat)	Pool Match	England v France	Cancelled
13 October 2019 (Sun)	Pool Match	Japan v Scotland	67,666 people
26 October 2019 (Sat)	Semi-Final	England v New Zealand	68,843 people
27 October 2019 (Sun)	Semi-Final	Wales v South Africa	67,750 people
2 November 2019 (Sat)	Final	England v South Africa	70,103 people

### Fan Zone

Rinko Park, 20 September-2 November 2019 (13 days) Total: 153,700 people

\*Due to the impact of Typhoon No. 19 (Hagibis), the fan zone was closed on 12 and 13 October 2019.

### Campsites and teams in host cities and prefectures

Yokohama City: Ireland, Scotland

Ebina City: Russia

Odawara City: Australia

### Involvement in the Tokyo Olympics and Paralympics

Games: Yes

Camps: Yes

### Recent large-scale international events

FIFA 2002 and many others

## 2. Public health preparedness in the host city

• In Yokohama City, the 'Rugby World Cup 2019™ (RWC2019) Yokohama City Emergency Management Plan (March 2019)', which was formulated based on the 'Emergency Management Basic Plan' common to the Rugby World Cup and the Tokyo Olympics and Paralympics Games, is positioned as the central plan for countermeasures.

• Under the plan, emergency management plans have been formulated for each ward. Further, for public health, the Health and Social Welfare Bureau (Yokohama Public Health Centre) has formulated the RWC2019 Yokohama City Emergency Management Plan [Public Health Measures]. Medical care was implemented based on the 'RWC2019 Yokohama City Medical Care Plan (September 2019)', formulated separately based on the Organising Committee's plan. The relationship between each plan is shown in [Figure 1](#).

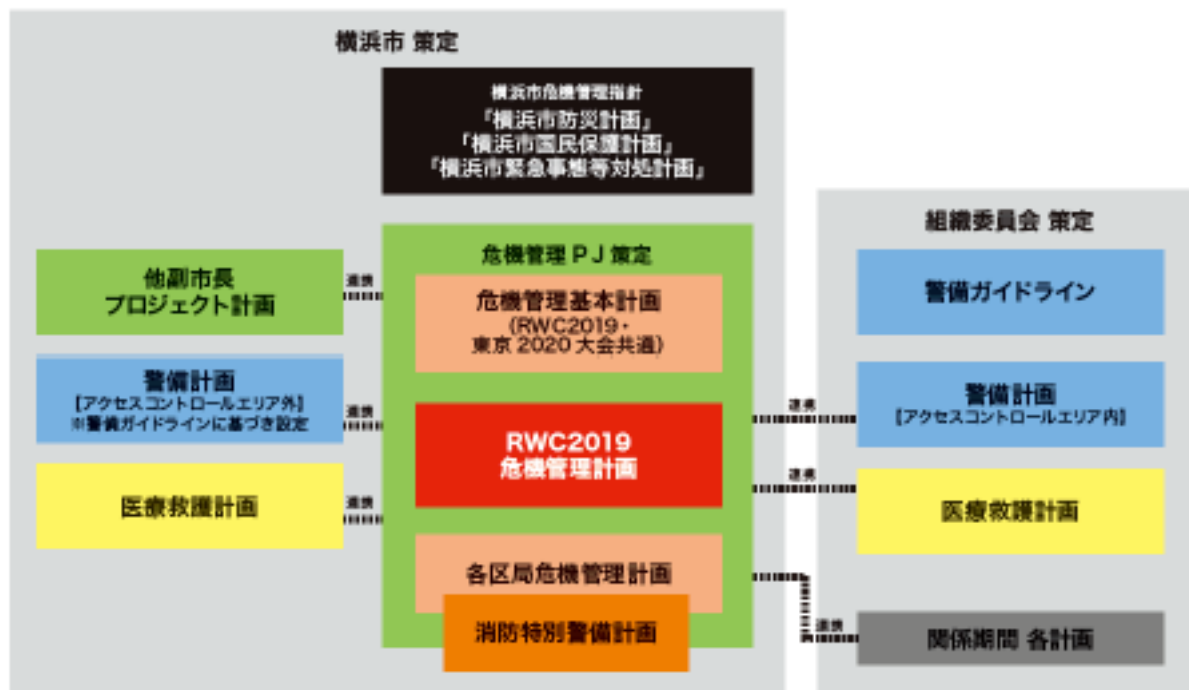


Figure 1: Overview of the relevant plans of Yokohama City (Source: Rugby World Cup 2019™ Yokohama City Medical Rescue Plan) (in Japanese)

- Concerning public health measures, outbreak prevention measures (food hygiene, environmental health, prevention of infectious diseases and food poisoning) and outbreak response measures (response to outbreaks of infectious diseases and food poisoning) were developed by setting the period for implementation as follows. Additionally, the tournament alert was activated one month before the tournament and the tournament alert headquarters were activated during the tournament period (including the day before), with four alert levels depending on the games held.
  - Countermeasure implementation period: Monday, 1 April 2019 to Monday, 4 November 2019
  - Tournament alert activation: 20 August 2019 to 4 November 2019
  - Tournament alert headquarters activation: 19 September 2019 to 2 November 2019 (four alert levels S-A-B-C)

## 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event: Set up (City Games Operations Headquarters)
- Operations centre for public health and medical care: Set up (On-site headquarters; medical care headquarters; Health and Safety Division, Health and Social Welfare Bureau)
  - The Host City Games Operations Headquarters was set up at the Ito Training Center of Seven & i Holdings and managed the Games in cooperation with the Organising Committee and related organisations.
  - Organisation: General Affairs Team, Transportation Security Team, Volunteer Team, Event Team, Fun Zone Operation Headquarters (Rinko Park), Medical Care Team, Emergency Management Team
  - The City On-site Headquarters, the On-site Special Command Centre of Fire Department and the Medical Care Headquarters (a conference room in the Stadium) were set up as operations centres for emergency management and medical care.
  - Staffing
    - Preparation phase: (Not disclosed.)
    - During the Games: (Not disclosed.)

## 2.2 Risk assessment

- Although risk assessment using an all-hazards approach was not conducted, risks were empirically assumed and linked to responses. As public health emergencies, outbreaks of imported infectious diseases, mass food

poisoning and other health hazards related to environmental health, such as water quality accidents, were assumed and the measures were taken accordingly.

- The following characteristics were used to determine the possible emergencies..
  - Difficulty in predicting the occurrence.
  - Possibility of expansion.
  - Extensive investigation of the patient and environment is necessary to determine the cause.
  - Time is required to determine the cause
- For medical operations, mass-casualty incidents, natural disaster and terrorism were assumed.

#### Risk assessment for major areas

- Infectious diseases
  - Based on the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games Procedures for Local Governments' (5 October 2017 Infectious Disease Surveillance Center, National Institute of Infectious Diseases), the following points were assessed and necessary measures were taken
    - Infectious diseases that are likely to be brought in by foreign visitors to Japan
    - Infectious diseases that are likely to spread in the city (e.g., human-to-human transmission, strong infectiousness, insufficient immunity among the public, the existence of vectors, etc.)
    - Infectious diseases that are likely to cause a large number of cases at once and have high severity
    - Infectious diseases that are rare or absent in Japan under normal circumstances and for which clinical diagnosis and pathogen diagnosis at medical institutions are difficult
    - Infectious diseases for which there is concern that there will be a large administrative burden to prevent the spread of infection, such as active epidemiological surveillance and health monitoring of contacts during the Games
- Food and water hygiene
  - Outbreak of mass food poisoning due to food provision in various places such as the venue, surrounding areas, fan zones, lodging facilities and large commercial facilities
  - Other health hazards related to environmental hygiene such as water quality accidents
- Environmental health (e.g., heat stroke)
  - Assumed risk of an outbreak of mosquito-borne infectious diseases
- Terrorism (e.g., biological, chemical, radiation and explosives)
  - Assumed (the details were confidential)
- Others (e.g., mass casualty incidents and natural disasters)
  - Assumed (the details were confidential)

#### Remarks

- Information on the emergency management system, etc. was shared at the joint meeting between the Tokyo Metropolitan Government and Oita Prefecture (23 April 2019).

## 2.3 Planning

- Rugby World Cup 2019™ (RWC2019) Yokohama City Emergency Management Plan (March 2019)
- Rugby World Cup 2019™ Yokohama City Medical Care Plan, etc. [See [Figure 1](#)]

## 2.4 Training and exercises

### (1) Tabletop Communication Training

Date: Thursday, 25 July 2019

Place: City Hall 5F Crisis Management Center

Participating organisations: City-related bureaus (constituent bureaus of the Emergency Management Project), regional branches of the Organising Committee

## Contents :

- Confirmation of the Rugby World Cup 2019™ Yokohama City Emergency Management System
- Confirmation and training of procedures for receiving and disseminating information between the city's headquarters and related organisations and other necessary matters

## (2) Counterterrorism comprehensive exercise

Date: Wednesday, 21 August 2019

Location: Yokohama International Stadium

Participating organisations: City-related bureaus (constituent bureaus of the Crisis Management Project), regional branches of the Organising Committee, Kanagawa Prefecture, Kanagawa Prefectural Police Headquarters, Kohoku Police Station, Yokohama Rosai Hospital, Yokohama Municipal Hospital, Yokohama City University Hospital, etc.

## Contents:

- Confirmation of guidelines for cooperation between the city and the Organising Committee in on-site activities
- Confirmation of procedures for receiving and transmitting information between the city and related organisations
- Confirmation of evacuation guidance and publicity methods, etc.

## Others

- Confirmation and verification of response to Ebola and MERS outbreaks through the drills with public health centres and Class I designated medical institutions and the drills conducted by the Tokyo Metropolitan Government
  - Pre-briefing sessions will be held on 22 August 2019 (Thursday) and 26 August 2019 (Monday).
  - The purpose of the briefing sessions is for medical staff (doctors and nurses) working at the Medical Care Headquarters, first aid stations and dispatched medical teams operated by Yokohama City to share information and have a common understanding of medical care for the Games and to strengthen cooperation among staff by building face-to-face relationships.
  - Participants: Doctors, nurses and logistics personnel engaged in medical care headquarters, first aid stations and dispatched medical teams
  - Overview of the event, the medical care plan outline, an inspection of various facilities outside the stadium, etc.

## 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases (Health and Safety Division, Health and Social Welfare Bureau)
  - 1) Reinforcement of existing measures:
    - Enhanced surveillance for infectious disease outbreaks
      - Based on the national guidance on infectious diseases surveillance.
    - Raise awareness of staff at the venues and related accommodation facilities on the prevention of outbreaks and the spread of infectious diseases
      - Distribute awareness-raising materials and post them at the venue
    - Alert citizens and foreign visitors to Japan
    - Raising awareness among employees and volunteers of accommodation facilities, etc. regarding vaccination and other preventive measures
  - 2) Newly introduced measures
    - Monitoring infectious disease outbreaks through daily reports.
      - Early detection of unusual outbreaks by sharing daily reports of infectious disease outbreaks during the Games
      - Sharing of daily reports of information on visitors to the medical office, etc. conducted by the Organising Committee
    - Strengthen cooperation with medical institutions
      - Provide necessary information on imported infectious diseases and infectious diseases that may cause a large-scale outbreak due to mass gathering through the city medical association, hospital association and the city infectious disease surveillance committee
    - Establish an emergency communication system

- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
  
- Laboratory system
  - 1) Reinforcement of existing measures:
    - Improvement of pathogen testing system
      - Necessary equipment in the Yokohama City Institute of Health was in place.
  - 2) Newly introduced measures: None
  
- Food and water hygiene
  - 1) Reinforcement of existing measures:
    - Conduct advance monitoring, monitoring on the match days and hygiene seminars for businesses providing services at venues, surrounding areas, fan zones, accommodation facilities, large commercial facilities, etc. (Food Safety Division and the districts with jurisdiction over each facility, etc.)
      - Preliminary monitoring: Checking the hygiene of recipes, facilities and equipment to be served on the match days before the event.
      - On-site monitoring: On the match days, check the hygienic handling of food and the physical condition of the cooks
      - Hygiene training: Raises awareness of the cooking staff at each facility on food poisoning prevention and food handling precautions.
  - 2) Newly introduced measures: None
  
- Environmental health
  - 1) Reinforcement of existing measures:
    - Conducted on-site inspections of facilities used by a large number of people, such as inns, entertainment venues and specified buildings (312 cases from April to September 2019)
      - On-site inspections conducted based on the Inns and Hotels Act, Entertainment Hall Act, Building Sanitation Act, Water Supply Act, etc. to monitor whether appropriate sanitation management was being carried out (Public Hygiene Division, each Welfare and Health Centre)
      - For facilities in the inns and hotels business, the guests' list was monitored. Further, guidance was provided by distributing flyers regarding the list of guests.
      - Enlightenment on proper business operation using the Housing Accommodation Business Self-Diagnosis Checklist, etc. and supervision through on-site inspections based on the Housing Accommodation Business Act, etc. (Public Health Division, Health and Social Welfare Bureau)
      - Flyers were also distributed to raise awareness about bed bugs and other sanitary pests.
  - 2) Newly introduced measures:
    - Strengthening measures against mosquito-borne infectious diseases (source control and surveillance)
      - Implemented measures against mosquito sources in the vicinity of the venue, etc. (Public Health Division)
      - Survey points for mosquito vectors and virus transmission were added to the list of places where foreign nationals were likely to accumulate and stay for a long time during the Games.
      - Mosquito larvae extermination (outsourced to pest extermination specialists)
  
- Counterterrorism
  - 1) Reinforcement of existing measures:
 

Data from the Committee on Citizens, Culture, Tourism and Fire Fighting, 17 December 2019 Fire and Disaster Management Bureau, 'Results of the Rugby World Cup 2019™ Firefighting Special Security'

    - Development of various plans
      - Formulate a security plan in collaboration with the Organising Committee and the city's crisis management office and work together with related organisations.
    - Safety measures for related facilities
      - Conduct on-site inspections of facilities related to the Games, large-scale visitor facilities, accommodation facilities, temporary power generation facilities, etc.
    - Strengthen cooperation with related organisations
      - Strengthen cooperation with related organisations through counterterrorism drills, etc.

## 2) Newly introduced measures:

- Maintenance of equipment and materials
  - Improved equipment such as tourniquets and toxic gases detectors

## ● Others

### 1) Reinforcement of existing measures:

- Establishment of a medical care headquarters (see 'Medical care' for details)
  - Set up at the venue on the match days (during the period of alert levels S and A in the tournament alert system)
  - To establish a cooperation system with the city games' on-site headquarters, the on-site special command centre of the fire department and medical institutions, etc.
  - To prepare for mass casualties at or near the venue, the information in the initial stages was quickly collected and an initial response system was established.

### 2) Newly introduced measures: None

● In addition to the above, the City Resources Recycling Bureau cleaned the last mile. Temporary toilets were set up in the park in front of Shin-Yokohama Station and the frequency of cleaning toilets around the competition venue was increased.

## 4. Medical care

The event was conducted based on the RWC2019 Yokohama City Medical Care Plan (September 2019) prepared by the City of Yokohama based on the Basic Plan for Medical Services and the Medical Services Operation Plan set forth by the Organising Committee.

### Overview of the RWC2019 Yokohama City Medical Care Plan

- Based on the emergency medical system of Yokohama City, this plan was designed to deal with medical emergencies in the vicinity of the venues related to the RWC2019. The basic response was per the 'Yokohama City Emergency Medical System in the Normal Times'.
- Medical care in the access control area of the venue and the authorised team campsites was provided per the medical care plan formulated by the Organising Committee. It was consistent and related to the security plans formulated by the city and the Organising Committee.
- The emergency management response was implemented based on the RWC2019 Emergency Management Plan, which was coordinated with the Fire Department's Special Security Plan and other plans prepared by related organisations.
- Applicable period: the match days and the first day of the tournament [7 days (12 October 2019 was cancelled due to a typhoon)] .

### Role of each organisation, etc.

- City of Yokohama
  - Establishment of emergency and disaster medical system in the city during the Games
  - Provide medical first aid services for spectators and other visitors outside the access control area (last mile and fan zone)
  - Liaise with the Organising Committee for medical care services for match officials, athletes and spectators in the access control area
  - Medical care for spectators and other visitors at the authorised team campsites (handled by normal emergency medical services)
- Organising Committee
  - Provision of medical care services to match officials, athletes, spectators, etc. in the access control area
  - Medical care for match officials, athletes, etc. at the authorised team campsites
- Cooperation with the Organising Committee.
  - Medical care services occurring in the access control area followed the Organising Committee's medical care plan

- When a mass casualty incident occurred in the access control area and it was difficult for the medical care system in the venue to cope with the situation, the medical care headquarters and the Organising Committee collaborated to provide smooth medical care
- The Medical Care Headquarters worked closely with the Organising Committee and shared information on the situation of the medical care as appropriate
- Cooperation with related organisations
  - Because a large number of domestic and foreign tourists visit the city during the Games and the possibility of terrorist attacks and other emergencies increase, efforts were made to strengthen cooperation with related organisations, such as the relevant ward offices of Yokohama City, medical institutions in the city, Yokohama Medical Association, Yokohama Dental Association, Yokohama Pharmaceutical Association, Yokohama Hospital Association, Kanagawa Prefecture, Kanagawa Prefectural Police Headquarters, Japan Coast Guard and the Organising Committee.

## 4.1 Medical care for spectators

- Medical care at and around the venue
  - Venue (Access control area)
    - Four first aid rooms provided
    - One doctor and one nurse were assigned to each room.
    - The first aid rooms were registered as clinics during the RWC2019.
    - Based on the doctors' decision, spectators were transported directly to medical institutions in the city by special ambulances placed in the venue.
    - Three ambulances were arranged by Yokohama's city (two for teams/match officials and one for tournament guests/spectators).
  - Outside the access control area (Last Mile and Fan Zone)
    - Medical care unit
      - Medical care unit was set up within the host city's games operations headquarters to operate and manage off-site first aid stations and mobile medical teams to deal with medical care in the last mile. To prepare for mass casualty incidents at the venue or in the last mile, the rapid response system was established in cooperation with each unit of the City Games Operations Headquarters.
      - City Games Operations Headquarters\* (Ito Training Center: 2-19-1 Shin-Yokohama, Kohoku-ku)
      - Composition: Medical Bureau.
      - Unit leader: Section Chief in charge of emergency and disaster medical care, Medical Bureau (substitute: Section Chief, Medical Bureau) \*Serves concurrently as chief of medical care headquarters
      - Role: Operation and management of off-site first aid stations and mobile medical teams

### Off-site first aid station

- An off-site first aid station was set up in the plaza in front of the north exit of Shin-Yokohama Station, where many people used the station and some events were held to provide medical first aid in the last mile. If mass casualty incidents occurred in the last mile, the rapid response was carried out.
- Location: Shin-Yokohama Station North Exit Station Square (Registered as a clinic and the manager was selected from the physicians engaged).
- Medical staff: one doctor and one nurse (dispatched from the city's emergency medical centre)
- Role: Initial response at the first aid station in case of injury or sudden illness of spectators visiting the facilities related to the RWC2019.
- Scope of medical treatment, etc.
  - In principle, medical treatment using medicines was not provided.
  - First aid treatment for the injured and sick who come to the off-site first aid station.
  - If the off-site first aid station could not respond to the injured or sick and higher-order medical treatment was required, call for emergency services immediately.
  - Provided initial response and stabilisation measures to the extent possible until the emergency team arrived.
  - Other treatments as deemed necessary



### Mobile medical team

- To respond quickly to medical rescue cases in the last mile (outside the access control area), the team was on standby at the off-site first aid station or the city games operations headquarters and was dispatched to the sites upon request. Furthermore, when a mass casualty incident occurred, the initial response was carried out promptly.
- Off-site First Aid Station or City Games Operations Headquarters (Shin-Yokohama Station North Exit Station Square or Ito Training Center)
- Composition: one doctor and one nurse (dispatched from the emergency medical centre in the city)  
\*After the off-site first aid station was closed, the off-site first aid station staff (one doctor and one nurse) were dispatched as a medical team.
- Role: Initial response to injuries or sudden illnesses of spectators visiting facilities related to the event.
- Requirements for dispatching
  - (1) When there is a high degree of urgency, such as an event staff finds an injured or sick person and calls for an emergency.
  - (2) In other cases, it is deemed necessary to dispatch a medical team.
- Scope of dispatch: A radius of approximately 500m from the city game operations headquarters (south of the JR Yokohama line was not covered)

### Fan zone first aid station

- A first aid station was set up in the fan zone to respond to medical emergencies.
- Composition: 2 nurses
- Main role: Initial response in case of injury or sudden illness of spectators visiting the fan zone, etc.
- Operation: Operated by the event company under the contract.
- Summary of the emergency cases
  - 16 cases (8 of which were foreigners, 10 cases in the stadium, 6 cases around the stadium)
- Special preparations and systems for foreign patients
  - Provided information on medical institutions with foreign language capabilities on their websites, etc.
  - Support for the introduction of telephone medical interpretation at hospitals and nighttime emergency centres in the city

## 4.2 Medical care for athletes and officials

- Medical care for players and match officials
  - Medical treatment for players' injuries and illnesses and match officials injured on the pitch (ground) during the match.
  - The injured players who could not move easily were transported from the pitch by stretcher, etc. They were transported directly to the team supporting hospital by a special ambulance placed in the venue based on the doctor's judgment.
  - Team supporting hospital: A hospital where injured players or match officials were transported based on the doctor's judgment in the Players' Area. The player or match official was transported directly by a special ambulance located in the venue (designated only on the match days).
  - The infirmary was set up as a clinic in advance and was closed after the tournament.
  - Medical staff.
    - Five physicians (emergency physician, surgeon, orthopaedic surgeon, dentist, liaison physician for supporting hospital)
    - One nurse
- Medical care for guests [Tournament Guest Protocol (TGP) medical care]
  - One physician was assigned to the TGP lounge in the tournament guest area to provide medical treatment for TGP illnesses.
  - Based on the physician's judgement, the TGP was transported directly to the TGP-designated hospital by a special ambulance located in the venue.
    - TGP-designated hospital: A hospital to which a TGP was transported based on a doctor's judgement in the TGP lounge.

## 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

## 5. Emergency response during the event

- Although there were no crisis events related to the conference, Typhoon No. 19 (Hagibis) caused damages in Kanagawa Prefecture and Yokohama City.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- The 'Rugby World Cup 2019™ Record Book of Kanagawa Prefecture and Yokohama City' was prepared and released as an official report by Kanagawa Prefecture and Yokohama City (March 2020). In this report, 'medical care', 'emergency management' and 'public health measures' are summarised.

### 6.2 Impact on normal operations of public health centres

- Information was not available.

### 6.3 Legacy building

- Information was not available.

## 7. Other issues

- None

## 8. Timeline of public health activities

- March 2015
  - Signed basic agreement to host
- August 2017
  - Crisis Management Project established
- March 2018
  - Crisis Management Basic Plan formulated
- April 2018
  - Establishment of the Medical Rescue Review Group
- July 2018
  - Determined the location of the Operation Headquarters
- September 2018
  - Joint counterterrorism training
- March 2019
  - Crisis management plan formulated
- April-August
  - 2019 On-site inspection of food handling facilities to prevent food poisoning
- Apr-Sep 2019
  - On-site inspection of event venues, accommodation facilities, commercial facilities, etc.
- May-Oct 2019
  - Monitoring of mosquito habitat and virus possession and larviciding
- July 2019
  - Implementation of information delivery and dissemination training (tabletop exercise)
- August 2019
  - Joint counterterrorism training (practical training)
- September 2019
  - Yokohama City Medical Care Plan formulated

## 1. Basic information

Population : 3.61 million (Fukuroi City: 88,000)

### Stadium

Ogasayama Sports Park Ecopa Stadium (Fukuroi City) Capacity: 50,889 people

### Match Outline

28 September 2019 (Sat)	Pool Match	Japan v Ireland	47,813 people
4 October 2019 (Fri)	Pool Match	South Africa v Italy	44,148 people
9 October 2019 (Wed)	Pool Match	Scotland v Russia	44,123 people
11 October 2019 (Fri)	Pool Match	Australia v Georgia	39,802 people

### Fan Zone

Sunpu Castle Park (Shizuoka City), 20 September - 13 October 2019 (9 days)	Total: 67,659 people
Solamo Entetsu Hall (Hamamatsu City), 20 September - 2 November 2019 (10 days)	Total: 46,118 people

### Campsites and teams in the host city and prefecture

Fujiyoshida City: France  
 Shizuoka City: Italy  
 Hamamatsu City: Scotland, Japan  
 Iwata City and Kakegawa City: Ireland, Australia, Russia  
 Omaezaki City: Georgia, South Africa

### Involvement in the Tokyo Olympics and Paralympics

Games: Yes (within the prefecture)  
 Camps: Yes (Fukuroi City and other cities in the prefecture)

### Recent large-scale international events

FIFA World Cup 2002

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event: Set up (Shizuoka Prefecture Operations Centre, see [Figure 1](#)).
- Operations centre for public health and medical care: Not set up
  - The RWC's Shizuoka Prefecture Operations Centre was set up in Shizuoka Prefecture (44 members in total, 42 from Culture and Tourism Department and 2 from Emergency Management Department).
  - Medical Policy Division (related to medical care) and the Disease Control Division (related to infectious diseases) did not join the Operations Centre but cooperated as required.

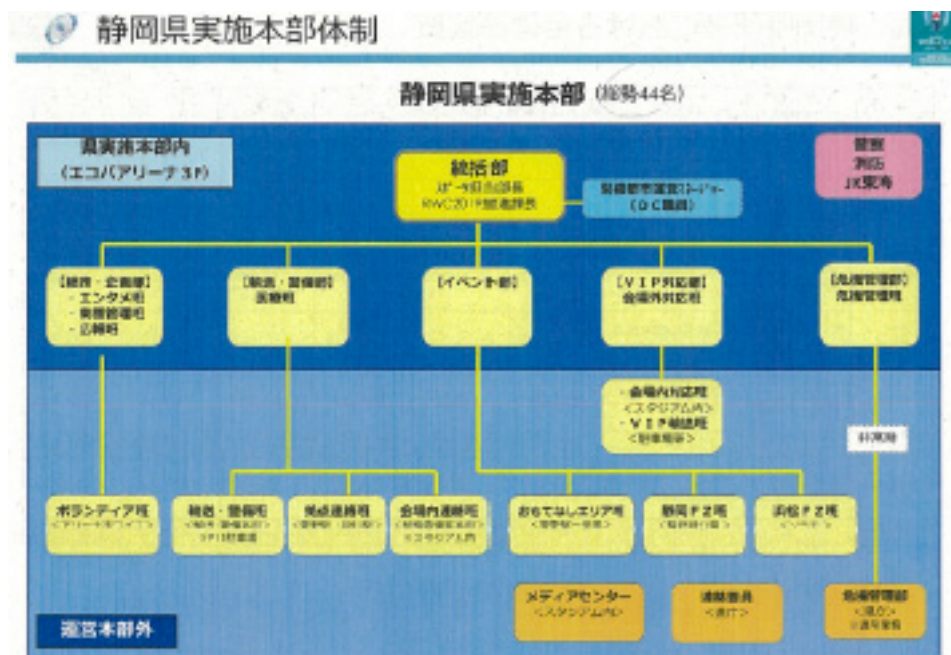


Figure 1: Shizuoka Prefecture Operations Centre Structure(in Japanese)

## 2.2 Risk assessment

- The prefectural operations centre assumed risks such as earthquakes, typhoons and heatstroke but did not assume other health risks. Although the all-hazards approach to risk assessment was not implemented, the risks were assumed empirically and linked to the response.

### Risk assessment for major areas

- Infectious diseases
  - The Disease Control Division identified high-risk imported infectious diseases based on the ‘Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games Procedures for Local Authorities’ (5 October 2017 Infectious Disease Surveillance Center, National Institute of Infectious Diseases) following a notification from the national government.
- Food and water hygiene
  - Not implemented.
- Environmental health (e.g., heat stroke)
  - No detailed risk assessment of heat stroke was conducted, but it was assumed and prepared for.
- Terrorism (e.g., biological, chemical, radiation and explosives)
  - The Organising Committee risk assessment (based on police information) provided information that the risk of terrorism, hooliganism, etc. was low (Level C) compared to the 2002 FIFA World Cup.
- Others (e.g., mass casualty incidents and natural disasters)
  - The plan was developed with the following hazards and related events: (1) events that occur suddenly and affect a wide area (e.g., earthquake); (2) events that occur suddenly outside the stadium and affect a localised area (e.g., volcanic eruption, fire, terrorism, threatening acts, suspicious objects, incidental accidents); (3) events that occur suddenly inside the stadium and affect a localised area (e.g., fire, terrorism, threatening acts, suspicious objects, incidental accidents) and (4) foreseeable events (e.g., heavy rain or lightning).

## 2.3 Planning

- Last Mile Security Operations Disaster Prevention Plan, First Aid Plan & Manual, etc.

## 2.4 Training and exercises

### (1) FY 2009 Shizuoka Prefecture Joint Exercise for Civil Protection

Organiser: Cabinet Secretariat, Fire and Disaster Management Agency, Shizuoka Prefecture, Fukuroi City  
Participating organisations : police, fire departments, self-defence forces, medical institutions (including DMAT and DPAT), etc.

Date and place: 8 February 2018, Ecopa Stadium and Aino Station area

Contents: Scenario-based (partially blind) practical exercise assuming terrorism (chemical agents and explosives)

(Initial response drills for chemical agent disasters, medical response drills, evacuation drills for residents, evacuation centre management drills)

### (2) Rugby World Cup 2019 spectator evacuation drills

Organiser: Shizuoka Prefecture

Participating organisations: Prefecture (Culture and Tourism Department, Crisis Management Department, Western Regional Bureau), RWC2019 Organising Committee (Venues Management Division, etc.), Fukuroi City (Crisis Management Division), Kakegawa City (Crisis Management Division), Fire Department

Date and Place: 31 July 2019

Contents: The following tabletop drills were conducted in assuming a major earthquake and tsunami during an RWC game.

- Guidelines for the evacuation of spectators in the event of a major earthquake
  - Coordination to accommodate the affected spectators from the emergency evacuation site to the evacuation centre
  - Coordination of relief to the affected spectators (emergency food distribution, handling of people in poor health, handling foreign nationals, etc.)
  - Coordination of transportation of the affected spectators (wide-area coordination of transportation means, etc.)
- In addition to the above, scenario planning training was conducted for typhoons.

## 3. Public health measures

The following is a summary of the public health measures that were implemented.

### • Infectious diseases

#### 1) Reinforcement of existing measures:

- Implementation of enhanced surveillance (only during the designated period)

#### 2) Newly introduced measures: None

### • Non-communicable diseases and injuries

#### 1) Reinforcement of existing measures: None

#### 2) Newly introduced measures: None

### • Laboratory system

#### 1) Reinforcement of existing measures: None

#### 2) Newly introduced measures: None

### • Food and water hygiene

#### 1) Reinforcement of existing measures: None

#### 2) Newly introduced measures: None

### • Environmental health

#### 1) Reinforcement of existing measures:

- Strengthening of monitoring of mosquito vectors

#### 2) Newly introduced measures: None

- Water, isotonic beverages and other materials and supplies were prepared to prevent heat stroke based on doctors' advice from the local medical association. Towels were prepared to protect against the cold from the latter half of the event (also used to deal with drunken visitors)

- Counterterrorism
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None

Others

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: Securing evacuation centres and emergency shelters in the vicinity of the venue

## 4. Medical care

A summary of the medical care system is shown in Table 1 and Figure 2.

Table 1: Summary of security and medical care (in Japanese)

役割分担	管轄	警備の内容	医療救護の内容
組織委員会 (静岡支部)	ベニユー (会場)	関係機関との調整 警備資機材の準備 防災対策 救護所の設置 人員の配置 安全管理・対策の実施 警備会議の実施 など	チーム、マッチオフィシャル、 大会公式ゲストの外傷・疾病な どに対する救護措置 など
開催都市	ラストマイル 観客輸送 ファンゾーン	関係機関との調整 警備資機材の準備 防災対策 救護所の設置 人員の配置 安全管理・対策の実施 など	管轄区域における観客等に対す る救護措置 実績 (29人/4日) 軽症・中等症・死傷・救急搬 送 など

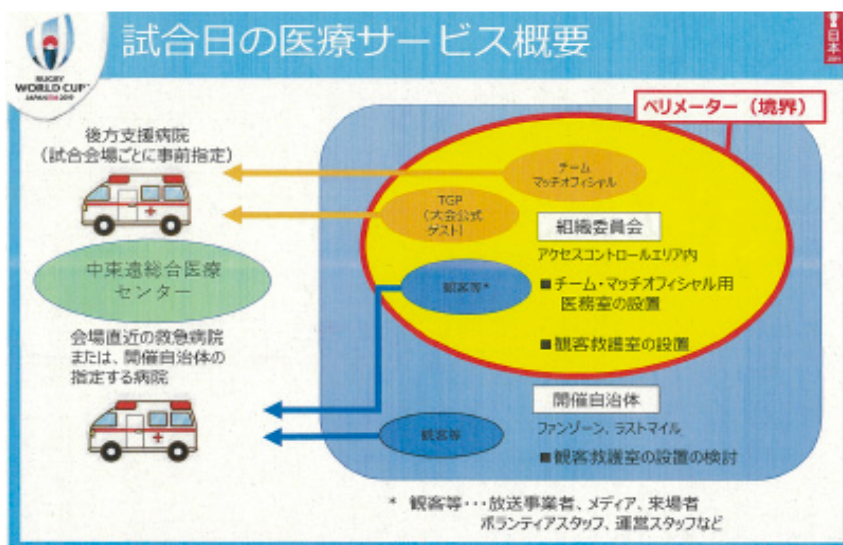


Figure 2: Overview of medical services on game day (in Japanese)

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue (under the jurisdiction of the Organising Committee)
    - A spectator first aid room was set up.
  - Around the venue
    - Last mile: Three first aid stations were set up (one per 10,000 people).
  - A total of six ambulances were arranged: three by the Organising Committee and three by the prefecture. Since it was difficult to respond to the emergency with only emergency transport from Fukuroi City, support of the surrounding area (Western Medical Area) was requested.

- The prefecture secured eight doctors through the prefectural medical association.
- One doctor was assigned to the medical headquarters and first aid station, working in two shifts.
- The other two first aid stations were staffed with nurses (four per station)—the nurses were dispatched from an event staffing agency.
  - Fan Zone: A first aid station was set up.
- Special preparations and systems for foreign patients
  - The RWC was an opportunity to start a multilingual call centre.
  - The Culture and Tourism Department prepared a Wi-Fi environment and multilingual displays for inbound services for some time. For RWC2019, the Department contracted with a special vendor to build a system that allows for three-way conversations among doctors, patients and interpreters. However, there were no cases of support during the RWC2019.

## 4.2 Medical care for athletes and officials

Jurisdiction of the Organising Committee

- A medical room for teams and match officials was set up in the venue, in addition to the players' area and TPG lounge doctors (Figure 3).



Figure 3: Medical system in the access control area (in Japanese)

## 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

## 5. Emergency response during the event

- None in particular.
- After the match on 11 October, there were not many people who could not return home and the impact of the planned train cancellation the next day was minimal.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- Although there were no plans for public health response, a debriefing session on the event's results was held on 25 November 2019 for the prefecture's relevant people.

## 6.2 Impact on normal operations of public health centres

- None in particular.

## 6.3 Legacy building

- Rugby-related projects such as rugby lessons and educational programmes at elementary and junior high schools and support for creating local clubs were implemented. However, no specific plans were made for public health.

## 7. Other issues

- Many parts of the preparations and responses were based on the experience of the 2002 FIFA World Cup, the members who had experience with FIFA were young at the time and did not have the full picture, but they managed to respond based on the records and other information from that time. For this reason, the prefecture kept the records again at this time.
- The public health centre with jurisdiction over Fukuroi City, where the stadium is located, did not have jurisdiction for, the hotels and airports in Shizuoka City and Hamamatsu City, which are expected to be used by spectators. Therefore, the Disease Control Division of the Prefecture became the contact point for infectious disease control.
- Information on the risk assessment of infectious diseases was not sufficiently shared between the Operations Centre and the Disease Control Division.
- The 2018 Joint Exercise for Civil Protection had limited effectiveness as a preparation for this event because the promotion section and other systems had not been in place at the time.
- There are some unresolved issues regarding the response to earthquakes, such as the insufficient capacity of evacuation centres concerning the number of spectators when evacuation becomes necessary.
- Regarding the establishment of first aid stations, a questionnaire survey was conducted on the status of first aid stations in other RWC host cities.

## 8. Timeline of public health activities

- February 2017
  - Joint Exercise for Civil Protection
- April 2017
  - Establishment of the Committee to Promote the Rugby World Cup 2019 in Shizuoka Prefecture
- March 2019
  - Implementation plan(including medical care)formulated
- May 2019
  - Requested medical institutions to send doctors for RWC2019.
  - Enhanced monitoring of vector mosquitoes around stadiums
- July 2019
  - A questionnaire survey of other host cities for the establishment of first aid stations
  - Tabletop exercise
- September 2019
  - First aid plan and manual formulated.





# Aichi Prefecture & Toyota City

## 1. Basic information

Population : Aichi Prefecture: 7.54 million, Toyota City: 420,000

### Stadium

City of Toyota Stadium (Toyota City) Capacity: 38,500 people

### Match Summary

23 September 2019 (Mon)	Pool Match	Wales v Georgia	35,545 people
28 September 2019 (Sat)	Pool Match	South Africa v Namibia	36,449 people
5 October 2019 (Sat)	Pool Match	Japan v Samoa	39,645 people
12 October 2019 (Sat)	Pool Match	New Zealand v Italy	Cancelled

### Fan Zone

Sky Hall Toyota, 20 September - 2 November 2019 (10 days: 1 day cancelled)

Total 60,432 people

### Campsites and teams in the host city and prefecture

Toyota City: Wales, Namibia, Italy

Nagoya City: Georgia, Samoa

Ichinomiya City: New Zealand, South Africa

### Involvement in the Tokyo Olympics and Paralympics

Games: No

Camps: No

### Recent large-scale international events

2016-2019 Kirin Challenge Cup (Football)

2016&2018 Lipovitan D Challenge Cup (Rugby)

2012 Club World Cup(Football)

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event:
  - Disaster Operations Centre and the Host City Games Operations Centre (Figure 1, only during the Games) were set up.
  - A 'Rugby World Cup Special Team' was formed by adding personnel to the Disaster Operations Centre, a permanent organisation within Toyota City Hall.
- Operations centre for public health and medical care
  - No operation centre was set up. However, a department in charge was established within the Disaster Operations Centre as the 'Medical Department' (Figure 1).

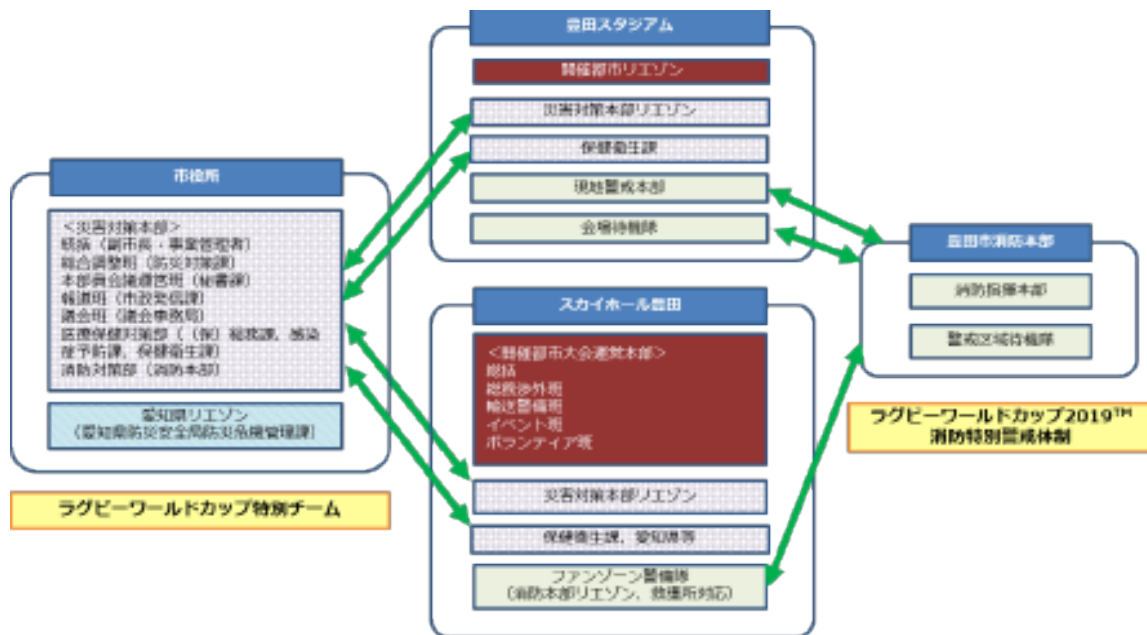


Figure 1: Emergency management system for the Rugby World Cup 2019 (Aichi Prefecture and Toyota City) (in Japanese)

\*On the match days, the entire facility functions. On the Fan Zone days, only the Sky Hall Toyota functions.  
Other days: RWC2019 Aichi-Toyota Supporting Committee takes over the operations function.

● Collaboration with other organisations

○ Preparation phase

● The Emergency Management Subcommittee, consisting of the departments in charge of emergency management (disaster prevention, health, fire, RWC promotion division and the Organising Committee), was held as needed to share information. This subcommittee was established under the City's relevant departments conference and was separate from the Disaster Operations Centre to promote cross-departmental cooperation. It was established for the first time to hold the RWC2019.

○ During the Games

- Operations centres were set up at the Stadium (Venue), Sky Hall Toyota (Fan Zone) and Toyota City Fire Headquarters, respectively.
- Liaisons (liaison personnel) from the City's Disaster Operations Centre were assigned to each operations centre to facilitate coordination.
- The fire department assigned liaisons to the Stadium and Sky Hall Toyota to consolidate local information and received reports.
- Based on the Fire and Disaster Management Agency guidelines, support agreements were concluded with neighbouring fire departments to establish a special alert system. A special ambulance for the Games was deployed at the venue based on the Organising Committee's request.
- The police were stationed at the Stadium and Sky Hall Toyota and established a liaison system with city hall.
- Collaboration with the RWC2019 Aichi-Toyota Supporting Committee
- Cooperation with the medical association (dispatched a doctor to the Operations Centre)
- Cooperation with Aichi Prefecture and other officials (support for patrol monitoring of the Fan Zone, restaurants near Toyota Station, etc.)
- Prepared a list of contact persons in charge of emergency management

● Staffing

○ The city's relevant departments and their main duties related to the games were as follows:

- General Affairs Division: Liaison and coordination with local medical associations, medical institutions, etc.
- Infectious Disease Prevention Section: Prevention of infectious diseases
- Public Health and Sanitation Division: Food hygiene-related matters

- Staffing for the operations
  - Preparation phase: 0 full-time staff, 13 part-time staff
  - During the Games: 0 full-time, 32 part-time staff (including 13 supporting staff from other municipalities)
    - Supporting staff was dispatched from Toyohashi City and Okazaki City as well as from Aichi Prefecture to patrol the facilities.

## 2.2 Risk assessment

- The Emergency Management Subcommittee made a list of events that could pose a risk and discussed how to respond to them. The list included typhoons, earthquakes, stampede, riots (violent acts), food poisoning, and drone accidents. The details were used only in the Organising Committee and not disclosed. No weighting (setting of priorities) of each event according to the magnitude of risks was implemented.

### Risk assessment for major areas

- Infectious diseases
  - Risk assessment was conducted using the 'Risk Assessment of Infectious Diseases for the Tokyo 2020 Olympic and Paralympic Games - Procedures for Local Authorities' (5 October 2017 Infectious Disease Surveillance Center, National Institute of Infectious Diseases). The results of risk assessment were utilised for their system improvement.
  - A mosquito trapping survey was conducted using the human decoy method, referring to the 'Guide to Response and Control for Mosquito-borne Infectious Diseases such as dengue fever and chikungunya fever'. The presence or absence of mosquitoes in the Stadium and other areas was checked, and citizens were educated on prevention.
- Food and water hygiene
  - Risk assessment was conducted for food poisoning.
- Environmental health (e.g., heat stroke)
  - Assumptions were made regarding heat stroke; however, based on the event's timing, it was assessed that the risk was not high.
- Terrorism (e.g., biological, chemical, radiation and explosive)
  - The Fire Department assumed the possibility of various types of terrorism.
  - The Ministry of Agriculture, Forestry and Fisheries (MAFF) approached the city about security measures for food terrorism (e.g., distributing leaflets and informing businesses).
  - Additionally, the Organising Committee invited MAFF to the catering workshop and a seminar on food terrorism was held as a part of the training.
- Others (e.g., masscasualty incidents and natural disasters)
  - Following risks were assumed: explosions, fires, natural disasters (typhoons, major earthquakes, etc.), stampede, large-scale traffic accidents and other abnormal situations (incidents related to VIPs, violent crimes in the venue, protests around the venue, large-scale infrastructure failure, etc.).

## 2.3 Planning

- There was a plan in place. The officers requested other host cities to provide their plans individually and used them as a reference for response flow.

## 2.4 Training and exercises

(1) Hands-on training using negative pressure equipment for patient transfer

Sponsor: Toyota City

Date and place: 24-25 June 2019, Toyota City

Overview: The training assumed all pathogens that need to be transported by negative pressure devices.

Normally conducted in autumn, but in consideration of RWC2019, it was conducted on a large scale in June.

In Toyota City, the fire department, not the public health centre, transports the patient by ambulance to hospitals in the city for infections such as influenza, but the hospitals outside the city, such as Tokoname and the Red Cross for Class 1 infections.

#### (2) Rugby World Cup 2019 Comprehensive Exercise

Date and place: 30 July 2019, City of Toyota Stadium

Overview: This was a practice drill with the same scale of organisation and staff as at the time of the RWC 2019, assuming a terrorist attack by chemical agents such as sarin gas. Moreover, no antagonists or other therapeutic agents were confirmed.

#### (3) Rugby World Cup 2019 Comprehensive Exercise

Date and place: 22 August 2019, Fan Zone

Participating organisations: the Organising Committee, city officers, police, fire department, Self-Defense Forces

Overview: On-site exercise was conducted assuming a bomb attack, which was more probable than a chemical agent attack. The training was conducted based on the civil protection exercise (assuming an explosion) while checking for modifications. The fire department prepared this scenario. Although the possibility of a dirty bomb was considered, the training was conducted assuming a normal explosion.

#### <Remarks>

- The Self-Defense Forces would be mobilised in the event of a chemical terrorist attack, but not necessarily in the event of a bomb attack, so both drills were conducted to confirm the respective systems
- The training content was based on national reports and other information with an eye to the Olympic and Paralympic Games.
- Although natural disasters were also assumed, priority was given to chemical and bomb terrorism, which were more likely to occur. The number of people assumed was based on the Civil Protection Exercise, but this was the first time that such an exercise was conducted, assuming mass casualty.

## 3. Public health measures

The following is a summary of the public health measures that were implemented.

#### • Infectious diseases

##### 1) Reinforcement of existing measures:

- Strengthen awareness-raising on prevention (influenza, measles, rubella, etc.)
- Strengthen the function of investigating trends in infectious disease outbreaks
- Improved multilingual support (prepared medical questionnaires specific to infectious diseases to obtain information on travel history, etc.)

##### 2) Newly introduced measures:

- Strengthen suspected case surveillance operation (only during the event period)  
\*In line with the national guidelines, the host city reported five diseases every day during the Games. After the end of the Games, it was to report as outbreaks occurred (scheduled to end at the end of FY2019).

#### • Non-communicable diseases and injuries

##### 1) Reinforcement of existing measures: None

##### 2) Newly introduced measures: None

#### • Laboratory system

##### 1) Reinforcement of existing measures:

- Strengthen cooperation with the prefectural government as the laboratory system is under the jurisdiction of the prefecture.

##### 2) Newly implemented or introduced measures: None

#### • Food and water hygiene

##### 1) Reinforcement of existing measures:

- Strengthen awareness-raising on prevention of food poisoning among related facilities (caterers, lunch box operators, etc.) and restaurants around the station. A campaign called 'HACCP Challenge' was

- conducted and a pamphlet was prepared for future use.
- Monitoring and guidance to related facilities and restaurants around the station
- Development of multilingual support (Pocketalk, iPads and booklets containing explanatory illustrations were prepared to enable support for foreign languages other than English)
- 2) Newly introduced measures:
  - Patrol monitoring of the stadium and fan zone by health and sanitation division staff (only during the event period)
- Environmental health
  - 1) Reinforcement of existing measures:
    - Warnings on heatstroke (not implemented on a large scale because the event was held in autumn)
  - 2) Newly introduced measures:
    - The Organising Committee distributed drinking water to spectators to prevent heatstroke and prepared an oral rehydration solution and cooling materials at the stadium.
- Counterterrorism
  - 1) Reinforcement of existing measures:
    - The Disaster Operations Centre designated temporary evacuation facilities that can accommodate many evacuees expected during the RWC.
  - 2) Newly introduced measures:
    - A system was established in which doctors from the medical association and city staff (public health nurses) could be deployed as relief workers in case of emergency.
      - Doctors: Several on standby per game day
      - Public health nurses: 4 nurses on standby per game day
- Others (e.g., mass casualty incidents and natural disasters)
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None

## 4. Medical care

### 4.1 Medical care for spectators

- Medical system in and around the venue
  - In the venue (under the jurisdiction of the Organising Committee)
    - The Organising Committee set up the first aid room with some staff.
  - Around the venue
    - Last Mile: No first aid stations were set up.
    - Fan Zone: A first aid room was set up (with paramedics on standby).
    - In addition, to facilitate communication with the medical associations and medical institutions, a doctor from the medical association was assigned to the Games Operations Centre. The city prepared a contact list and held preliminary consultations with the hospitals to which patients would be transported in mass casualty events.
  - Outside the venue
    - Aichi prefecture prepared the following scheme for wide-area transport of seriously injured patients, as this was a tertiary emergency system which falls under the jurisdiction of the prefecture.
      - In a large-scale disaster, patients are first to be transported to either of the two base hospitals in the city. If these two hospitals cannot handle the patients, the patients are to be transported to another base hospital in the city.
- Special preparations and systems for foreign patients
  - Lend translators (Pocketalk) to core hospitals in the city
  - Medical institutions were informed of the possibility of seeing foreign patients, but only a few did so.

## 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee
  - During the four days of the games (in fact, it was three days because one game was cancelled due to the typhoon), four ambulances (two for players, two for official guests and spectators) were deployed on the stadium grounds.
  - The Organising Committee contracted 56 medical staff for the four games, including 38 doctors and nurses and 18 staff for patient transport.
  - The medical office in the stadium for the players provided medical care, including X-rays and registered as clinic in advance. After prior consultation with the team's support hospital, Toyota Memorial Hospital (located near the stadium), specialists were on standby two hours before the game, ready to treat players and official guests.
  - The hospital was asked to prepare manual and multilingual support for foreign patients after prior consultation with the hospital. The hospital was designated for other large-scale events, such as football games, so it was able to cooperate.
  - The Organising Committee and the Japan Anti-Doping Agency (JADA) provided the relevant doctors with knowledge of doping items and asked them not to provide medicines containing prohibited drugs.
  - In accordance with the special alert plan by the fire department, 16 paramedics were deployed in the stadium grounds, along with four ambulances (mentioned above).

## 4.3 Medical care for residents

- No particular impact on the usual medical system was reported.

# 5. Emergency response during the event

- No incidents reported.
- Some foreign tourists were stranded due to the game's cancellation (due to a typhoon), but it did not become a significant problem.

# 6. Evaluation and legacy building

## 6.1 Review of public health activities

- Internal report (as needed)
- Report at the RWC-related section meeting (December 2019)
- Report at the Community Health Council (February 2020)
- Report at the Aichi Food Hygiene Monitoring Council (March 2020)
- The RWC2019 Aichi-Toyota Supporting Committee is to prepare the event record.

## 6.2 Impact on normal operations of public health centres

- None in particular. The patrol monitoring system was enhanced with support from other cities.

## 6.3 Legacy building

- Although not compiled as a whole, it was believed that experience was being accumulated in each department.

## 7. Other issues

- The event was co-hosted by Aichi Prefecture and Toyota City. Although the supporting committee was set up and prefectural staff worked with the city's RWC2019 Promotion Division, it took time to finalise the plan for wide-area emergency medical systems. The prefectural government presented an outline in August 2019. There were issues with information sharing between the prefecture and cities (ordinance-designated cities often held their events, but core cities and below were encouraged to co-host with the prefecture).
- In June 2018, the Health Department became involved in the RWC2019 after a wide-area transport system for the RWC2019 was discussed at the annual Joint Exercise for Civil Protection Coordination Meeting. However, it is believed that even if this training meeting was not held, some consideration should have been given to the medical system. Since the existing system for dealing with people who cannot return home after a large-scale disaster includes the deployment of first aid teams.
- Compared to the past large-scale events held at Toyota Stadium, the percentage of foreign visitors was higher and more people came by train.
- While spectators at soccer matches usually leave immediately after the match, many visitors came to the area around the venue early before the match to eat and drink in the case of rugby. They continued to eat and drink around the venue after the match.
- There were a few problems caused by alcohol consumption.

## 8. Timeline of public health activities

- August 2015:
  - Establishment of the Rugby World Cup 2019 Aichi-Toyota Support Committee
- June 2018:
  - Discussed the wide-area transport system at the Joint Exercise for Civil Protection Coordination Meeting
- January 2019:
  - Conducted Joint Exercise for Civil Protection
- Around January 2019–
  - Toyota City health crisis management department (i.e., Health Department) began to discuss the system.
- Around March 2019,
  - Toyota City's health emergency management department began discussions with medical associations and medical institutions.
- May 2019:
  - An outline of the system at the time of the event was presented at the Medical Emergency Committee.  
\*Medical Emergency Committee: A standing committee of the city (once or twice a year. Local medical personnel were invited to participate in the discussions.
- May - July 2019
  - Individual consultation and coordination with medical associations and medical institutions.
- August 2019,
  - Aichi Prefecture presented an outline of the wide-area medical relief system.
- 31 March 2020
  - Rugby World Cup 2019 Aichi-Toyota Support Committee dissolved

# 8 Osaka Prefecture & Higashi Osaka City

\*The contents of this part are based on publicly available documents of the Osaka-Hanazono Rugby World Cup 2019 Promotion Committee and others.

## 1. Basic information

Population: Osaka Prefecture: 8.82 million, Higashi Osaka City: 500,000

### Stadiums

Hanazono Rugby Stadium (Higashiosaka City) Capacity: 24,000 people

### Match Summary

22 September 2019 (Sun)	Pool Match	Italy v Namibia	20,354 people
28 September 2019 (Sat)	Pool Match	Argentina v Tonga	21,917 people
3 October 2019 (Thu)	Pool Match	Georgia v Fiji	21,069 people
13 October 2019 (Sun)	Pool Match	USA v Tonga	22,012 people

### Fan Zone

Tenshiba (Osaka Tennoji Park Entrance Area, 20-22 September 2019(3 days)

Total: 28,883 people

Hanazono Central Park Baseball Stadium, 20-22 September 2019 (3 days)

Total: 9,818 people

Total: 38,701 people

### Campsites and teams in host cities and prefectures

Osaka Prefecture, Higashi Osaka City: Namibia, Argentina, Tonga, Fiji

Sakai City: Italy, USA, Tonga, Georgia

### Involvement in the Tokyo Olympics and Paralympics

Games: No

Camps: No (Some in other cities in Osaka Prefecture)

### Recent large-scale international events

2013 Rugby Match (Japan vs Wales)

2019 G20 Summit (Osaka City)

(Domestic event) National High School Rugby Tournament (Every year since 1963)

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event:
  - Osaka-Hanazono Rugby World Cup 2019 Promotion Committee was established. No further information was available.
- Operations centre for public health and medical care:
  - No information was available.



## 2.2 Risk assessment

- No information was available for public health risk assessment.

## 2.3 Planning

- No information was available for planning.

## 2.4 Training and exercises

### (1) Counterterrorism exercise

<https://www.city.higashiosaka.lg.jp/0000018268.html>

Date and Place: 29 October 2016, Higashiosaka City Hanazono Rugby Stadium and surrounding area

Overview: A large-scale terrorist attack using chemical substances and explosives occurred at the Higashiosaka City Hanazono Rugby Stadium during the Rugby World Cup, resulting in many injuries. In addition to the 16 vehicles and 138 staff members of the municipal fire department, 12 vehicles and 44 staff members of the Osaka City Fire Department and supporting units of fire departments in the eastern part of Osaka Prefecture participated. The Osaka Prefectural Government, police agencies, Disaster Medical Assistance Team (DMAT) and other organisations also participated in the drill to confirm cooperation among related organisations.

### (2) Joint exercise for civil protection

<https://www.city.higashiosaka.lg.jp/0000023787.html>

Date and place: 21 November 2018, Higashiosaka City Hanazono Rugby Stadium and surrounding areas

Sponsor: Osaka Prefecture, Higashiosaka City, 21 organisations including firefighters, police, Self-Defense Forces, disaster relief medical teams and voluntary disaster prevention organisations, with a total of approximately 500 participants

Overview: The drill started with a report of a suspicious person in the vicinity of the rugby field. Immediately afterwards, a chemical terrorist attack occurred on the rugby field. While many injured people were lying on the ground and desperate rescue efforts were being made, a large-scale bomb attack occurred near the fountain in front of the rugby field. A new suspicious object that appeared to be an explosive device was found.

### (3) Joint exercise for anti-terrorism

<https://www.city.higashiosaka.lg.jp/0000024175.html>

Date and place: 12 February 2019, the parking lot of Higashi Osaka Arena

Participating organisations: In addition to the city's Fire Department; the Osaka Prefectural Police Headquarters; the city's Crisis Management Office, Kintetsu Bus Co.

Overview: The training was designed to prepare for the Rugby World Cup 2019 and the G20 Osaka Summit. The training was based on assuming that a bus would be hijacked and sarin gas would be sprayed inside the bus. Further, the participating organisations worked together to secure the perpetrators, rescue the injured, and decontaminate the bus's inside.

## 3. Public health measures

The following is a summary of the healthcare and public health measures that were implemented.

### • Infectious diseases

#### 1) Reinforcement of existing measures :

- Response based on notification from the National Institute of Infectious Diseases was implemented (only during the designated period).

#### 2) Newly introduced measures: Unknown

### • Non-communicable diseases and injuries

#### 1) Reinforcement of existing measures : Unknown

#### 2) Newly introduced measures: Unknown

### • Laboratory system

#### 1) Reinforcement of existing measures : Unknown

#### 2) Newly introduced measures: Unknown

- Food and water hygiene
  - 1) Reinforcement of existing measures : Unknown
  - 2) Newly introduced measures: Unknown
- Environmental health
  - 1) Reinforcement of existing measures : Unknown
  - 2) Newly introduced measures: Unknown
- Counterterrorism
  - 1) Reinforcement of existing measures : Unknown
  - 2) Newly introduced measures: Unknown
- Others
  - 1) Reinforcement of existing measures : Unknown
  - 2) Newly introduced measures: Unknown

## 4. Medical care

### 4.1 Medical care for spectators

- Medical system in and around the venue
  - In the venue: under the jurisdiction of the Organising Committee)
  - Around the venue: No information was available.
- Special preparations and systems for foreign patients
  - Unknown.

### 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee

### 4.3 Medical care for residents

- No particular impact on the usual medical system was reported.

## 5. Emergency response during the event

- No incidents reported.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- Unknown

### 6.2 Impact on normal operations of public health centres

- Unknown

### 6.3 Legacy building

- Unknown

## 7. Other issues

- None in particular.

## 8. Timeline of public health activities

- 22 August 2016
  - Launching Ceremony of the Osaka-Hanazono Rugby World Cup 2019 Promotion Committee (1st Committee Meeting)
- 29 October 2016
  - Counterterrorism exercise
- 21 November 2018
  - Joint exercise for civil protection
- 12 February 2019
  - Joint exercise for anti-terrorism



\*The contents of this part are largely based on the official report of Kobe City.

## 1. Basic information

Population: 1.53 million

### Stadium

Kobe Misaki Stadium (Noevir Stadium Kobe) (Kobe City) Capacity: 30,132 people

### Match summary

26 September 2019 (Thu)	Pool Match	England v USA	27,194 people
30 September 2019 (Mon)	Pool Match	Scotland v Samoa	27,586 people
3 October 2019 (Thu)	Pool Match	Ireland v Russia	26,856 people
8 October 2019 (Mon)	Pool Match	South Africa v Canada	28,014 people

### Fan Zone

Meriken Park, 26 September - 8 October 2019 (8 days) Total: 88,000 people

### Campsites and teams in host cities and prefectures

Kobe City, Hyogo Prefecture: Scotland, Canada  
Kobe City: England, Ireland, South Africa

### Involvement in the Tokyo Olympics and Paralympics

Games: No  
Camps: Yes

### Recent large-scale international events

2002 Kirin Cup (Japan v Honduras)  
2002 FIFA World Cup Japan-Korea Final League (Brazil v Belgium)  
2003 Martial arts event: Inoki Bombaye 2003

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Operations centre for the event
  - The host city's operations centres were set up at the Hamayama Community Development Consultation Office near the stadium and at the Kobe Maritime Museum in Meriken Park.
  - The operations centres were composed of the security department, first aid department, transportation department, volunteer centre, public relations department, cleanup team and fan zone operation centres.
- Operations centre for public health and medical care
  - No information was available.

- Staffing
  - At least 30 people were mobilised for the operation centre (including staff from the International Sports Office, contractors, security companies, crisis management office, fire department, transportation department and doctors dispatched by the Kobe Medical Association)

## 2.2 Risk assessment

- No information was available for public health risk assessment.
- A large number of foreign visitors were assumed to be at a risk and the number of visitors was estimated based on ticket sales information.

## 2.3 Planning

- No information was available for planning.

## 2.4 Training and exercises

Hyogo Joint Exercise for Civil Protection (FY2018)- Preparing for Terrorism at Large-Scale International Events  
[https://www.city.kobe.lg.jp/a57337/shise/press/press\\_back/2019/press\\_201902/20190204020002.html](https://www.city.kobe.lg.jp/a57337/shise/press/press_back/2019/press_201902/20190204020002.html)

Date and place: 17 February 2019, Kobe Misaki Stadium (Noevir Stadium Kobe)

Participating organisations: Cabinet Secretariat, Fire and Disaster Management Agency of the Ministry of Internal Affairs and Communications, Hyogo Prefecture, Kobe City

Overview: Jointly conducted by the national government, Hyogo Prefecture and Kobe City, with the participation of about 70 organisations, including medical organisations and a total of about 1,000 residents. A total of 1,000 residents and about 70 organisations, including medical organisations, participated in the training, which included explosive ordnance disposal and spectators' rescue. The prefectural government's Disaster Countermeasures Centre and City Hall simultaneously conducted graphic drills.

Tourism Emergency Management Exercise

[https://www.city.kobe.lg.jp/a57337/shise/press/press\\_back/2019/press\\_201907/20190722140002.html](https://www.city.kobe.lg.jp/a57337/shise/press/press_back/2019/press_201907/20190722140002.html)

Date and place: 24 July 2019, Kobe Meriken Park and Kobe Meriken Park Oriental Hotel Banquet Hall "Ginga".

Sponsor: Kobe City

Assumption: An earthquake of intensity 4 occurred in Kobe City during the event. There is no threat of tsunamis and the damage in Kobe City is minor. However, public transportation was disrupted and there was no hope of recovery, resulting in tourists having nowhere to go.

Objectives: (1) Confirmation of actions to ensure safety after the disaster, (2) study of support methods for tourists, including foreign visitors to Japan; and (3) study of support methods for tourists with nowhere to go

## 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases
  - 1) Reinforcement of existing measures:
    - Response based on notification from the National Institute of Infectious Diseases was implemented (only during the designated period).
  - 2) Newly introduced measures: Unknown
- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown

- Laboratory system
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown
- Food and water hygiene
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown
- Environmental health
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown
- Counterterrorism
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown
- Others
  - 1) Reinforcement of existing measures: Unknown
  - 2) Newly introduced measures: Unknown

## 4. Medical care

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue (under the jurisdiction of the Organising Committee)
    - Doctors were assigned to the first aid department to provide first aid and other temporary support to spectators.
  - Around the venue
    - Doctors and nurses were stationed at three first aid stations in the venue's vicinity, last mile and fan zone (Figure 1).
    - As a backup, nearby hospitals were designated as supporting hospitals to accept the injured and sick.

■ 救護所利用者数実績(人)

	9月26日(木)	9月26日(土)	9月29日(日)	9月30日(月)	10月3日(木)	10月5日(土)	10月6日(日)	10月8日(火)	合計
救護所合計 (7ヶ所救護所含む)	10 (1)	2 (0)	3 (0)	13 (2)	9 (2)	10 (0)	5 (0)	5 (2)	57 (7)
スタジアム内	3 (1)			3 (2)	2 (1)			2 (2)	10 (6)
スタジアム外	1 (0)			3 (0)	4 (1)			0 (0)	8 (1)
ラストマイル	2 (0)			1 (0)	2 (0)			0 (0)	5 (0)
ファンゾーン	4 (0)	2 (0)	3 (0)	6 (0)	1 (0)	10 (0)	5 (0)	3 (0)	34 (0)

Figure 1 : Results of the first aid stations use  
(Cited from the Report on the Rugby World Cup 2019™ Japan in Kobe) (in Japanese)

- Special preparations and systems for foreign patients
  - Unknown.

### 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee
  - A medical room for the players was set up in the venue with an ambulance on standby.

### 4.3 Medical care for residents

- No particular impact on the usual medical system was reported.

## 5. Emergency response during the event

- No incidents reported.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- Unknown

### 6.2 Impact on normal operations of public health centres

- Unknown

### 6.3 Legacy building

- Unknown

## 7. Other issues

The official report of Kobe City entitled 'Report on the Rugby World Cup 2019™ Japan in Kobe' was published. The report provided a brief summary of first aid operations.

[https://www.city.kobe.lg.jp/culture/sports/img/29c\\_shiyosho.pdf](https://www.city.kobe.lg.jp/culture/sports/img/29c_shiyosho.pdf)

## 8. Timeline of healthcare and medical activities

- 18 March 2016
  - Establishment of the Preparatory Committee for the Rugby World Cup 2019 in Kobe
- 10 August 2017
  - First Safety Liaison Meeting
- 12 March 2018
  - Reorganisation and expansion to Rugby World Cup 2019 Kobe Promotion Committee
- 31 March 2018
  - Formulation of various basic plans
- 17 February 2019
  - Hyogo Prefecture Joint Exercise for Civil Protection on the assumption of a terrorist attack at the tournament
- 31 March 2019
  - Formulation of various implementation plans
- 24 July 2019
  - Tourism Crisis Management Exercise (Meriken Park)
- 31 July 2019
  - First Medical Emergency Specialist Meeting
- 2 September 2019
  - Second Medical Emergency Specialist Committee Meeting

# 10 Fukuoka Prefecture & Fukuoka City

## 1. Basic information

### Population

Fukuoka Prefecture: 5.1 million, Fukuoka City: 1.6 million

### Stadium

Fukuoka Hakatanomori Stadium (Fukuoka City) Capacity: 20,077 people

### Match Summary

26 September 2019 (Thu)	Pool Match	Italy v Canada	16,984 people
2 October 2019 (Wed)	Pool Match	France v USA	17,660 people
12 October 2019 (Sat)	Pool Match	Ireland v Samoa	17,967 people

### Fan Zone

JR Hakata Station Square, 20 September - 13 October 2019 (8 days) Total: 43,384 people

### Campsites and teams in host cities and prefectures

Fukuoka City: Italy, USA, Samoa

Kitakyushu City: Wales

Kasuga City: Ireland, Canada

### Involvement in the Tokyo Olympics and Paralympics

Game: Yes

Camps: No

### Recent large-scale international events

Fukuoka Marathon (Fukuoka City and Itoshima City, every year)

2009 World Rugby Under 20 Championship (4 games)

2019 G20 Finance Ministers and Central Bank Governors Meeting (Fukuoka City)

## 2. Public health preparedness in the host city

The inside of the venue was under the WBC2019 Organising Committee's jurisdiction, while the area around the venue and the fan zone was under the jurisdiction of the RWC2019 Fukuoka Promotion Committee.

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Establishment of operations center for the entire operation: Yes
  - The operations centre collaborated with the fire department and the police department.
  - There was no coordination system between the RWC2019 Fukuoka Promotion Committee and the public health departments and the medical associations.
- Establishment of operations center for public health and medical care: No
  - There was no coordination system between the infectious disease departments and the RWC2019-related organisations.



- Mobilisation of personnel
  - Preparation phase: 16 full-time staff, 0 part-time staff
  - During the games: 16 full-time staff, 0 part-time staff

## 2.2 Risk assessment

- No public health risk assessment was conducted for RWC2019.

## 2.3 Planning

- No specific plans were developed.

## 2.4 Training and exercises

- The training and exercises were conducted in preparation for the G20 Finance Ministers and Central Bank Governors Meeting in Fukuoka, held just before RWC2019.

### (1) Joint Tabletop Exercise for Civil Protection (FY2018)

Date and place: 30 November 2018, Fukuoka Prefectural Government

Participating organisations: Cabinet Secretariat, Fire and Disaster Management Agency, Self-Defense Forces, Fukuoka Prefecture, Fukuoka City, Fukuoka Prefectural Police, Fukuoka City Fire Department; all municipalities in the prefecture (participated in the information transmission drill); Fukuoka Branch of the Japanese Red Cross Society; Fukuoka Medical Association; RWC2019 Organising Committee; RWC2019 Fukuoka Promotion Committee

Content: Initial response drills and drills for the establishment and operation of the emergency operations centre were conducted on the assumption of an explosion at the Fukuoka Hakatanomori Stadium and discovering a suspicious object that appeared to be an explosive device at JR Hakata Station.

(The day before, the Fukuoka Prefectural Police conducted a terrorism security drill.)

### (2) Joint Exercise for NBC Disaster Response

<https://fr-fr.facebook.com/fukuokaF.P.B/posts/1224166897737493/>

Date and place: 20 December 2018, Fukuoka Garrison, Ground Self-Defense Force

Participating organisations: Ground Self-Defense Force, Fukuoka Prefectural Police, Fukuoka City Fire Department

Description: Under the assumption that a chemical agent was sprayed at the venue of the G20 Fukuoka Finance Ministers and Central Bank Governors' Meeting and that a large number of injured and sick people were injured, rescue activities, decontamination and detection of the chemical agent were conducted in cooperation with the Self-Defense Forces and the police and the cooperation of the three organisations in emergencies was confirmed.

### (3) Joint Exercise for Terrorism Response

<http://www.police.pref.fukuoka.jp/data/open/cnt/3/4737/1/32.pdf?20190508145314>

Date and Place: 23 April 2019, JR Hakata Station

Participating organisations: Fukuoka Prefectural Police, Fukuoka City Fire Bureau, Fukuoka City, JR Kyushu, JR West and other private businesses

Content: In anticipation of the G20 Finance Ministers and Central Bank Governors' Meeting in Fukuoka, the initial response procedures for handling suspected explosive devices, chemical terrorism cases and heavy machinery possession cases were confirmed.

- In addition to the above, the Health Department conducted drills based on the assumption of food poisoning caused by norovirus.

### 3. Public health measures

The following is a summary of the public health measures that were implemented.

- Infectious diseases
  - 1) Reinforcement of existing measures:
    - Based on the notification from the National Institute of Infectious Diseases, the National Epidemiological Surveillance of Infectious Diseases (NESID) for the five target diseases was applied (only during the specified period).
  - 2) Newly introduced measures: None
- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Laboratory system
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Food and water hygiene
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Environmental health
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Counterterrorism
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Others
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures:
    - In anticipation of an increase in the number of foreign visitors during RWC2019 and the Tokyo Olympics and Paralympics, 'Disaster Prevention Leaflet for International Tourists' (English, Chinese, Korean, Thai, Italian and French) was prepared and released (Disaster Prevention Planning Division, Disaster Prevention Crisis Management Bureau, General Affairs Department, Fukuoka Prefecture, 21 September 2019)

## 4. Medical care

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue: under the jurisdiction of the Organizing Committee)
  - Around the venue:
    - Last Mile: A first aid station was set up on the game days in Aoki Park (located between Fukuoka Airport Station and the stadium on foot) with one nurse on duty.
    - Fan Zone: First aid station was set up with one nurse on duty.
- Special preparations and systems for foreign patients
  - One interpreter stationed at the first aid station set up in Aoki Park
  - A maximum of three language staff stationed in the Fan Zone

## 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee.

## 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

# 5. Emergency response during the event

- No incidents reported.

# 6. Evaluation and legacy building

## 6.1 Review of public health activities

- The RWC2019 Fukuoka Promotion Committee reported the summary of RWC2019 at the second general meeting in FY2019 (28 February 2020), but no review or evaluation of the public health activities was conducted.

## 6.2 Impact on normal operations of public health centers, etc. during the Games

- None in particular.

## 6.3 Legacy building

- None in particular.

# 7. Other issues

- None in particular.

# 8. Timeline of public health activities

- 12 August 2015
  - Establishment of RWC2019 Fukuoka Promotion Committee
- 30 November 2018
  - Joint Tabletop Exercise for Civil Protection
- 20 December 2018
  - Joint Exercise for NBC Disaster Response
- 23 April 2019
  - Joint Exercise for Terrorism Response (Fukuoka Prefectural Police, etc.)
- 25 April 2019
  - General Meeting of the RWC2019 Fukuoka Promotion Committee
- June 8-9, 2019
  - G20 Fukuoka Finance Ministers and Central Bank Governors Meeting
- 28 February 2020
  - Second General Meeting of RWC2019 Fukuoka Promotion Committee



# Kumamoto Prefecture & Kumamoto City

## 1. Basic information

Population: Kumamoto Prefecture: 1.73 million, Kumamoto City: 730,000

### Stadium

Kumamoto Stadium (Kumamoto City) Capacity: 30,228 people

### Match Summary

6 October 2019 (Sun)	Pool Match	France v Tonga	28,477 people
13 October 2019 (Sun)	Pool Match	Wales v Uruguay	27,317 people

### Fan Zone

Flower Garden Plaza and Symbol Promenade, 20 September-13 October 2019(15 days)

### Campsites and teams in the host city and prefecture

Kumamoto Prefecture and Kumamoto City: Wales, Uruguay, Tonga, France

### Involvement in the Tokyo Olympics and Paralympics

Games: No

Camps: Yes

### Recent large-scale international events

Kumamoto Castle Marathon in 2014 (13,000 runners)

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- In addition to the WRC2019, Kumamoto Prefecture and Kumamoto City positioned the 2019 World Women's Handball Championship and the camps of the countries participating in the Tokyo Olympic and Paralympic Games as 'international sports events' and took measures to deal with them comprehensively.
- In cooperation with the RWC2019 Organising Committee, an emergency contact network was established to share information on the occurrence of health emergencies and lead to a prompt response.
- In August 2019, a contact list for the operations centre was created and in November 2019, related public health centres were listed in the Handball Emergency Management Manual.
- According to the Kumamoto City Health Emergency Management Department Guidelines, It was stipulated that Kumamoto City Public Health Center Health Crisis Management Department would be set up in the case of an outbreak or anticipated outbreak of a hazardous event that requires the multi-sectoral coordination in the public health centre.
- No information was available on the details of the operations centre.

## 2.2 Risk assessment

Risk assessment based on all-hazards approach was not implemented, but risks were empirically assumed and linked to responses.

### Risk assessment for major areas

- Infectious diseases
  - Risk assessment of infectious diseases was conducted based on the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games - Procedures for Local Governments' (5 October 2017 Infectious Disease Surveillance Center, National Institute of Infectious Diseases) following an administrative communication from the Ministry of Health, Labour and Welfare. Based on the results, 'Risk Assessment of Infectious Diseases for International Sports Games in Kumamoto Prefecture and Countermeasures' (Public Health Emergency Management Division, Health and Welfare Department, Kumamoto Prefecture) was issued in September 2019.
- Food and water hygiene
  - Risk assessment for food-borne infectious diseases was conducted as part of the risk assessment of infectious diseases.
- Environmental health (e.g., heat stroke)
  - No detailed information was available.
- Terrorism (e.g., biological, chemical, radiation and explosives)
  - No detailed information was available.
- Others (e.g., mass-casualty incidents and natural disasters)
  - No detailed information was available.

## 2.3 Planning

- No detailed information was available.

## 2.4 Training and exercises

(1) Drills for patient transport at prefectural public health centres on the assumption of imported infectious diseases (as needed).

(2) Terrorism response exercise

Date and place: 13 November 2018, Kumamoto Stadium (EGAO Kenko Stadium)

Assuming a cyber-terrorism incident, the on-site exercise was conducted at the venue of the RWC2019.

(3) Kumamoto Prefecture Joint Tabletop Exercise for Civil Protection (FY2018)

Date and place: 1 February 2019, Kumamoto Prefectural Government and Kumamoto City Hall

Participating organisations: Cabinet Secretariat, Cabinet Office, National Police Agency, Fire Defense Agency, Ministry of Health, Labour and Welfare, Ministry of Land, Infrastructure, Transport and Tourism, Japan Coast Guard, Ministry of Defense, Ground Self-Defense Force, Air Self-Defense Force, Self-Defense Force Kumamoto District Cooperation Headquarters, Kumamoto Prefecture, Kumamoto Prefectural Police Headquarters, Kumamoto City, Kumamoto City Fire Department, Kumamoto Prefectural Branch of the Japanese Red Cross Society, Kumamoto Medical Association, Kumamoto Regional Branch of the RWC2019 Organising Committee, Kyushu Railway Company, Kumamoto Prefectural Bus Association and others.

Description: During an international sporting event, a large-scale explosion and chemical agent spraying incident occurred in Kumamoto City, resulting in several casualties. Based on the assumption that an explosive device is subsequently discovered and the situation is recognised as an emergency response situation, we confirmed the initial response capacity, information sharing and coordination with related organisations, the response procedures of the prefectural and municipal operations centres according to the progress of the situation and the establishment and operation procedures of the emergency operations centre.

- (4) Training on detecting infectious diseases during mass gatherings by lecturers from the National Institute of Infectious Diseases and simultaneous prefectural drills for international sporting events (including specimen testing drills in cooperation with the prefectural and city governments)  
Date and place: 9 September 2019 (lectures), 11 September 2019 (drills)

### 3. Public health measures

The following is a summary of the healthcare and public health measures that were implemented.

- Infectious diseases

Department in charge: Infectious Disease and Pandemic Influenza Section, Medical Care Policy Division, Health and Medical Care Department

- 1) Reinforcement of existing measures:
  - Implemented measures based on the notification from the National Institute of Infectious Diseases (only during the designated period)
  - There were prepared leaflets recommending antibody testing and vaccination against measles and rubella, which have a high risk of spreading infection. Tourism businesses have been alerted at general meetings of related organisations since June 2019 to prevent the disease's spread.
  - Leaflets on tick-borne diseases were prepared to alert related organisations and tourism businesses.
  - Recommendations for hand hygiene at the venue and event sites.
  - 15 medical institutions were re-designated as suspected case sentinel sites.
- 2) Newly introduced measures: None

- Non-communicable diseases and injuries

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: None

- Laboratory system

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures: None

- Food and water hygiene

- 1) Reinforcement of existing measures:
  - Instructions on lodging facilities and facilities that prepare lunch boxes and catering (including dissemination of the 'Guide to Food Hygiene for Large-scale Events') and hygiene education were provided.
  - Microbiological inspection of meals, wiping inspection of kitchens and hygiene guidance for 80 lodging facilities under the jurisdiction of the prefecture were conducted.
  - Raising awareness among restaurants in the downtown area was conducted (distributing flyers on prevention of norovirus, anisakis and Campylobacter food poisoning).
- 2) Newly introduced measures:
  - \*For the 2019 World Women's Handball Championship, the 'Guidelines for the Implementation of Food Sanitation Measures' were developed and briefing sessions and on-site inspections were conducted.

- Environmental health

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures:
  - Distribution of drinking water by the Organising Committee within the venue

- Counterterrorism

- 1) Reinforcement of existing measures: None
- 2) Newly introduced measures:
  - In anticipation of large-scale security for the RWC2019 and the 2019 World Women's Handball Championship in Kumamoto, etc. the 'Kumamoto Anti-Terrorism Partnership Promotion Council' was established (led by the Kumamoto Prefectural Police). It consisted of related organisations and private sector businesses, to promote countermeasures in the public and private sectors.

- Others

- 1) Reinforcement of existing measures:

- Each section of city office utilised the existing system to enhance their responses, such as providing information.
      - Cooperation agreements with hotels to provide information in the event of an earthquake (Tourism Department)
      - Provision of information on evacuation sites through a smartphone application (International Affairs Department)
      - Distributing leaflets to private accommodation facilities describing the activities to perform in the event of an earthquake (City Fire Department)
      - Measures for foreigners in accommodation facilities

- 2) Newly introduced measures: None

## 4. Medical care

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue: under the jurisdiction of the Organising Committee)
  - Around the venue: No information was available on the details.
- Special preparations and systems for accepting foreign patients
  - Multilingual call centre operation
    - To cope with international sporting events and the increasing number of foreign tourists and workers, medical institutions could use the ‘Kumamoto Prefecture 24-Hour Multilingual Call Center’ to develop a system that allows foreigners to receive medical care with peace of mind.
  - Provision of information on medical institutions (outsourced to the Kumamoto Prefectural Medical Association)
    - ‘Kumamoto Medical Navi’, which provides information on medical institutions' locations and departments, is displayed in English, Korean and Chinese (simplified and traditional).

### 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee.

### 4.3 Medical care for residents

- There was no particular impact on the usual medical system during the RWC2019.

## 5. Emergency response during the event

- No incidents reported.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- None in particular.

### 6.2 Impact on normal operations of public health centers

- None in particular.

### 6.3 Legacy building

- None in particular.

## 7. Other issues

At a meeting of the Kumamoto Prefectural Assembly's Special Committee for the Promotion of International Sports Events (21 June 2018), there was a discussion on how to respond to the outbreak of infectious diseases caused by the increase in the number of visitors to Japan (since the Kumamoto earthquake damaged the Type 1 designated medical institutions, medical institutions in Fukuoka and Kagoshima are in the process of organising facilities to accept visitors and Type 2 designated medical institutions are scheduled to accept visitors with Class 2 infectious diseases such as MERS (according to the meeting minutes).

## 8. Timeline of public health activities

- 16 June 2015
  - The first meeting of the Special Committee for the Promotion of International Sports Games, Kumamoto Prefectural Assembly



# 12 Oita Prefecture

## 1. Basic information

Population: 1.12 million (Oita City: 470,000)

### Stadium

Oita Stadium (Oita City) Capacity: 40,000 people

### Match Summary

2 October 2019 (Wed)	Pool Match	New Zealand v Canada	34,411 people
5 October 2019 (Sat)	Pool Match	Australia v Uruguay	33,781 people
9 October 2019 (Wed)	Pool Match	Wales v Fiji	33,379 people
19 October 2019 (Sat)	Quarter-Final	England v Australia	36,954 people
20 October 2019 (Sun)	Quarter-Final	Wales v France	34,426 people

### Fan Zone

Oita Ikoi no Michi Hiroba , 20 September-2 November 2019 (14 days: 1 day cancelled)

Total: 114,901 people

\*Due to the approach of Typhoon No. 18 (Mitag), the event on 1 October was cancelled.

### Campsites and teams in host cities and prefectures

Oita City: Uruguay, Fiji, Australia, France

Beppu City: Australia, Wales, New Zealand, Canada, England, Wales

### Involvement in the Tokyo Olympics and Paralympics

Games: No

Camps: Yes

### Recent large-scale international events

2002 FIFA World Cup (3 matches)

## 2. Public health preparedness in the host city

### 2.1 Organisations (public health and medical) and inter-sectoral coordination

- Establishment of operations centre for the entire operation:
  - The Rugby World Cup 2019 Oita Prefecture Promotion Committee was established.
  - The operations centre was set up in the Oita Prefectural Office during the tournament.
- Establishment of operations centre for health and medical care: None
  - An emergency medical team was set up within the operations centre to oversee medical operations during the tournament.

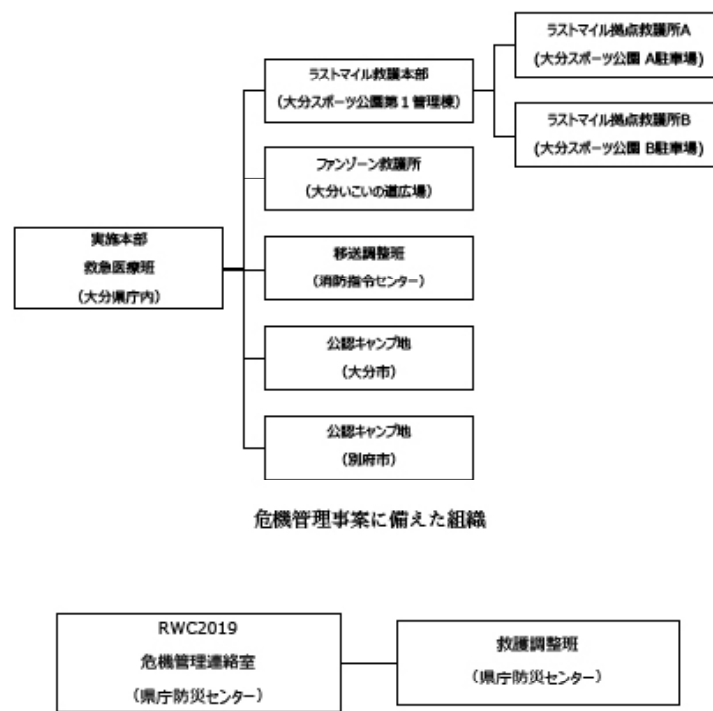


Figure 1: Organisational structure for medical operations (in Japanese)

### ● Staffing

- Preparation phase: One person in charge of medical operations was assigned to the RWC Promotion Division (not a healthcare professional). Information was shared with the Medical Policy Division and the Health Promotion Support Division as necessary.
- During the Games: Described in the medical operations plan. No personnel of the health department were mobilised for the on-site operations centre.

## 2.2 Risk assessment

- Risk assessment using an all-hazards approach was not implemented, but risks were empirically assumed and linked to responses.

### Risk assessment for major areas

#### ● Infectious diseases

- The Health Crisis Management Unit, Health Promotion Support Division conducted a risk assessment based on the March 2018 MHLW notification 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games'.
- A qualitative assessment of the outbreaks of infectious diseases in the visiting teams' countries of origin was conducted. Further, the list of diseases that require attention and basic measures was disseminated to medical institutions in the prefecture.
- Oita City Public Health Centre conducted a similar risk assessment and confirmed the flow of response based on this assessment (July and August 2019) (\*Information was not shared between the prefecture and the city)

#### ● Food and water hygiene

- Food Hygiene Unit, Food and Sanitation Division, Living Environment Department: No explicit 'assessment' was conducted, but food poisoning and food allergy were assumed and addressed.

#### ● Environmental health (e.g., heat stroke)

- None in particular.

- Terrorism (e.g., biological, chemical, radiation and explosives)
  - No explicit 'assessment' was conducted, but exercises were conducted assuming chemical terrorism, biological terrorism and terrorism by explosives.
  - For chemical terrorism, the Pharmaceutical Office conducted a survey of antidote distribution, stockpiles and over/shortages based on damage assumptions. Based on the literature, the damage assumption was that 0.1% of the total number of venue capacity would be seriously injured and 1% would be moderately or lightly injured.
- Others (e.g., mass-casualty incidents and natural disasters)
  - No explicit 'assessment' was made, but a large-scale disaster (earthquake) was assumed.

## 2.3 Planning

- In July 2018, a technical committee was established by merging and developing emergency medical countermeasures and crisis management meeting bodies to discuss medical operations
- On 4 September 2019, the medical operation plan and the medical response plan were formulated.
- Rugby World Cup 2019 Medical Operations Plan
  - This plan stipulates the specific medical operations and implementation system to be carried out by the RWC2019 Oita Prefecture Promotion Committee to ensure the best possible medical operations.
    - Basic policy, location and schedule, organisation and operations at each location, contents of operations by role, maintenance of medical supplies, operations in emergencies, etc.
- Rugby World Cup 2019 Medical Response Plan
  - This plan aims to contribute to the smooth execution of operations by specifying the workflow and communication system in the organisation of each site, as specified in the above operation plan.
    - Schedule for each location, medical supplies and equipment, workflow on the day of the event, the response in the event of injury or illness, communication system, reporting system, response in crisis management, compensation administrative procedures, etc.

## 2.4 Training and exercises

- The RWC Promotion Division conducted tabletop and full-scale exercises as part of emergency management.
- Date: 25 March 2019  
Content: Tabletop exercise (case studies assuming the Nankai Trough earthquake)
- Date: 26 August 2019  
Content: Full-scale exercise (assuming an explosion accident)
  - In addition to the above, the Disaster Prevention Bureau organised a Civil Protection Exercise in FY2018. It assumed that there would be chemical terrorism.  
<https://www.pref.oita.jp/uploaded/attachment/2032776.pdf>
  - For infectious diseases, each public health centre conducted a drill assuming Ebola haemorrhagic fever and novel influenza every year. Moreover, in cooperation with the prefectures in Kyushu and Yamaguchi, communication drills were conducted on the assumption that bioterrorism had occurred at an international sporting event. Cooperation with Oita Prefectural Police's terrorism investigation was also confirmed (assuming botulinum-based bioterrorism).

### 3. Public health measures

- The following is a summary of the public health measures that were implemented.
- Infectious diseases
  - 1) Reinforcement of existing measures:
    - Conducted suspected case surveillance, designated medical institutions and held briefing sessions for medical institutions. Daily reports were prepared/submitted during the event and outbreaks of the five target diseases were monitored through the inter-municipal information-sharing system. (A case of invasive meningococcal disease was not monitored in real-time because it occurred after the response period ended).
    - Sending warnings to medical institutions based on the results of risk assessment (referring to the Saitama Prefecture's form)
    - As a countermeasure against mosquito-borne infections, a mosquito habitat survey was conducted in the area surrounding the venue and the fan zone and facility managers were instructed on control measures. Mosquitoes were found living in deteriorated plastic car stops, but no *Aedes albopictus* (Asian tiger mosquito) were found.
    - Oita City conducted an infectious diseases control seminar to confirm the communication system flow in case of an outbreak of class 1 infectious disease.
    - Together with the citizens' division and the funeral home, the city public health centre discussed the cremation of patients who died due to a class 1 infectious disease at the request of the prefectural government's Welfare and Health Department (June 2019). Further, they conducted a training session on infection control measures at funeral homes (August 2019).
  - 2) Newly introduced measures:
    - The prefectural government's Welfare and Public Health Department disseminated a list of infectious diseases that should be considered based on the situation in countries participating in RWC2019 to medical associations. They requested their cooperation in infection control measures (using materials from the Ministry of Foreign Affairs, quarantine stations and the National Institute of Infectious Diseases).
    - City public health centres prepared to deal with class 1 and class 2 infectious diseases (including the deployment of transport equipment and vehicles).
    - Registration of a multilingual call centre and introduction of an interpreter application were conducted to prepare for multilingual responses.
- Non-communicable diseases and injuries
  - 1) Reinforcement of existing measures: None
  - 2) Newly implemented or introduced measures: None
- Laboratory system
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures: None
- Food and water hygiene
  - 1) Reinforcement of existing measures:
    - Measures against food poisoning and food allergies were implemented. The Oita City Public Health Centre conducted on-site inspections around the venue and fan zone. Since a vendor in Kumamoto City manufactured the catered lunches around the venue, Oita City requested Kumamoto City to strengthen its surveillance. The Eastern Public Health Centre covered the vendors in Beppu City.
    - Strengthening guidance for lodging facilities and facilities related to lunch boxes and catering.
    - Leaflets and pictogram stickers were prepared and distributed as part of food allergy measures.
      - Food hygiene measures were also a priority at the National Cultural Festival held in 2018 and were smoothly implemented following this experience.
  - 2) Newly introduced measures:
    - Strengthening of food poisoning countermeasures ahead of schedule in anticipation of the mandatory HACCP.
    - Leaflets and pictogram stickers were prepared and distributed as part of food allergy countermeasures.

- Environmental health
  - 1) Reinforcement of existing measures: None
  - 2) Newly introduced measures:
    - Due to the dengue fever outbreak in Fiji, a mosquito habitat survey around the stadium has been conducted since 2017.
- Counterterrorism
  - 1) Reinforcement of existing measures:
    - As a countermeasure against terrorism of chemical agents (the countermeasure was taken in FIFA World Cup 2002, so it was decided to take this time as well), a liaison system with the national government and pharmaceutical wholesalers was established.
    - The prefectural pharmaceutical office signed an agreement with the Pharmaceutical Wholesalers Association to monitor the status of the distribution stockpile of antidotes and asked them to procure them in cases of emergency. Because the large-scale distribution centre is located in Tosu City, Saga Prefecture (a two-hour drive from Oita City), there are challenges in procuring large quantities in an emergency.
    - The Ministry of Health, Labour and Welfare explained about securing antidotes, but local governments were required to respond primarily. The location, type and quantity of the national stockpile are not disclosed.
    - Concerning neutralisers for strong acids and alkalis, the officers reconfirmed the availability of such agents with the poisonous and deleterious substance handling companies for the RWC and requested and confirmed their cooperation in the event of an accident (no agreement has been concluded). The RWC Promotion Division also attended a liaison meeting for cooperation in poison and deleterious substance risk management.
  - 2) Newly introduced measures: None
- Others
  - 1) Reinforcement of existing measures:
    - On match days, a doctor is assigned to the command centre of the Oita City Fire Department (to coordinate the transport of general patients and RWC-related patients).
    - A similar action was taken for FIFA World Cup 2002 and there were no cases in which coordination was necessary.
  - 2) Newly introduced measures:
    - RWC2019 Crisis Management Liaison Office was set up in the Disaster Prevention Centre of the prefectural government on the games' days. Furthermore, a disaster medical coordinator was assigned (to coordinate support in the event of a large number of injured or sick people), which was the first time this initiative was implemented. No particular operation was performed.

## 4. Medical care

The medical care were implemented based on the Medical Operations Plan and the Medical Response Plan.

### 4.1 Medical care for spectators

- Medical care in and around the venue
  - In the venue: under the jurisdiction of the Organising Committee
  - Around the venue( [Table 1](#))
    - Last Mile: One operations centre and two first aid stations were set up. The operations centre was staffed with one doctor and two clerks, while each first aid station was staffed with two nurses and one clerk.
    - Fan Zone: One doctor, two nurses and two clerks were deployed in two shifts on the game day. On other days, one nurse and two clerks were assigned

Table 1:

実施場所	体制	業務
実施本部	救急医療班	各実施場所の業務状況のとりまとめ *各実施場所で独立して業務を行うため、各実施場所の意思決定等には原則関与しない。
ラストマイル	救護本部	ラストマイルにおける医療救護業務の統括・記録集約 救急自動車の要請 実施本部救急医療班との連絡調整 拠点救護所のサポート（指示、助言、応援）
	拠点救護所	患者が発生した場合の応急手当て 患者を医療機関に移送する必要性の判断 救護本部との連絡調整
ファンゾーン	ファンゾーン救護所	患者が発生した場合の応急手当て 救急自動車の要請 患者を医療機関に移送する必要性の判断 実施本部救急医療班との連絡調整
公認チームキャンプ地	キャンプ地救護班	患者が発生した場合の応急手当て 救急自動車の要請 実施本部救急医療班との連絡調整
消防指令センター	搬送調整班	救急搬送時における医療機関との受け入れ調整 実施本部救急医療班との連絡調整
県庁防災センター	救護調整班	県が行う災害医療救護に関する業務 *大規模災害やテロ等突発重大事案が発生した場合のみ。県の防災部局指揮の下で業務にあたる。

- Medical personnel were provided through the Oita Prefecture and Oita City Medical Association, the Nursing Association and the Prefectural Sports Society. A total of 167 doctors and nurses cooperated, including stadium staff secured by the Organising Committee.
  - The Prefectural Sports Society trains sports support nurses as first aid staff for competitions of high school and junior high school sports federations and these members played a central role.
- The prefectural government kept detailed records of the use of first aid stations (not disclosed).
  - There were many cases of discomfort and injuries associated with heavy alcohol consumption. There were no injuries due to violence.
  - There were many cases with minor symptoms who seemed to use the first aid station because it was there.
- Special preparations and systems for accepting foreign patients
  - The first aid station's phone number (cell phone for deployment) was registered in the Multilingual Call Centre. All medical institutions and city health centres in the prefecture were registered. However, there were no actual uses.  
[https://www.visit-oita.jp/files/NewsDetail/2/NewsDetail\\_2762\\_file.pdf](https://www.visit-oita.jp/files/NewsDetail/2/NewsDetail_2762_file.pdf)
  - Installed translation applications.
- At the first aid station, we used the 'Pointing Sheet for Explaining Symptoms and Medical Conditions' prepared by the Japan National Tourism Organisation (JNTO), printed and laminated. The nurses found it useful (Figure 2).
- Spectators and others were to receive first aid at the official team campsites only when there were open practices and community exchange events; however, there were no actual operations.

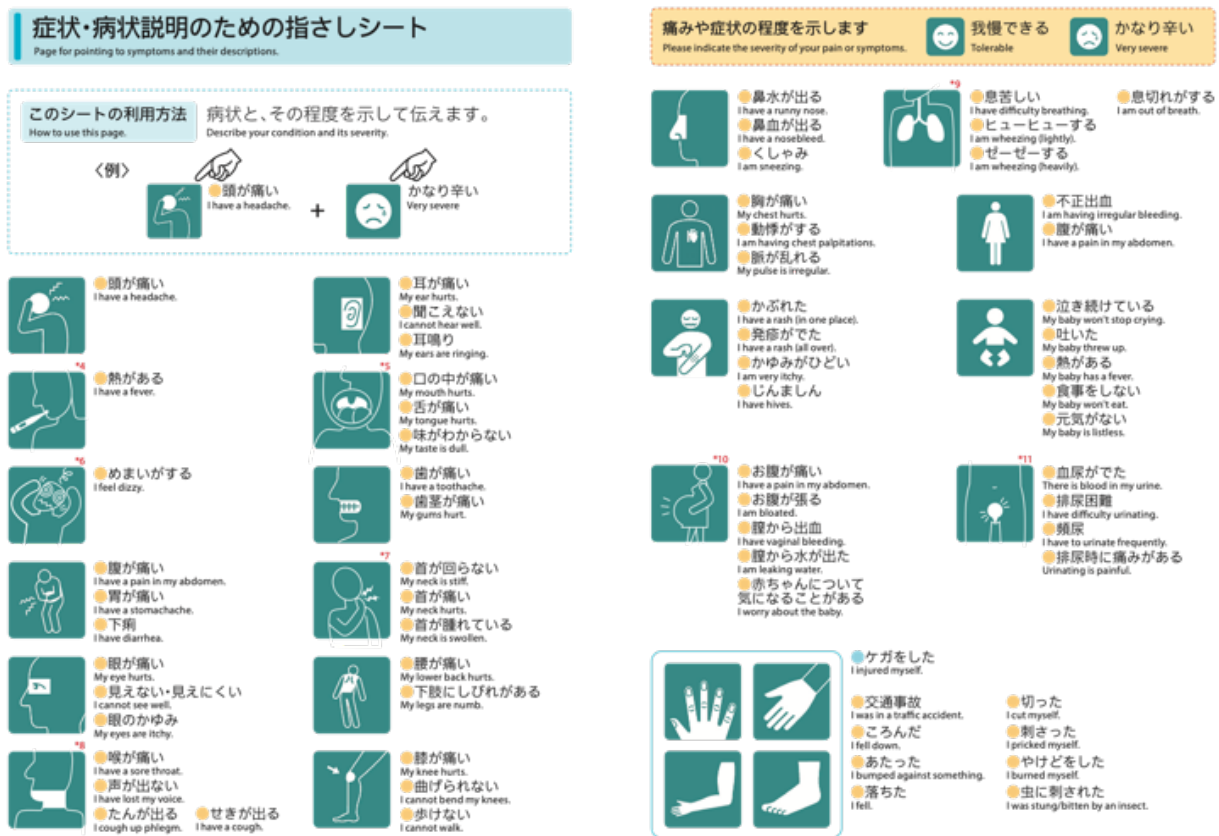


Figure 2: 'Pointing Sheet for Explaining Symptoms and Medical Conditions' prepared by the Japan National Tourism Organisation (in Japanese)

## 4.2 Medical care for athletes and officials

- Jurisdiction of the Organising Committee
  - At the Organising Committee's request, several medical institutions cooperated as supporting hospitals (for injuries to players and staff) on the game's day (not disclosed).

## 4.3 Medical care for residents

- Impact on the normal medical system during the Games
  - JThere was no significant impact.
- JMedical institutions with secondary or higher emergency services in the vicinity of the game and event venues were notified in writing via the medical association about the medical system during the games and the possibility of an increase in the number of injured or sick foreign nationals.
- JAs mentioned above, a doctor was stationed at the city fire department's command centre on the day of the game to coordinate the transportation of general patients and RWC-related patients so that the burden would not be unevenly distributed to specific medical institutions.

## 5. Emergency response during the event

- Although it was not a direct hit, the Fan Zone opening was cancelled on 1 October 2019 due to the removal and restoration of the large tent after considering adjustments to the opening of the fan zone due to the approaching typhoons No. 18 and No. 19.
- On the day of the match, the 'RWC2019 Crisis Management Liaison Office' was set up in the Disaster Prevention Centre of the prefectural government to be on standby.

## 6. Evaluation and legacy building

### 6.1 Review of public health activities

- A review meeting for technical committees and working groups was held on 21 November 2019. This was not an official county-wide event.
- Prepared and distributed for the above-mentioned debriefing session. There were no other plans.

### 6.2 Impact on normal operations of public health centres

- The public health centre was not particularly busy and there was no significant impact.

### 6.3 Legacy building

- Although not explicitly positioned as a legacy, using multilingual call centres (the number of foreign visitors to the prefecture is increasing, especially in Asia) and the implementation of the suspected case surveillance was considered relevant.

## 7. Other issues

None in particular.

## 8. Timeline of public health activities

- August 2017
  - Liaison meeting in the prefectural government
  - Concerning the results of FIFA World Cup 2002 and others, the establishment of the WG and its members' composition were discussed by calling on key persons in medical institutions, etc.
- December 2017
  - Emergency medicine working group (WG), including emergency physicians and DMAT doctors (disaster medical coordinators), was established.
- March 2018
  - Second meeting of the WG held.
- July 2018
  - Technical Committee was established by merging and developing emergency medical countermeasures and crisis management meeting bodies.
- November 2018
  - The second meeting of the Technical Committee.
- July 2019
  - The third meeting of the Technical Committee.
  - The Technical Committee mainly reported from the secretariat and collected opinions, while working-level discussions continued to be conducted by the WG.



# Good Practices & Challenges

This section summarises and discusses the results of public health activities of each host city and identifies good practices and challenges in the following topic areas.

1. Organisational structure
2. Risk assessment
3. Planning
4. Training and exercises
5. Public health measures
6. Medical care
7. Emergency response
8. Evaluation and legacy building



# Organisational structure

- Each host city of RWC2019 set up its administrative operations centre (host city administrative operations centre (the name of which varies depending on the host city)) and established a collaborative system with the Organising Committee and related organisations to prepare for and manage the Games.
- The details of the organisational structure, the involvement of the health and medical sectors and the medical system during the Games differed significantly between municipalities.

## 1 Preparation phase

- Many host cities established a department or office in charge of RWC2019 and prepared for the event in cooperation with the Organising Committee and related organisations.
- In some host cities (Tokyo, Sapporo and Kumamoto) where international sports events were held in addition to the RWC, preparation and management of the RWC were conducted within the framework of a comprehensive series of events.
- In most municipalities, an operations centre was established. Even in the municipalities that responded that they had not established one, the operations centre function was conducted in the form, for example, the Secretariat of the RWC Promotion Committee.
- The composition of the operations centres varied across the host cities. In several municipalities, health departments were not directly involved in the operations centre but responded as needed. In promoting cross-departmental cooperation, some host cities held an emergency management subcommittee consisting of disaster prevention, public health, fire departments, RWC departments and the Games Organising Committee to plan and prepare for the Games (Toyota City).
- In one city, a staff member from the health department was temporarily assigned to the RWC section to strengthen cooperation between the RWC section and the health department (Oita Prefecture).
- A joint meeting was held in Tokyo, Yokohama and Oita, where the tournament games were held, to share information on security, medical systems and emergency management, but cooperation among host cities was limited.

## 2 During the Games

- All host cities set up administrative operations centre (the name may vary depending on the municipality) and managed the Games in cooperation with the Organising Committee.
- For public health services, departments, such as the 'First Aid Team', 'Medical Team' and 'Healthcare Department', were set up within the above operations centre to conduct the Games' overall operation.
- In some municipalities with large-scale operations, such as the Tokyo Metropolitan Government, a separate operations centre (Security and Medical Operations Centre) was established to manage public health and medical operations.

### 3 Mobilisation of Personnel

- While some host cities had more than 10 staff members dedicated to RWC2019, such as setting up a section in charge from the preparation period, some host cities did not have dedicated staff members but made work concurrently within their regular duties.
- During the Games, most local government employees were mobilised on a scale of 10-50 people (sometimes close to 100 people) (excluding medical personnel assigned to police, fire departments, first aid stations, etc.). Some host cities received support from other municipalities in the prefecture.

#### Good Practices

- Municipalities that hosted large-scale international sporting events in the past, such as the FIFA World Cup, were able to implement preparations and operations based on this experience.
- There was an example of a host city with no experience of hosting an international sporting event that set up a new organisation consisting of relevant officials from disaster prevention, health, firefighting, the RWC department and the Organising Committee of the event. They arranged preparedness and planning in line with the municipality's current situation.

#### Challenges

- Even in the case of a municipality that had hosted a large-scale international sports event in the past, there were cases where the experience was not fully utilised because of the retirement or transfer of the person in charge when the period since the previous event was long. Keeping the record of the activities and conducting after-action review would be needed for better preparedness for future.



# Risk assessment

- Most host cities assumed multiple public health risks based on their past experiences of large-scale events and took countermeasures.
- Many host cities conducted systematic risk assessment based on the national guidelines for infectious diseases, but few conducted quantitative risk assessments based on the all-hazards approach.
- Some host cities formulated plans based on a specific framework of risks, such as (1) events that occur suddenly and affect a wide area (e.g., earthquakes); (2) events that occur suddenly outside the stadium and affect a local area (e.g., volcanic eruptions, fires, terrorist attacks, threatening acts, suspicious objects and accidents); (3) events that occur suddenly inside the stadium and affect a local area (e.g., fires, terrorist attacks, threatening acts, suspicious objects and accidents); and (4) foreseeable events (e.g., heavy rain and lightning).

## 1 Infectious diseases

- Most of the host cities conducted systematic risk assessments using the 'Risk Assessment of Infectious Diseases for the 2020 Tokyo Olympic and Paralympic Games - Procedures for Local Governments' (Infectious Disease Surveillance Center, National Institute of Infectious Diseases), based on administrative communication (5 October 2017) from the Tuberculosis and Infectious Diseases Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare.
- In some cases, the results of the above risk assessment were disclosed on the local government website and used for prior risk communication by informing medical institutions.

## 2 Food and water hygiene

- A few host cities conducted risk assessments for food poisoning and water quality incidents, but detailed information on the methods was not available.
- Although no systematic assessment was conducted, several municipalities empirically assumed the risk of food poisoning and food allergies and took countermeasures.

## 3 Environmental health (e.g., heat stroke)

- The majority of the host cities did not implement environmental countermeasures. Some host cities determined the risk of heatstroke as low based on risk assessment because the event was held in autumn. Risk assessment because the event was held in autumn. Some also took countermeasures based on empirical risk assumptions.
- Some host cities assumed the risk of mosquito-borne disease outbreaks and checked for the presence of mosquitoes around the stadiums, etc. using the 'Guide for Response and Countermeasures against Mosquito-Borne Infectious Diseases such as Dengue Fever and Chikungunya Fever' (National Institute of Infectious Diseases) and raised awareness of prevention among citizens.

## 4 Terrorism (e.g., biological, chemical, radiation and explosive)

- Risk assessment of so-called CBRNE incidents or countermeasures assuming these incidents seemed to be taken mainly by large host cities such as Tokyo and Yokohama. The information on specific methods was not available.
- Concerning countermeasures against chemical terrorism, a working paper by the Japan Medical Association Research Institute reported the results of a survey on the status of preparedness. However, the status of the implementation of risk assessment is unknown.

- Some host cities conducted damage assessments based on the assumption of chemical terrorism and evaluated the status of stockpiling and distribution of antidotes.
- Some host cities may have conducted risk assessments in departments other than those covered in this report (police, fire departments, etc.). The Organising Committee seemed to estimate that the risk of terrorism and hooliganism was low and this information was shared among the host cities.
- Some host cities were alerted about food terrorism via the Organising Committee and took measures such as distributing leaflets to food-related businesses.

## 5 Others (e.g., mass casualty incidents and natural disasters)

- Some host cities assumed fire, natural disasters, miscellaneous accidents, large-scale traffic accidents and large-scale infrastructure failures (power outages, etc.). However, the implementation of a systematic risk assessment was not conducted or disclosed.
- A large number of foreign tourists were expected to visit the city and the number of visitors was estimated based on ticket sales information. The city of Sapporo has been receiving an increasing number of inbound tourists regularly and it was assessed that the city could handle this situation under normal circumstances. There seemed to be no active information sharing or consultation with other host cities or the Organising Committee in conducting the risk assessment.

### Good practices

- National guidelines on infectious diseases were widely used and risk assessment was conducted using standardised methods.
- Some host cities used the process of listing and prioritising possible risks in an emergency management subcommittee composed of staff from relevant departments.

### Challenges

- Need to conduct a systematic risk assessment based on an all-hazards approach
- Except for infectious diseases, standard methods for risk assessment were not provided and therefore, the implementation of risk assessment differed significantly among host cities. The development of a standard method for risk assessment and information sharing among host cities is required.

# 3 Planning

- Many host cities developed plans and manuals for medical preparedness and response and took measures based on them.

## Good practices

- Planning was conducted in collaboration with the host city and the Organising Committee.

## Challenges

- The status of the formulation of plans and manuals and the entities (The Organising Committee, local government, etc.) involved in the formulation varied. For the same event, it is desirable to develop a standardised plan at the host city level.



## Training and Exercises

- Many host cities conducted multiple drills/exercises from 2016 to 2019 (mostly in 2018 and 2019), with at least one full-size exercise involving the department in charge of the local government, the Organising Committee of the Games and other organisations such as police, fire departments and medical institutions.
- The majority of the content of the training and exercises was based on the assumption of terrorism (especially explosives and chemical agents). At least seven host cities conducted joint exercises with national and prefectural governments in the framework of the Civil Protection Law.
- Some host cities conducted drills that considered local characteristics, such as an evacuation drill for the stadium and surrounding area, assuming a large-scale earthquake and tsunami (Shizuoka Prefecture). Further, they conducted a tourism emergency management drill to ensure tourists' safety, including foreigners (Kobe City).
- Only a few host cities conducted drills based on the assumption of infectious diseases. Some municipalities conducted patient transport drills.
- Some host cities conducted scenario-based training for typhoons, but none conducted it as a drill or exercise.

### Good practices

- Large-scale practical exercises were conducted with the participation of multiple organisations.
- Drills were conducted assuming risks (e.g., earthquakes and tsunamis) that are unique to each host city.

### Challenges

- In some cases, the rationale for selecting training and exercise content and damage assumptions was not clear. Risk assessment, planning and drills/exercises should be conducted as a series of emergency management processes and such a process should be developed for future large-scale events.
- In particular, there was insufficient information on the process of evaluation of drills and exercises and improvement of plans based on the evaluation.



# Public health measures

• In anticipation of the large number of foreign tourists visiting host cities, various public health measures have been implemented. This section summarises and discusses the key measures taken by the host cities, focusing on 1) those that strengthened the existing measures and 2) those newly introduced for RWC2019.

## 1 Infectious diseases

### • Reinforcement of existing measures

- Efforts were made to strengthen existing measures, such as conducting enhanced surveillance, recommending measles and rubella antibody testing and vaccination, warning about tick-borne diseases, warning about mosquito-borne diseases, investigating mosquito habitations in the area surrounding the venue and fan zone and instructing facility managers on control measures.

### • Newly introduced measures

- Although some host cities positioned it as a reinforcement of existing measures, the 'suspected case surveillance', which began operating in April 2019 to identify severe infectious diseases of unknown origin at an early stage, is a project that aims to strengthen the response to mass gathering events. Although we had some other, mass gathering events such as the G20 Osaka Summit and the Coronation Ceremony in 2019, RWC2019 was the first mass gathering event for most of the host cities after the operation of 'suspected case surveillance'. In some municipalities, additional sentinel sites for suspected cases were designated before the event.
- Some risk communication approach was also implemented, such as alerting medical institutions and the general public based on risk assessment of infectious diseases.

• Regarding infectious diseases, relatively standard measures were taken by all host cities based on risk assessment, mainly through national projects. Since there were no outbreaks of infectious diseases or other emergencies that required emergency response during the event, it is impossible to fully evaluate the measures taken. However, there were no reports of operational problems and the measures implemented in this study could be applied to future mass gathering events.

• There was a report of meningococcal disease among foreign tourists who continued to stay in Japan after the Games, but the information may not have been shared promptly because it was after the period of enhanced surveillance. It would be necessary to discuss an appropriate time frame for enhanced countermeasures.

## 2 Non-communicable diseases and injuries

- There were no explicitly implemented measures for injuries and illnesses other than infectious diseases (except for the measures in the following areas).
- Although trauma caused by alcohol consumption seemed to be expected at the first aid stations on match days, no specific preventive measures seemed to have been taken.

## 3 Laboratory system

### • Reinforcement of existing measures

- In some host cities, testing equipment at local health laboratories were upgraded and cooperation between cities and prefectures was strengthened.



- Newly introduced measures
  - Some host cities increased stockpiles of specimen collection containers in preparation for mass infection.
- It is possible that not all municipalities were able to expand their laboratory systems for RWC2019. The testing system's weakness was pointed out in response to COVID-19. It is necessary to consider how to expand the laboratory capacity for mass gathering events.

## 4 Food and water hygiene

- Reinforcement of existing measures
  - Many host cities implemented focused monitoring of inns, hotels and other food and beverage establishments in the venue conducted hygiene seminars, strengthened monitoring systems (pre-monitoring and on-site monitoring) and strengthened awareness of food poisoning prevention among related facilities (restaurants, caterers, lunch box businesses, etc.) and restaurants near the stations.
  - Furthermore, some host cities strengthened their awareness of food allergies.
  - Multi-lingual support for foreign tourists was also implemented.
- Newly introduced measures
  - In addition to strengthening existing surveillance, some host cities introduced new measures such as requiring all vendors to obtain a simple restaurant business permit and maintain a permit ledger for emergency response.
  - Local government food monitoring departments reported to the Ministry of Agriculture, Forestry and Fisheries (MAFF) on managing self-service food and beverage outlets and shared the monitoring status.
  - Several host cities conducted awareness-raising activities to strengthen measures against food poisoning in anticipation of the introduction of HACCP, which became mandatory in June 2020.
- All the host cities took thorough measures to prevent food poisoning by strengthening surveillance, holding hygiene workshops and conducting educational activities for businesses and tourists. Efforts were taken to strengthen food hygiene systems by taking advantage of RWC2019, such as introducing HACCP.

## 5 Environmental health

- Reinforcement of existing measures
  - Many host cities have taken measures focusing on countermeasures against infectious diseases, such as on-site inspections based on the Hotel Business Act, the Entertainment Places Act, the Act on Maintenance of Sanitation in Buildings, the Water Supply Act and the Private Lodging Business Act. Warnings about heatstroke were also issued; however, as the event was held in autumn, they were not focused on.
- Newly introduced measures
  - Some host cities provided information on infectious diseases to innkeepers and strengthened measures against mosquito-borne diseases (e.g., mosquito source control and mosquito larvae extermination around the venues).
  - The Organising Committee distributed drinking water at venues to prevent heatstroke.
  - Some municipalities secured toilets based on the expectation of increased consumption of beer and other alcohol.
  - Some municipalities replaced carpets in the VIP rooms with disinfectant-friendly materials to prepare for infections.
- Many host cities have implemented environmental measures that focus on mosquito-borne diseases.

## 6 Counterterrorism (e.g., biological, chemical, radiation and explosive)

- Reinforcement of existing measures
  - In preparation for counter-terrorism measures, a system was established by requesting related

organisations to cooperate in the supply and delivery of medicines and blood in cases of emergency and simulating a communication system with the Organising Committee.

- In addition to facilities related to the Games, large-scale visitor gathering facilities, accommodation facilities, temporary power generation facilities, etc. were inspected on-site.
  - Some host cities temporarily designated evacuation facilities that could accommodate a large number of evacuees.
- Newly introduced measures
    - Medical rescue teams were secured and put on standby, decontamination equipment and materials were deployed at the base hospitals in the host area and equipment such as tourniquets and toxic gas detectors were prepared for the occurrence of terrorism.
    - To prevent vehicles from entering the venue, some host cities issued and confirmed traffic permits and installed equipment to prevent vehicles from entering the venue.
    - Some host cities established the 'Anti-Terrorism Partnership Promotion Council', led by the prefectural police and composed of related organisations and private businesses and implemented a joint effort by the public and private sectors (Kumamoto Prefecture).
  - Each municipality took measures to prepare for various types of terrorism that may occur during mass-gathering events. It was challenging to secure a stockpiling and distribution system of antidotes for chemical agents in each host city. Further, there are opinions that there were challenges in procuring large quantities in an emergency, so highly effective preparedness and responses by the national government or a wide area are required.

## **7 Others (e.g., mass casualty incidents and natural disasters)**

- Reinforcement of existing measures
  - Initial response system in preparation for mass casualty incidents, establishment of a coordination system with relevant organisations, coordination with accommodation facilities in preparation for earthquakes, provision of information on evacuation centres in multiple languages and simulation of a communication system between the host city and the Organising Committee were implemented.
- Newly introduced measures
  - In preparation for the occurrence of mass casualty incidents, a medical rescue team was set up on-site, disaster medical coordinators were assigned, evacuation centres and emergency shelters were secured in the vicinity of the venue and disaster prevention leaflets for foreign tourists were prepared and distributed.
  - Some host cities requested neighbouring municipalities, including those in other prefectures, to cooperate in receiving foreign tourists in cases of mass casualty incidents.
- In high-risk areas, evacuation centres were designated based on the assumption of earthquakes and tsunamis. Although typhoons hit the country during the event, there were no incidents of multiple injuries or illnesses, so it was impossible to verify the measures taken thoroughly. It is considered necessary to take measures based on risk assessments for disasters during mass-gathering events.

## Good Practices

- Regarding infectious diseases, various measures and risk communication based on systematic risk assessment were implemented in most host cities.
- In the field of food hygiene, some host cities used the opportunity of RWC2019 to promote the introduction of HACCP.
- Information on health and disaster prevention was provided to foreign tourists in multiple languages.
- Some host cities strengthened their preparedness for terrorist attacks and multiple casualty incidents by utilising the DMATs and the disaster medical coordinators.

## Challenge

- It is necessary to introduce a process to plan and implement measures based on risk assessment for the areas other than infectious diseases.
- Each host cities took different measures. Although it may be necessary to expand or reduce measures based on the size of the population, the number of games and participating countries, it would be desirable to have a standard package of measures for similar future events.



# Medical care

- The medical care system for RWC2019 is different between the access control area and the other areas (around the venue, last mile, fan zone, etc.). The medical care in the access control area is under the Organising Committee's jurisdiction. Further, the event's guidelines stipulate the establishment of medical rooms for teams and match officials and first aid rooms for spectators. In contrast, medical care outside the access control area were under the host city's jurisdiction and were prepared and operated at each city's discretion. This section mainly focuses on the latter medical care activities outside the access control area.

## 1 Medical care in the access control area

- Based on the Organising Committee's guidelines, medical offices for teams and match officials and spectators' first aid rooms were set up and designated medical staff were assigned to them. Many of them were registered as clinics. Moreover, doctors were stationed in lounges and other areas for tournament guests (tournament guest protocol (TGP) medical care).
- Supporting hospitals and TGP-designated hospitals were secured in the vicinity of the venue in case players and tournament guests needed medical care.
- If emergency medical care was required for spectators, the destination was determined according to the emergency medical care system of the host cities in normal times, but some host cities responded by setting up medical institutions to which spectators could be transported in advance.

## 2 Medical care outside the access control area

- Basically, the medical care was based on the usual emergency medical system. In most host cities, the system was strengthened by having staff on standby on the games' day and securing a transport system.
- To prepare for the possibility of a mass casualty event of a disaster or terrorist attack, a cooperative system was established between the relevant local government departments, the Organising Committee and related organisations. In some host cities, local disaster medical coordinators were responsible for coordination on the game days. In some host cities (Kamaishi City, Iwate Prefecture), preparations were made for transport to medical institutions outside the medical area.

### 2.1 Vicinity of the venue

- In addition to the spectator first aid rooms in the venues under the Organising Committee's jurisdiction, some host cities set up first aid stations in the venues' vicinity (e.g., in parks) (Saitama, Higashi Osaka, etc.).
- Some municipalities set up the medical operations centre in the vicinity of the venue and established a system to comprehensively manage medical activities in the vicinity of the venue (including the last mile).
- In Yokohama City, a dispatched medical team (one doctor and one nurse) was stationed in addition to the off-site first aid station to respond quickly to medical relief.

### 2.2 The Last Mile

- In the last mile, a traffic line connecting the nearest transportation facilities and venues, first aid stations were set up in most host cities, except for a few, because of the large number of visitors, especially during the games. The number of first aid stations in the last mile ranged from one to three and at least one nurse was stationed at each of them. In some cities (e.g., Tokyo and Yokohama), a doctor was stationed in addition to the nurse.
- There was no clear standard for setting up first aid stations, but some municipalities set up one station for every 10,000 people.
- In most cases, first aid stations in the last mile were not registered as clinics, but in Yokohama City, they

were registered as clinics.

### 2.3 Fan Zones

- In the host city, fan zones were held for several days during the tournament period in addition to the match days, where various events and food and drinks were provided. In response to this, many host cities also set up first aid stations in fan zones.
- The first aid stations in the fan zones were generally staffed with one or two nurses, clerks and volunteers. However, some municipalities assigned doctors only on game days when a large number of visitors were expected.

### 2.4 Securing staff

- While the Organising Committee secured medical staff in the access control area by approaching local medical associations, the host city secured medical staff in first aid stations outside the access control area by requesting local medical associations, public hospitals and base hospitals for disasters. In small host cities such as Kamaishi City and Fukuroi City, they collaborated with the prefectural government to secure staff.
- Depending on the number of games and spectators, some host cities mobilised a total of 100 or more medical staff and securing personnel was an important issue for host cities.
- Some municipalities outsourced the provision of nurses for the last mile and fan zones to outside vendors.
- In Oita Prefecture, the Oita Sports Society has been training sports support nurses to serve as relief staff for high school and junior high school sports federations. By utilising this framework, the prefecture was able to mobilise a large number of nurses.
- Some host cities utilised volunteers as non-medical staff at first aid stations and other facilities.

## 3 Response to Foreign Tourists

- For municipalities such as Tokyo, Yokohama and Sapporo, which have a large number of foreign tourists regularly and have a lot of experience in international sporting events, it did not seem to be a significant issue. However, local host cities recognised that medical care for foreign tourists was an essential issue in the preparation and operation of the Games and took the following measures:
  - Placing multi-lingual interpreters at first aid stations, medical institutions, or operation centres according to game cards
  - Setting up multi-lingual communication boards
  - Deployment of multi-lingual translators at first aid stations or medical facilities
  - Deployment of multi-lingual call centres for medical institutions

## 4 Impact on the local medical system, etc.

- With conducting large-scale events, there are concerns about the local medical system's impact, such as limited access to normal medical care in some cases. For example, Yokohama City has been strengthening cooperation with related organisations because of the large number of domestic and foreign tourists visiting the city and the increased likelihood of terrorist attacks and other major incidents. In Oita Prefecture, measures were taken to coordinate the transportation of general patients and patients related to the Games by placing a doctor in the Oita City Fire Department command centre during the Games.
- As there were no emergency cases in the host cities, the impact on the local medical system was appeared to be limited.

## Good Practices

- In some host cities, the emergency medical system was enhanced with the cooperation of the host city's medical association and public hospitals and some host cities secured a system for transporting patients outside the area if necessary.
- Establishing a system of cooperation between medical institutions in the vicinity of the venue and neighbouring areas to ensure advance preparation for cases involving several injured or sick patients.
- Expansion of the system to accept emergency dental patients.
- Assigning a physician to the centre on the game days to coordinate the transportation of general patients and the Game-related patients and ensuring that the burden was not unevenly distributed to specific medical institutions.

## Challenges

- While the medical care system in the access control area is clearly defined and standardised, the medical system for other areas is under the host city's jurisdiction and varies depending on the host city's situation in terms of system development and securing personnel.
- This time, there were no cases of major incidents during the event. The system was able to sufficiently respond to emergency transport cases involving foreign patients, etc. However, it will be necessary in the future to develop a standard model of the medical care system according to the scale and duration of the event after analysing possible medical relief cases and the costs required to secure the system.



## Emergency response

- There were no significant health emergencies during the RWC2019. Nonetheless, with the landfall of Typhoon No. 19 (Hagibis), the Japan Railways Group implemented a planned shutdown on 12 October 2019 and the Pool Matches on 13 October were cancelled. Many of the host cities were not directly affected, but Yokohama city suffered damage, especially in coastal areas.
- There were concerns about disruptions to foreign tourists and other visitors due to the damage caused by the typhoon and the suspension of transportation, but the Organising Committee provided information to ticket holders via e-mail and many host cities responded that there were no significant disruptions.

### Good Practices

- There was no significant disruption despite the landfall of a major typhoon. The Organising Committee decided to cancel the games at an early stage. It provided information to ticket holders via e-mail, which was considered successful.

### Challenges

- It is necessary to consider countermeasures in the event of significant typhoon damage in the host city or more difficult-to-predict events such as earthquakes.
- In the case of a damaged municipality, it is necessary to respond to the disaster and manage the event simultaneously. It will be necessary to consider how to secure personnel and ensure the event's safe operation.
- In the wake of the pandemic of the COVID-19, mass gatherings will need to be handled on the premise of infection control.



# Evaluation and legacy building

- This section discusses the implementation status of the after-action review of the series of activities and building of a legacy through the RWC2019.

## 1 Review of public health activities

- Whether host cities conduct after-action reviews on healthcare and public health activities and if they do, how they do it and what they say about it, varied widely. In Kanagawa Prefecture and Yokohama City, 'medical care', 'emergency management' and 'public health measures' were summarised in the official reports of RWC2019.
- It appears that many parts of the activity reviews are treated as internal information within the local government.

## 2 Impact on the usual operations of public health centres

- Most of the host cities stated that the impact of RWC2019 on the operations of public health centres was limited. However, some rescheduled or reduced the scale of their operations.

## 3 Building a Legacy

- None of the municipalities explicitly indicated a legacy for public health and medical care. However, in the municipalities where the Tokyo Olympic and Paralympic Games (TOKYO2020) are scheduled to be held, the officials said that the experiences and lessons learned from RWC2019 would be carried over to TOKYO2020.
- The enhancement of medical care for foreigners, including the operation of multi-lingual call centres and the introduction of 'suspected case surveillance', would be the legacy of this event (shared with TOKYO2020).

### Good practices

- Public health and medical activities are not ostensibly prominent, but they are essential activities for the safe operations of the Games. The fact that 'medical care', 'emergency management' and 'public health measures' were covered in the host cities' official reports is valuable and commendable for the host cities.

### Challenges

- The implementation status of the evaluation of public health activities varied across the host cities and it appeared that some host cities did not implement it. The improvement of efforts through after-action review would be helpful for future events and for reviewing the local healthcare system.
- Few host cities were aware of the need to build a legacy in the public health activities. A more strategic approach would be required through the efforts from the preparation stage can be expected to continue and develop after the event.



# Lessons Learned

Based on the public health activities in each host city, the following are the key lessons learned.

## **1 All-hazards approach to risk assessment**

Local governments hosting international mass gathering events need to prepare for various risks in advance. The host cities systematically assessed the risks of infectious diseases, for which guidance was provided by the national government but did not necessarily assess other risks in advance. Regarding infectious diseases, that were not known at the time, such as COVID-19, were not adequately evaluated and prepared for. It is desirable to implement all-hazards approach to risk assessment, in which risks are systematically assessed and prioritised for all-hazards and threats, including unknown ones. The development of a more comprehensive risk assessment methodology is required.

## **2 Preparedness for terrorist attacks, disasters and other mass casualty incidents**

Each host city has developed plans and conducted training and exercises to prepare for mass casualty incidents. However, since no significant incidents occurred during the RWC2019, there are many uncertainties regarding responding to actual incidents. There is a need to strengthen preparedness, including securing surge capacity based on quantitative risk assessment.

## **3 Preparedness and operations in consideration of the impact of a pandemic**

In light of the COVID-19 pandemic, future mass gatherings will need to be prepared in the context of a pandemic or considering the possibility of a pandemic. It is necessary to establish a decision-making process that considers infection status in the host country and participating countries, including vaccines and therapeutic agents, monitoring the health of the people involved and spectators and tracking and communicating in real-time before, during and after the event.

## **4 Effective after-action review**

This survey was conducted to systematically document and show a post-evaluation of public health activities to produce materials that would improve public health and healthcare response capacity for future mass gatherings. However, since the survey was planned and conducted mainly after the RWC2019, there were limitations in collecting information. Additionally, the spread of COVID-19 soon after the end of RWC2019 did not allow us to collect sufficient data from the host cities. We should also note that the survey was not conducted per the after-action review methodology recommended by the WHO guidelines. If similar events are to be held in the future, it is recommended that the after-action review is planned from the preparatory stage and that information is collected on an ongoing basis. continuously collecting information, conducting after-action reviews and formulating improvement plans promptly after.

# Acknowledgments

• We would like to express our gratitude to the following officers from the host cities for their cooperation in conducting the survey and preparing the report.

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# Appendix : Questionnaire

The Rugby World Cup 2019 : Survey on Healthcare and Public Health Emergency Management

1. Basic information
2. Public health and medical measures for the Rugby World Cup
3. Risk assessment
4. Healthcare and public health response
5. Medical systems
6. Response to health emergency events
7. Ex-post evaluation and legacy building

## **Public health activities in the host cities of the Rugby World Cup 2019 in Japan**

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March 2021

Research Project 'Health Security for Mass Gathering/High Profile Events' funded by the Health, Labour and Welfare Policy Research Grants (Research on Health Security Control) in FY2019 and FY2020.

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