

Infectious Disease Risk Assessment for the Tokyo Olympic and Paralympic Games (Updated Version)

Note: This document describes the infectious disease risk assessment and preparedness to be considered for the Tokyo Olympic and Paralympic Games.

June 23, 2021

National Institute of Infectious Diseases

Center for Emergency Preparedness and Response,

Center for Field Epidemic Intelligence,

Research and Professional Development,

Center for Surveillance, Immunization, and Epidemiologic Research

Background

Due to the global pandemic of coronavirus disease 2019 (COVID-19), the Tokyo Olympic and Paralympic Games ("the Games") were postponed from 2020 to 2021. The Olympics were rescheduled to the period from Friday, July 23 to Sunday, August 8, 2021 and the Paralympics to the period from Tuesday, August 24 to Sunday, September 5, 2021. As the Games are to be held during the continued global COVID-19 pandemic, it was decided not to allow foreign spectators to come to Japan. Athletes from more than 200 countries and regions are expected to participate in the Games, and several tens of thousands of people from abroad, including competition staff, media staff, and sponsors, are expected to enter the country for the Games. The events are to be held in Tokyo, the host city, as well as eight other prefectures. The athletes' villages (including branch villages) are located in three prefectures. All 47 prefectures have host towns and training camp grounds.

In 2017 and 2018, each related municipality conducted a risk assessment for the Games and implemented preparedness measures, such as strengthening surveillance and securing medical capacity as needed for each municipality. Since the outbreak of COVID-19, infectious disease trends have been changing within and outside Japan due to the implementation of comprehensive infection prevention measures and movement restrictions. While it is essential to take countermeasures against COVID-19 for the Games, it is also important to reassess the risks of other infectious diseases and to take action to prevent and mitigate their impact if they occur.

This document is an update of the risk assessment of infectious diseases for the Games in Japan, based on the risk assessment of infectious diseases for the Tokyo Olympic and Paralympic Games (hereinafter referred to as the "Infectious Disease Risk Assessment for the 2020 Tokyo Olympic and Paralympic Games" (1)) conducted in October 2017.

In this document, parties with their personal information, affiliated organizations, etc.

registered with the Tokyo Organising Committee of the Olympic and Paralympic Games (“Committee”) are referred to as “registered personnel (accredited personnel).” Other related persons who are not required to register with the Committee, such as freelance reporters, host town officials, city volunteers registered with municipalities, and spectators living in Japan, are referred to as “non-registered personnel (non-accredited personnel).” “Community” in this document refers to persons in areas other than special controlled areas (“designated areas”) over which the Committee has jurisdiction or with which it has a partnership.

Risk assessment and recommended risk control measures

Especially for infectious diseases spread by human-to-human transmission such as COVID-19, it is important to implement strict control measures, because the Games involve several hundred to several thousand personnel (both registered and non-registered) grouped together in sports venues and other facilities, resulting in a risk of outbreak. Games personnel are required to thoroughly follow risk control measures and to act in compliance with the Playbooks at all times.

The activities of registered personnel during the 14 days after entry into Japan are, in general, restricted to the designated areas. However, contact between registered and non-registered personnel, and between Games personnel (both registered and non-registered) and the community, may occur after moving out of the designated areas. Risk management based on the possibility of contact with others is important to prevent the spread of infection from Games personnel to the community. In general, registered personnel from overseas should be restricted to the designated areas during their stay in Japan. In addition, a strict management system is desirable, including the avoidance of contact with the community for at least 14 days after moving out of the designated areas. In particular, it is necessary to establish an appropriate management system that prevents foreign media staff who may conduct activities over a wide geographical range, as well as domestic volunteers who may come into contact with registered personnel from overseas, from developing infections and transmitting them to the community.

Although the period of stay is limited after moving out of the designated areas, athletes and other Games personnel may remain in Japan after the end of the Games and directly visit medical institutions in the community if they develop infectious or other diseases. During the period from one month before to one month after the Games, athletes and other Games personnel are expected to visit or stay in Japan; the Committee, medical institutions, and municipal governments should recognize this and be prepared to detect and respond to infectious disease outbreaks among Games personnel (both registered and non-registered). In addition, since the Games are an event that attracts wide international attention, the occurrence of cases/outbreaks among Games personnel, as well as export of infections from Japan by these personnel, need to be given attention and information sharing mechanisms should be ensured under the International Health Regulations (IHR) before the Games begin, with consideration for reputational risks.

For COVID-19, the risk of spread from imported cases to the local community is considered to be low if risk management measures are thoroughly implemented and monitored during the Games. However, if these measures are not properly followed for Games personnel in the designated areas, there is an increased risk of causing spread in the community after moving out of the designated areas. Therefore, risk management measures should be thoroughly implemented for athletes and other Games personnel, including foreign reporters and volunteers. Efforts to reduce human movement, including strong recommendations for remote work, have been underway in the community. However, when Games personnel travel domestically during the Games, occasions will increase for people to gather for cheering, at Games venues, training camps, etc., and there will be an increase in movement of people within and between jurisdictions, causing an increased risk of spreading infection within Japan.

Regarding infections other than COVID-19, those that require special attention due to increased risk of domestic transmission are listed by category and their respective risk assessment is summarized as indicated in the table below, as per the “Infectious Disease Risk Assessment for the 2020 Tokyo Olympic and Paralympic Games” (1) conducted in 2017. Selected major infectious diseases are those that require attention due to their association with certain risks, including an increased risk of importation, a significant risk of spread among Games personnel and in the community, the potential risk of a large-scale epidemic, and high disease severity. Refer to “Infectious Disease Risk Assessment for the 2020 Tokyo Olympic and Paralympic Games” (1) for the listing methodology.

Infectious diseases listed in the table are those that require caution when implementing countermeasures, although the rate of risk has been changed for certain diseases* since 2017 or other time points before the COVID-19 pandemic, as a result of various measures taken against COVID-19 in Japan and overseas. In addition to COVID-19, measles, invasive meningococcal disease, Middle East respiratory syndrome, and enterohemorrhagic *Escherichia coli* infection require special attention, just as in the previous risk assessment.

* The risk of spread of respiratory infections such as influenza is lower than that before the COVID-19 pandemic as a result of measures taken against COVID-19 in Japan and overseas. The risk of importation of infectious diseases such as dengue fever is also lower due to a decrease in the number of travelers based on the travel restrictions in many countries. Conversely, the risks of food-borne diseases caused by enterohemorrhagic *Escherichia coli*, norovirus, etc., and sexually transmitted infections have not decreased compared to before the COVID-19 pandemic.

Table 1. Infectious diseases that require caution when implementing countermeasures and risk assessment

		Risk assessment
Vaccine-preventable diseases (VPD)	Measles	Although the epidemic status is low in Japan and overseas, measles continues to occur in certain overseas areas. There is a risk of importation and spread to local populations with a low vaccination rate, which will result in a high burden on medical institutions, health centers, etc. in the event of a large outbreak. There is concern over a slight decrease in the vaccination rate in Japan during the COVID-19 pandemic. There may be gaps in the level of risk awareness among personnel from countries free from the disease.
	Rubella	Although the epidemic status is low in Japan and overseas, there are concerns about imported cases causing infection clusters in populations with a low vaccination rate, resulting in the development of congenital rubella syndrome in infected pregnant women. There may be gaps in the level of risk awareness among personnel from countries free from the disease.
	Invasive meningococcal disease	Overseas epidemiological information has not been sufficiently obtained during the period of the COVID-19 pandemic, though the domestic epidemic status is low. Although the probability of occurrence may be lower than before the COVID-19 pandemic, the impact and the burden for the response would be high, particularly if the cases occur among Games personnel.
	Influenza	Although the epidemic status is low in Japan and overseas, epidemics have been observed in certain tropical and subtropical regions. During the Games, seasonal increase is expected in the southern hemisphere. There is a possibility of spread from imported cases among Games personnel.
	Pertussis	The epidemic status in Japan is low. There is a possibility of spread from imported cases among Games personnel.
	Middle East respiratory syndrome	The current epidemic status in the Middle East is low, but there is a risk of importation by personnel visiting Japan from the regions in which the cases have been reported. In the event of occurrence among Games personnel, the burden of contact tracing and risk communication would be high. There is concern about relatively lower awareness of this disease due to the COVID-19 pandemic.

	Mosquito-borne infections (dengue fever, chikungunya fever, Zika virus infection)	Although there are overseas regions with a high epidemic status, the numbers of imported cases have markedly decreased due to the decreased number of travelers. There is a risk of importation from endemic areas. The burden of vector control measures would be high in the case of cluster infection in an athletes' village or training camp.
Food-borne infections [†]	Enterohemorrhagic <i>Escherichia coli</i> infection	In Japan, reported cases increase from June to September every year. Caution must be taken to avoid the spread by food-borne transmission among Games personnel.
	Shigellosis	There are risks of importation and spread by food-borne transmission among Games personnel.
	Hepatitis A	There are risks of importation and spread by food-borne transmission among Games personnel. Even if infection spreads in association with the Games, the disease may be detected after the end of the Games due to its relatively long incubation period.
	Hepatitis E	There are risks of importation and spread by food-borne transmission among Games personnel. Even if infection spreads in association with the Games, the disease may be detected after the end of the Games due to its relatively long incubation period.
	Infectious gastroenteritis (including norovirus infection, salmonellosis, and campylobacter infection)	Although incidence is expected to be low during the period of the Games according to seasonality, attention should be paid because sporadic cases of norovirus infection have been reported during previous Summer Games and cluster infections have been reported among personnel during previous Winter Games.
Others	Tuberculosis	There are risks of importation and spread of infection among Games personnel. Even if infection spreads in association with the Games, it may be detected after the Games.
	Syphilis	There is concern that infection may spread to Games personnel through sexual intercourse. Even if infection spreads in association with the Games, it is likely to be detected after the Games.
	HIV/AIDS	There are risks of importation and spread of infection among Games personnel. Even if infection spreads in association with the Games, it is likely to be detected after the Games.

[†] Transmission pathways other than food-borne transmission are also possible.

Infection prevention and control measures to be strengthened or added for the Games

First, regarding COVID-19 infection, it is necessary that the Committee ensures the implementation of risk control measures, including vaccination among Games personnel prior to the Games, and that the rules and regulations for infection prevention and control are strictly followed by Games personnel. In addition, it is extremely important that the national and municipal governments prepare for increased occurrence of COVID-19 infections, including strengthening of systems to secure necessary human resources for immediate response to possible scenarios. For infectious diseases other than COVID-19, it is necessary to be aware of their epidemic statuses overseas, re-check the vaccination rate for local vaccine-preventable diseases and promote vaccination, and make medical institutions aware of the need to differentiate between COVID-19 and other important diseases, with reference to the results of the risk assessments performed by each municipal government before the postponement of the Games. In addition, in order to enable the early detection of serious infectious illness of unknown causes, it is desirable that the municipalities make local medical institutions aware of necessity of reporting to the Undiagnosed Serious Infectious Illness Surveillance (2) revised in 2019. Infection prevention and control measures to be strengthened or added by residents and the national and municipal governments for the Games are listed below.

- **Thorough implementation of measures to prevent the spread of infection among spectators at sports venues, etc.**
 - Persons with symptoms and signs (based on body temperature check) should refrain from attending the Games
 - Ensure the proper use of facemasks (combined with measures against heat stroke, avoidance of yelling, etc.)
 - Avoid the three Cs (close-contact settings, crowded places, and closed spaces) and maintain physical distance
 - Ensure hand washing and sanitization
 - Ensure ventilation as much as possible
 - When making decisions about going out, traveling across jurisdictions, or participating in activities where people may congregate, carefully consider the local COVID-19 situation and medical capacity level, based on official information such as those provided by local government authorities
 - Ensure recommended doses of COVID-19 vaccinations (promotion of reliable vaccination in the target population and prompt expansion of the target population as appropriate)

- **Enhanced surveillance of infectious diseases and information sharing among**

municipal governments

Since there is a possibility of cluster infection across jurisdictions, it is necessary to establish a system for reporting and information sharing as specified below, and to secure human resources.

- Mandatory reporting of confirmed cases of infection (including suspected cases for certain diseases) among Games personnel by medical institutions (enter the key word “Games personnel”); utilization of the Health Center Real-time Information-sharing System (HER-SYS) for COVID-19 and the National Epidemiological Surveillance of Infectious Diseases (NESID) system for other infections
- Cooperation with quarantine stations for the detection and response to cases of infectious diseases among Games personnel
- Mandatory reporting of severe infections of unknown causes to the Undiagnosed Serious Infectious Illness surveillance system (including information on Games personnel)
- Thorough checking and verifying of information on Games personnel by public health centers, local health institutes, the National Institute of Infectious Diseases, and the Ministry of Health, Labour and Welfare, for the registration of confirmed cases of infection (including suspected cases for certain diseases)
- Routine information sharing through daily reports on the incidence of infectious diseases in Japan and overseas and risk assessments related to the Games from the national government to the municipalities and the Committee
- Timely information sharing among the Committee, related municipal governments, and national government regarding performance of testing, including the number of tests for and incidence of infectious diseases among Games personnel (by sharing respective daily reports, etc.)
- Timely sharing of the findings of epidemiological investigations conducted by municipal governments with the national government and the Committee in the event of infection among Games personnel

■ Testing system

- Establishment of a system for testing, reporting, and confirmation that can promptly present the local infectious diseases epidemiologic situation, especially in areas with sports venues and training camp grounds for athletes

■ Strengthening of response to outbreaks and securing of medical services and capacity

- Establishment of a response system assuming for outbreaks of infectious diseases, including cluster infections of disease and local outbreaks of COVID-19 associated with the Games, strengthening of the cooperative response system among organizations (the national government, municipal governments, and the Committee), and securing of facilities for hospitalization and recuperation

■ **Communication**

- Dissemination of consistent information, both domestically and internationally, at routine intervals (including reports of zero cases/clusters) and in the event of cases/clusters among Games personnel
- Timely communication with international organizations and IHR National Focal Points in relevant countries through an IHR mechanism, in the notifiable event of cases/clusters associated with the Games that may affect other countries
- Strengthening of information collection systems in other countries for cases/clusters detected overseas in association with the Games

■ **After-Action Review for the Games**

- Because the Games are to be held during the COVID-19 pandemic, it is necessary to conduct an after-action review to evaluate the domestic and international impact after the Games

References

- 1) Office Memorandum from the Tuberculosis and Infectious Diseases Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare. Dated October 5, 2017. “Risk Assessment of Infections for the 2020 Tokyo Olympic and Paralympic Games - Procedures for Municipalities”. (in Japanese) <https://www.mhlw.go.jp/file/05-Shingikai-10601000-Daijinkanboukouseikagakuka-Kouseikagakuka/sanko10.pdf>
 - 2) Ministry of Health, Labour and Welfare. Revised on February 21, 2019. “Undiagnosed Serious Infectious Illness Specified in the MHLW Ordinance set forth in Article 14, Paragraph 1 of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (the Infectious Diseases Control Law)”. (in Japanese) <https://www.mhlw.go.jp/bunya/kenkou/kekaku-kansenshou11/01-07-01.html>
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