Advice on Infection Prevention and Control for Volunteer workers Planning Visit to the Disaster-affected Area and Evacuation Shelters (The 2024 Noto Peninsula Earthquake)

January 19, 2024

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At the site of a disaster, there are potential risks of infectious disease transmission, including infectious disease outbreaks at congested evacuation shelters and infectious diseases caused by exposure to contaminated water and dust.

(Please refer to "Information on Infectious Diseases Related to the 2024 Noto Earthquake" for infectious diseases' risk assessment in the affected areas. Information is subject to periodic change upon the evolving situation within the affected areas.)

For volunteers who plan to visit the disaster-affected areas or evacuation shelters, prevention of infectious diseases should be prioritized to avoid both introduction of disease and potential exposure to infectious disease during your activities. Please kindly take note of the following.

I. Cautions for general physical condition

- For volunteers experiencing any health issue before visit, please postpone your volunteer activities until fully recovered.
- Please take precautions for your own health during your activities. In case of unwell condition, please
 promptly notify the volunteer center, team leader, or health manager and withdraw from the front lines.
 This precautionary measure is crucial not only for the person himself/herself but also to mitigate the
 risk of infection spread to individuals affected by the disaster or fellow volunteers.
- There have been an upward trend of respiratory infections reported nationwide. Please keep comprehensive preventive measures against infections, such as cough etiquette (including use of mask*, covering the mouth during coughing, etc.) and strict hand hygiene practices—especially before consuming food or beverages and after utilizing restroom facilities. We highly recommend preparing an alcohol-based hand sanitizers, alcohol swabs, etc. and bring them with you to ensure optimal hand hygiene.
 - *Surgical or procedure masks may be in limited supply in affected areas and evacuation centers. It is advisable to bring an ample supply of masks for personal use. Non-woven masks have maximum effectiveness compared to cloth or urethane alternatives, warranting consideration as choice for protection.

- The disruption of water supply poses a significant challenge compromising the availability of safe water sources and proper drainage. In such circumstances, once infectious gastroenteritis outbreaks occur, there can be easily a widespread transmission. This risk requires proper maintenance of hand hygiene before eating, drinking, and after use of restroom (preparation and use of alcohol hand sanitizers or alcohol swabs are recommended). Please note that the persons presenting with gastrointestinal (GI) symptoms should withhold public involvement including food distribution service, and practice necessary infection preventive measures, including proper hand hygiene. Additionally, poor sanitary conditions elevate the risk of contracting hepatitis A virus through contaminated water or food. In addition to the hygiene precautions, vaccination against hepatitis A is also available as preventative measure before your volunteer activity.
- Debris removal and other outdoor work can cause tetanus and wound-related skin and soft tissue infections. When working, it is important to wear long sleeves and long pants, gloves and clothing that completely covers the legs to minimize skin exposure and prevent injury. In addition, there is a risk of contracting legionnaires' disease or respiratory illnesses by inhalation of dust from soil contaminated with legionella bacteria or dust containing asbestos, workers should wear respiratory protective equipment such as dust masks when working. For restoration work, exchangeable or a disposable dust respirator category 2 or higher (DS2/RS2 or higher, equivalent to an N95 respirator) that cuts out 95% or more of dust is recommended. It is important to wear respiratory protective equipment correctly. Wear it properly and check periodically if it is worn correctly.
- Pay special attention to areas that ticks can hide in during outdoor activities especially in sites the seasonal cases of tick-borne infections are reported. While winter reports are infrequent, increased cases are observed nationwide in the beginning of spring. Utilize protective clothing, including long sleeves and pants, to minimize skin exposure and reduce the risk of tick-borne diseases such as Japanese spotted fever, Tsutsugamushi disease, and Severe fever with thrombocytopenia syndrome (SFTS) when entering forests or meadow. Adherence to these measures is crucial for proactive prevention. ("To fight ticks: What you can do now") Reference: マダニ対策、今できること (niid.go.jp)

II. Prevention for Vaccine Preventable Diseases (VPD)

For vaccine-preventable diseases (see below), we recommend that you check your vaccination record in your Maternal and Child Health Handbook or other documents and, if possible, get vaccinated with recommended vaccine before deployment.

(Priority: High \bigcirc , Medium \bigcirc , Low \triangle)

Priority	Vaccination	Indication	Precautions
0	Measles Rubella vaccine	Those with no 2	
		previous doses	
0	COVID-19 vaccine	All	2 doses, with XBB1.5
			strain vaccine is
			recommended (*1)
0	Influenza vaccine	All	2023/24 seasonal

			vaccination is
			recommended
0	Tetanus-toxoid vaccine	Highly recommended for those who will	(*2, *3)
		engage in works that	
		can cause cuts and	
		wounds	
\triangle	Hepatitis A vaccine	Age below 60 with low	At least 2 doses with
		immunity	nationally approved
			vaccination is desirable
			(*4)
\triangle	Chicken pox (varicella)	Those with no history of	
	vaccine,	infection nor completion	
	Mumps vaccine	of routine	
		immunisation	

*1 Vaccination with XBB.1.5 strain vaccine in addition to the primary vaccination series (completion of at least three doses), confers immunity against the presently prevalent variants both within Japan and abroad. Includes EG.5.1 and its sub-strain, BA.2.86 strain, JN.1 strain and its sub-strain. (Reference)

"The BA.2.86 strain of the novel coronavirus (SARS-CoV-2), 2nd report." https://www.niid.go.jp/niid/ja/2019-ncov/2551-cepr/12352-sarscov-2-ba-2-86-2.html

The Japanese Association for Infectious Diseases. "Recommendation Statement for COVID-19 Vaccination (Ver. 8) – the Monovalent Vaccine (XBB.1.5) Targeting the Omicron Variant." [in Japanese. Provisional translation] https://www.kansensho.or.jp/uploads/files/guidelines/2401_covid-19_8.pdf

*2 Vaccination is recommended for people aged 50 and over (Age as of fiscal year (FY) 2018 survey: 55 and over as of FY 2023), since few of them have immunity to the disease.

(Reference)

"National Epidemiological Surveillance of Vaccine-Preventable Diseases (NESVPD) " https://www.niid.go.jp/niid/ja/y-graphs/8790-tetanus-yosoku-serum2018.html)

- *3 For under 50 years old (Age as of FY 2018 survey: under 55 years old as of FY 2023) and have received DPT and DT vaccines in childhood, booster is recommended if they have not been vaccinated within the past 10 years.
- *4 Second dose should be administered 2 to 4 weeks after the first vaccination. It takes 2 to 4 weeks after the first vaccination to be fully effective. Properly scheduled vaccination is necessary.

We ask for your utmost cooperation in preventing the introduction of infectious diseases into the affected regions and to avoid contraction of diseases.