



HPA Update

The Health Protection Agency (HPA) has been working closely with LOCOG over the past four years as part of the Games time planning to ensure robust working arrangements are in place. As the key stakeholder, LOCOG is provided with the daily public health report, which gives detailed information on public health issues. LOCOG also provides anonymous information from their Medical Encounter Forms which, for the first time, include syndromic surveillance data, a mandatory field for the team doctors to complete every day.

The HPA reviews this information daily and works with LOCOG to identify and advise on any health protection issues.

During the course of the Olympic and Paralympic Games, the HPA has a health protection specialist consultant in communicable disease or a public health nurse located at the Stratford polyclinic in the athletes village. The responsibilities for this role are to:

- Provide expert advice and information on health protection issues for LOCOG medical team and team doctors
- Facilitate reporting of syndromes and notifiable infectious disease
- Review Medical Encounter Form Syndromic Surveillance returns from across all venues, villages and polyclinics
- Be the first point of contact across all LOCOG venues for health protection issues; any response required would be managed by the local Health Protection Unit
- Support LOCOG in the management of any health protection incidents
- Request escalation and outbreak investigations, in discussion with LOCOG, and initially lead the investigation at the main Olympic Park

There is also an agreement on the management of any major health incident or outbreak during the Games - which will be addressed with urgency due to any potential impact on the Games, and the likely political and media interest. In the event of a significant public health incident, HPA staff will work with LOCOG to respond, investigate and provide expert advice and information.

Incidents summary report:

The past week has remained fairly quiet, with nothing of significance reported in relation to the Games.

There has been ongoing interest in legionella following the outbreak in Edinburgh in June, and the more recent Stoke-on-Trent outbreak. None of these represented any significant



threat to the Games and no cases have occurred in anyone connected to the Games.

A number of gastroenteritis reports have also been received involving visitors, security staff and team members. None of these reports, however, have to date been more than isolated cases of food poisoning.

International reports of an Ebola outbreak in Uganda have generated some media and public interest, with questions raised on whether this may affect the Games. As the cases appear to be isolated to Uganda and as there is no evidence to suggest the occurrence of any spread internationally, this is not considered a risk to the Games.

One of the HPA's commitments is to include information on air quality and the accompanying public health impact assessment to LOCOG. Air quality can impact on an athlete's performance, especially during endurance events. As the British weather took a significant turn for the better in the later part of last week, this information became increasingly important as ozone levels heightened across London and the South East. This will not affect most people unless they have underlying health problems such as conditions affecting the lungs. People with underlying respiratory conditions are advised to avoid strenuous activity.

WHO Update

As mentioned in the previous edition of this bulletin, WHO will have a liaison officer based in the Olympic Coordination Centre for the duration of the London 2012 Olympic and Paralympic Games, as part of the partnership between HPA and WHO.

The core function of this officer is to contribute to the assessment of health risks with regard to the Olympic Games. This role is closely aligned with the work of WHO to support countries in line with International Health Regulations (IHR 2005).

The role draws on individuals of the 'Alert and Response Operation' units of WHO headquarters, as well as the regional offices for Europe and South East Asia, and the technical expertise and networks of whole organisation. For example, all WHO regional offices have been invited to contribute to the assessment of ongoing outbreaks with relevance to the London 2012, and risk questions and a reporting scheme were developed. It is also expected that the involvement of the WHO liaison officers at the Games will provide opportunities for the officers themselves to gain further experience and to discuss possibilities for future work at the mass gatherings in their regions and with the HPA.

The HPA was designated a WHO Collaborating Centre for Mass Gatherings and Extreme Events in 2011 and will act as the origins for the creation of a global network of institutions specialising in mass gatherings. This will complement the existing WHO-led Virtual Interdisciplinary Advisory Group (VIAG) and a research-oriented network that is in a planning stage and which will be managed from the Kingdom of Saudi Arabia (its focus will be on religious mass gatherings). In this way, lessons identified at this year's Olympics will contribute to building a global research agenda designed to strengthen the evidence base for mass gatherings and public health. WHO and HPA are field testing and refining, specialised mass gatherings planning and assessment tools in parallel throughout the Games.

WHO has also been assisting HPA with gathering lessons around Olympic-related work, and will continue to assist into 2013 with the publication and shared learning from the Games to ensure an international legacy for managers of future events.

ECDC UPDATE

Role of the ECDC liaison officer

As part of the surveillance team role assessing public health events occurring outside the UK and their relevance for the Olympics, the European Centre for Disease Prevention and Control (ECDC) in Sweden communicates with HPA, every day of the week.

In addition, the ECDC mass gathering and epidemic intelligence team, based in Stockholm Sweden, currently has a liaison officer in the UK - an expert from the Surveillance and Response Support Unit, based for three weeks at Health Protection Services in Colindale.

The role of the ECDC liaison officer is an operational one; joining relevant meetings and teleconferences at the HPA, they contribute to the team assessment of international events and provide technical and communication support for epidemic intelligence and response activities by ECDC and HPA, in the context of the London 2012 Olympic and Paralympic games.

The liaison officer has the knowledge and practical experience both from previous ECDC epidemic intelligence for mass gathering surveillance, and from liaising with other countries hosting mass gathering events. The role of the liaison officer does not replace routine communication or surveillance reporting channels between ECDC and the UK. Instead the focus is on strengthening routine procedures and clarifying daily processes in the context of enhanced infectious disease surveillance for London 2012.

One of the benefits of being on-site at the HPA in Colindale, is that the liaison officer can bridge communication around busy daily routines and schedules in two distant geographical locations. These practical operational aspects can be integrated on return to Stockholm, for the total 12 weeks of enhanced activity.

International Surveillance

More than two years of planning, trials and preparation for the identification and assessment of potential international infectious disease risks to the Games culminated in enhanced surveillance activity from the beginning of July. Since that time both the team responsible for this function as well as the purpose-built systems it has developed, have been running effectively.

The international team includes around 50 people in total, drawing from several different HPA/NaTHNaC sites in the UK and from ECDC in Sweden. Between them team members are providing international epidemic intelligence and risk assessment on a seven day a week basis over the 12 weeks of enhanced surveillance activities for the Games.

Many tools have been created or further developed to support this activity including:

- A comprehensive range of sources of global infectious disease information and epidemic intelligence scanning tools
- Databases to record and track events
- A password protected portal to share information between team members on different sites

- Communication templates and protocols
- Risk assessment aids;
 - detailed up to date baseline global epidemiology profiles covering a wide range of diseases
 - tables of population connections between the UK and other countries of the world prepared from International Passenger Survey data
- Specific criteria for Games relevance
- Standard definitions of risk level
- Standard operating protocols for daily processes

To date none of the international infectious disease occurrences identified and considered by the team have been assessed as being a potential threat to the Games. International infectious disease events can still cause considerable public anxiety, even when they are not an actual threat to the UK. In recognition of this, the team also provides briefings and reassurance for LOCOG about international events that may attract media attention but which do not represent a credible public health risk for the Games.

For further information:

Email: HPA2012@hpa.org.uk, or visit: www.hpa.org.uk/2012Games