



HPA Update

Improved public health services – a Games legacy

One of the recognised legacies from previous Olympic and Paralympic Games is an improved public health service and this will be the case for the UK.

A significant benefit of working on such a large and high profile event has been the opportunity to raise the profile and understanding of public health across government. Relationships across partner organisations in the wider health community, including the health-security interface, have undoubtedly been considerably strengthened.

Key developments include:

- Enhanced surveillance systems, including extending syndromic surveillance to include emergency departments and out of hours GP services, and introducing an undiagnosed serious infectious illness protocol. The data received from the Polyclinic will also be useful in future Games
- Improved microbiology testing including for influenza and a number of food poisoning agents. A handbook was also produced for key partners on testing and sampling protocols
- Improved ways of working across London including agreement of a pan-London infectious disease plan
- Increased resilience through better reporting, data analysis and processes.

One of the major legacies from London 2012 will be the sharing of knowledge and experience by those who did the planning and delivery. Through the HPA's WHO Collaborating Centre on Mass Gatherings and High Consequence/High Visibility Events, documentation and tool kits have been developed for future planners, in particular those involved in the Winter Games in Sochi in 2014 and the 2016 Summer Games in Rio. The HPA is already linked to these through the London Organising Committee of the Olympic and Paralympic Games (LOCOG) Medical Observer Programme.

In collaboration with colleagues from the Department of Health, NHS, London Ambulance Service and the WHO, the HPA will be running an observer programme during the Paralympic Games in September. This will cover a broad range of health issues including emergency planning and response and link to global toolkits for planning mass gatherings.



Incident summary report

There continues to be a number of low level incidents reported which pose no risk to the Games and these have all been managed through standard public health measures. The fact that we are being informed of any relevant incident through the surveillance and reporting systems we have established enables us to feel confident that the information we are providing to LOCOG and our health partners is accurate.

However, some very low risk issues are continuing to raise questions and rumours. The information provided to those living on the floating hotel on which legionella bacteria were detected in the water system has led to a small number of people presenting to primary care services concerned that they may have legionnaires' disease. All of these were very unlikely to be real cases of legionnaires' disease based on clinical symptoms and the microbiology tests carried out as a precaution have all proved negative for legionnaires' disease. The provision of health advice to those staying on the flotel and the heightened interest following two recent outbreaks of legionnaires' disease in the UK – in Edinburgh and Stoke-on-Trent - means that the mention of legionella can be alarming even when there is no real risk.

There continues to be a number of gastrointestinal cases reported. These have all been isolated cases with different causative agents. The number of cases seen are representative of what we would normally see in the UK during the summer.

WHO Update

The WHO Collaborating Centre on Mass Gatherings and High Visibility/High Consequence events was set up at HPA's offices in Victoria, London, in mid-2011. One of its roles is to be a way for WHO and HPA to work together to get the best out of the London 2012 Games. During the Games, the Centre is focussed on learning to improve public health at large sporting events, and sharing this learning to help other countries plan their own mass gatherings. The work has a few key themes:

- Use the lessons from the Games to improve WHO's mass gatherings tools, which are available for all countries to use in their own events
- Help turn the lessons learned from the 2012 Olympics into public health benefits for the UK
- Share lessons as widely as possible around the world, using WHO's international specialist networks
- Support the HPA's work through a WHO-led international network of experts on mass gatherings called the Virtual Interdisciplinary Advisory Group (VIAG), as well as WHO's Office for Europe and WHO headquarters in Geneva.

Within these themes, much activity is taking place throughout the Games:

- The 2012 Olympic Observer Programme for mass gatherings: organisers of future large events, including the 2016 Rio Olympics, are being hosted in London so they can learn from experience in major events
- WHO and VIAG have developed an online training course on the basics of public health at mass gatherings, which will be tested during the Observer Programme
- All 2012 work, both in the UK and in WHO, aims to help other, particularly less-developed countries and their organising bodies in planning for safe and healthy mass gatherings
- Connecting and working with key UK partners on the organisation of large-scale events, including LOCOG, the Department of Health, and the NHS
- Working with major international organising bodies like the International Olympic Committee and FIFA (Fédération Internationale de Football Association), to make sure that all the lessons of the Games are included in guidance and requirements for future Olympics and other events
- Helping Brazil prepare for the 2014 FIFA World Cup and the Rio 2016 Olympic Games.

International Surveillance

The London 2012 Games represent a very concrete example of international travellers visiting the UK. However outside this context, it is important to remember that international tourism to the UK more than doubled between 1990 and 2010. On average around 30 million overseas visitors come to the UK each year, with more than 60 million visits abroad by UK residents. The trend for increased travel is being seen globally, emphasising the potential for the spread of infectious disease as demonstrated by SARS and pandemic influenza in the last decade.

International epidemic intelligence and risk assessment has an established and ongoing importance to all countries. Routine work already carried out in the UK will benefit from lessons learned from its reinforcement for London 2012, both in terms of its practical processes and understanding of its value. The expertise of all partners has increased as a result of the international team (HPA/NaTHNaC and ECDC) developing their existing relationships and expanding the skill sets of participants. In this unique event the

demonstration of efficient use of resources by sharing of tasks between national and international partners, is also an important lesson at a time when public health concerns and economic limitations are both global.

The principles of the robust mechanism established for risk assessment of international infectious disease events in the Games context, and the range of tools that have been developed to support this activity (for example new databases and communication platforms), have wider applications than London 2012. In order to inform planning for future similar events, it is important that the value of the strengthened response is understood. Mechanisms have been built into the international surveillance system for the Games so that the team can fully evaluate both its process and outcomes. This contribution to the evidence base for public health management of such events is a vital component of the legacy of this work.

ECDC UPDATE

Maximising event-based surveillance systems and investing in people

The European Centre for Disease Prevention and Control (ECDC) uses several event-based surveillance (EBS) web-systems in its daily work to detect and assess possible health threats relevant to the European Union (EU). These EBS systems consist of tools that are able to detect and extract public health information from the web useful for epidemic intelligence (EI) purposes.

In preparation for the London 2012 Games, ECDC has worked over several months with a number of EBS system owners and collaborators to create tailored functions for these tools. An example is 'MedISys', one of the tools that has been further tailored by adding relevant multilingual keywords and additional web sources. This allows us to make searches more sensitive and specific to the criteria established by the International Surveillance team. Besides helping our activities during the Games, this work will be a continued legacy as the additions will remain in the system and will be used in the routine daily event-based surveillance work and future mass gathering events.

The enhanced surveillance activities that are in place for the Games present a unique opportunity for training: providing legacy of knowledge and a strengthened collaboration between public health organisations investing in people. During both the Olympic Games and Paralympic Games, two Specialist Trainee Registrars are seconded from HPA Colindale International Surveillance team to ECDC in Stockholm. Integrated into the ECDC EI team, they will gain hands-on experience of the tools and methodology used by ECDC in event-based surveillance, as well as further understanding of the role of ECDC as an agency and actor in the EU and International Public Health.

For further information:

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