



UK Health
Security
Agency



World Health
Organization

Feedback from the London Olympic Games – public health, lessons identified and legacy



contributor to the
Olympic and Paralympic Games

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Key messages:

Countries hosting the Olympic Games have good national public health systems

But there are challenges:

Scale

Media

Politics

Need to consider:

Reassurance

Expect the unexpected

Country context

New players

Legacy



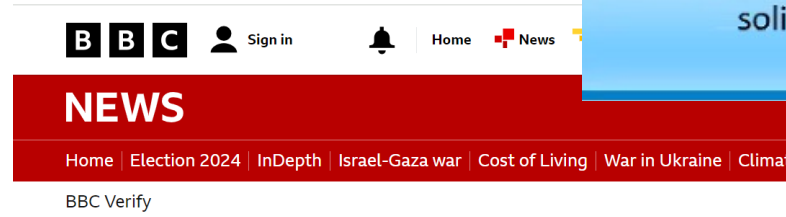
Hosting a successful Games is a 'common goal' which unites all involved

Major Mass Gatherings during public health emergencies of international concern

- Hajj, KSA SARS, H1N1, Ebola, Zika
- African Nations Cup,, Jan / Feb 2015 Ebola
- Equatorial Guinea
- Rio 2016, Brazil Zika Virus disease (microcephaly)
- Global Jan 2020 – May 2023 COVID-19
- Tokyo Olympics 2020/21
- Beijing Winter Olympics 2022
- UEFA EURO 2020
- Commonwealth Games 2022
- Birmingham



Should the Olympics Be Cancelled?
They could prove a much-needed symbol of global solidarity — or a superspreader event.
New York Times, June 2021



Tokyo 2020: What's happening to Covid during the Olympics?

© 4 August 2021

Routine infections will happen:

Vancouver Winter Olympics 2010

Measles

Leprosy

London Summer Olympics 2012

Legionella

Chicken pox

Glasgow Commonwealth Games 2014

Norovirus

World Athletics, London 2017

Norovirus

Pyeongchang Winter Olympics 2018

Norovirus

Evidence from the London 2012 Olympic and Paralympic Games showed

“numbers and pattern of illness are comparable with normal business and that seen in other mass gatherings”

London 2017: 30 people fall ill after norovirus hits athletics event

Botswana's Isaac Makwala turned away from stadium's warm-up track by security guards after medical disqualification



But with media and political interest!

Learning from London 2012



*contributor to the
Olympic and Paralympic Games*

Key planning steps

Risk assessment	What might happen? How likely is it to happen?
Surveillance	How will you know when it happens?
Response	What will you do when it happens?

Planned event NOT Emergency
Maintain business as usual
Public health needs to sit at the table early

Risk assessment

- What hazards or risks exist in the country?
 - Current epidemiological situation within country
 - Environmental hazards
- Will they be challenged by the Games?
 - MG context - scale, location, UK reputation, media and political expectations, scale of international travel
- What hazards or risks might be brought into the country? Or Exported?
- CBRNe
- Gaps in surveillance and reporting systems? What else is needed – new or enhanced?
Reliable, sensitivity, specificity, speed
- Expert evaluation and review (WHO input)

Surveillance:

Enhanced surveillance systems and follow up of 'signals' including environmental (heat, food, water ...)

- Syndromic surveillance systems

- International surveillance (proportionate to the country's resources and an evaluation of the risks)

- Environmental hazards: chemicals, radiation, air quality

Plus new:

- Event based surveillance

- Polyclinic surveillance (case definitions and baselines)

- Undiagnosed serious infectious diseases

Enhanced microbiological services and increased testing:

- Rapid diagnostics (24 hours) for Gastrointestinal, Respiratory, Waterborne diseases and Rashes and potential deliberate release materials (white powders)

Daily reporting, including teleconferences, and situation report

Single points of contact

Presence in the polyclinic and reporting from venues

Media monitoring (noting the limited social media in 2012)

Robust business as usual (emergency planning and response)



Enhanced surveillance and reporting: Daily public health situation report

Syndromic surveillance reports

Olympic site(s) report

Infectious disease notifications – exceedances

Outbreaks and incidents (event based surveillance)

Environmental report (water & air)

Chemical and radiological report

Devolved Administrations

Global Health Situation

Media reporting

Appendices – syndromic reporting by region

Distributed: LOCOG, DH to CCO, DAs, Defra, FSA
 WHO, WHO Euro, ECDC
 HPA internally

IN CONFIDENCE: DO NOT DISTRIBUTE FURTHER WITHOUT CONSULTING



London 2012 Olympic and Paralympic Games

Health Protection Agency Public Health

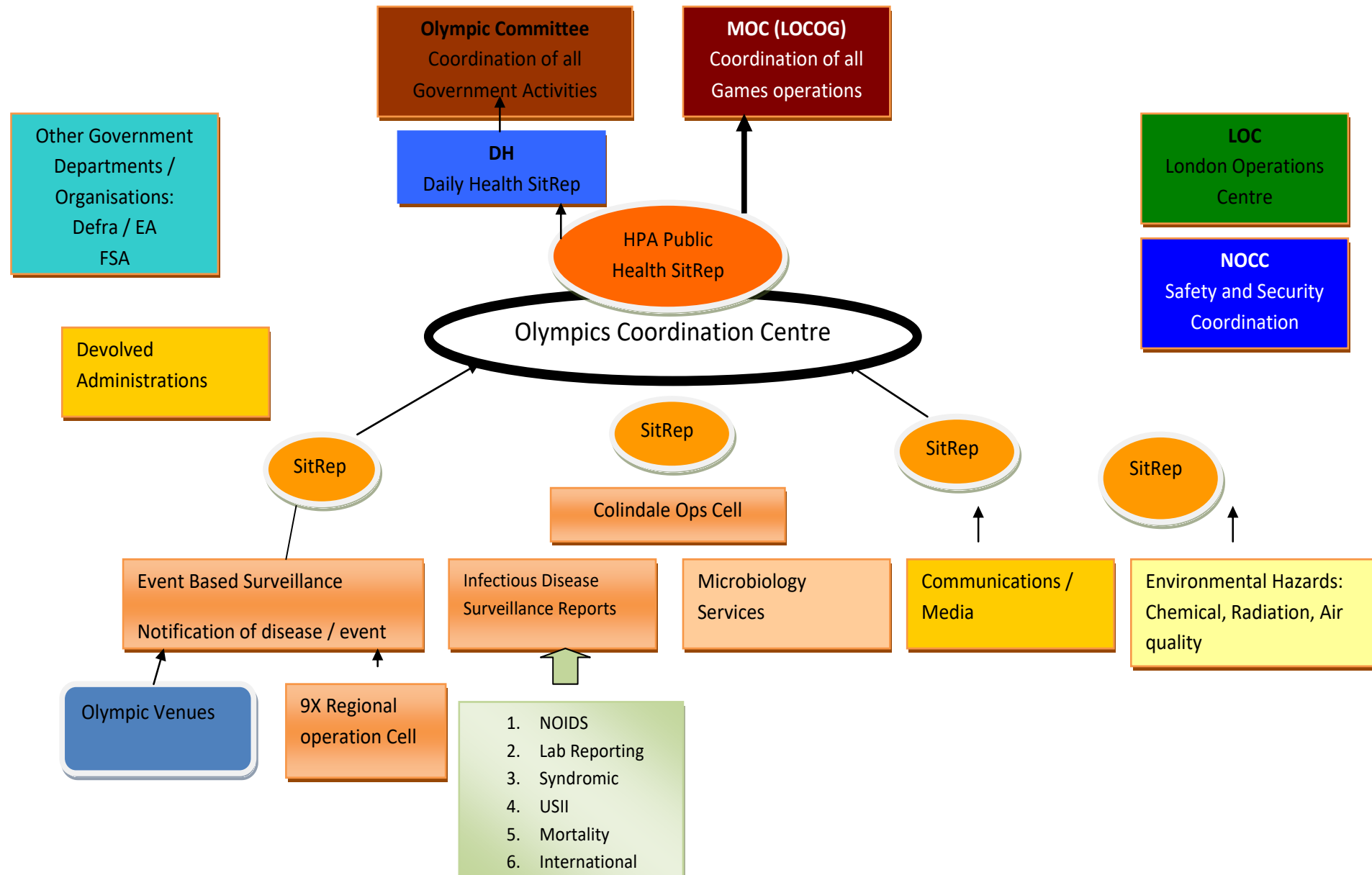
Daily Situation Report (SitRep)

Date:	01/08/2012
Time:	17:40
Approved:	Roberta Marshall

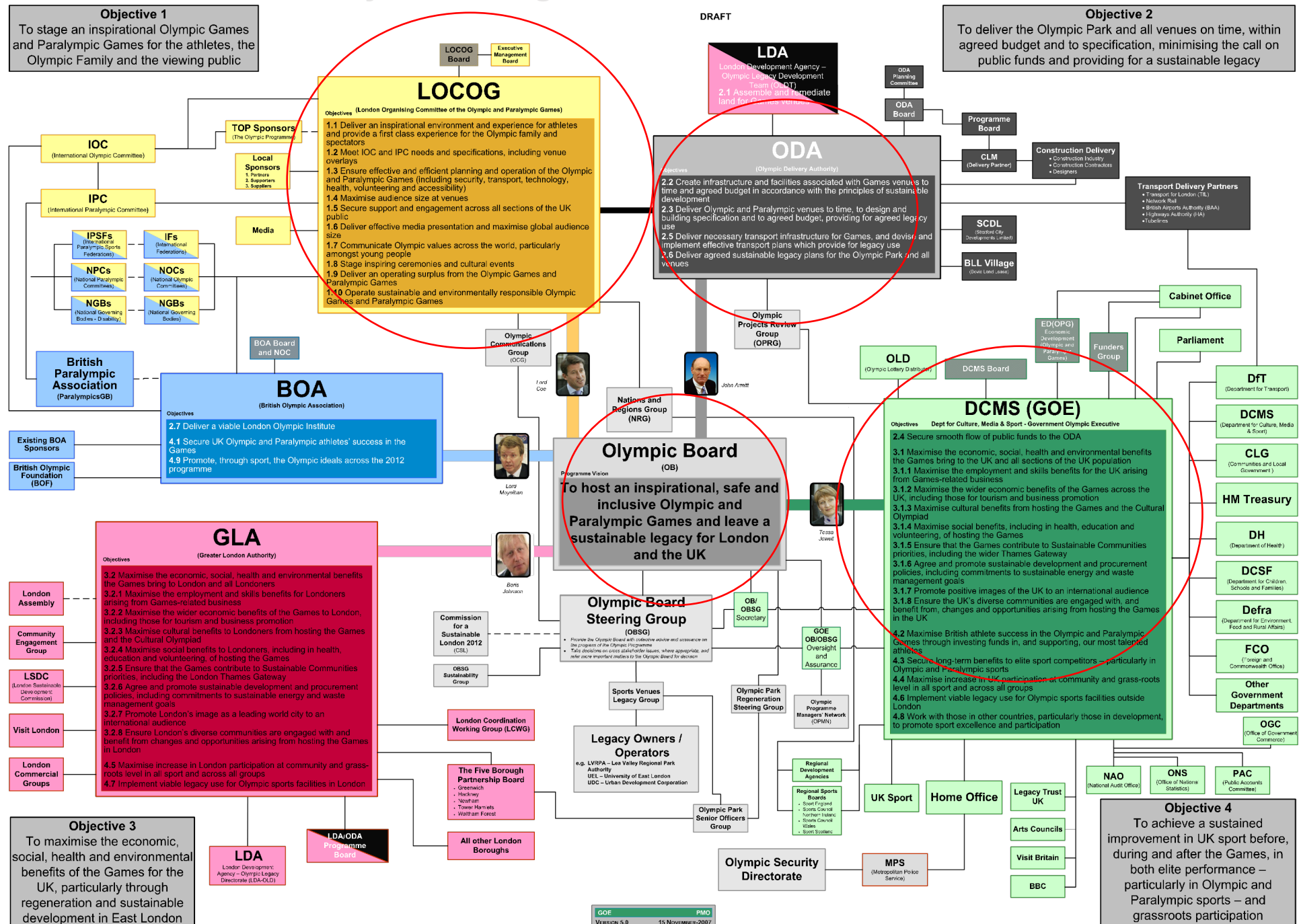
Summary

Legionnaires disease update of the two cases reported yesterday, one has died investigation continuing.
Two cases of measles in athletes from Team Berlin, under investigation and working with LOCOG.

Health Protection Agency Data Flow Chart



Overview of key Governing Bodies in relation to the 2012 Games



Response - what did we do?

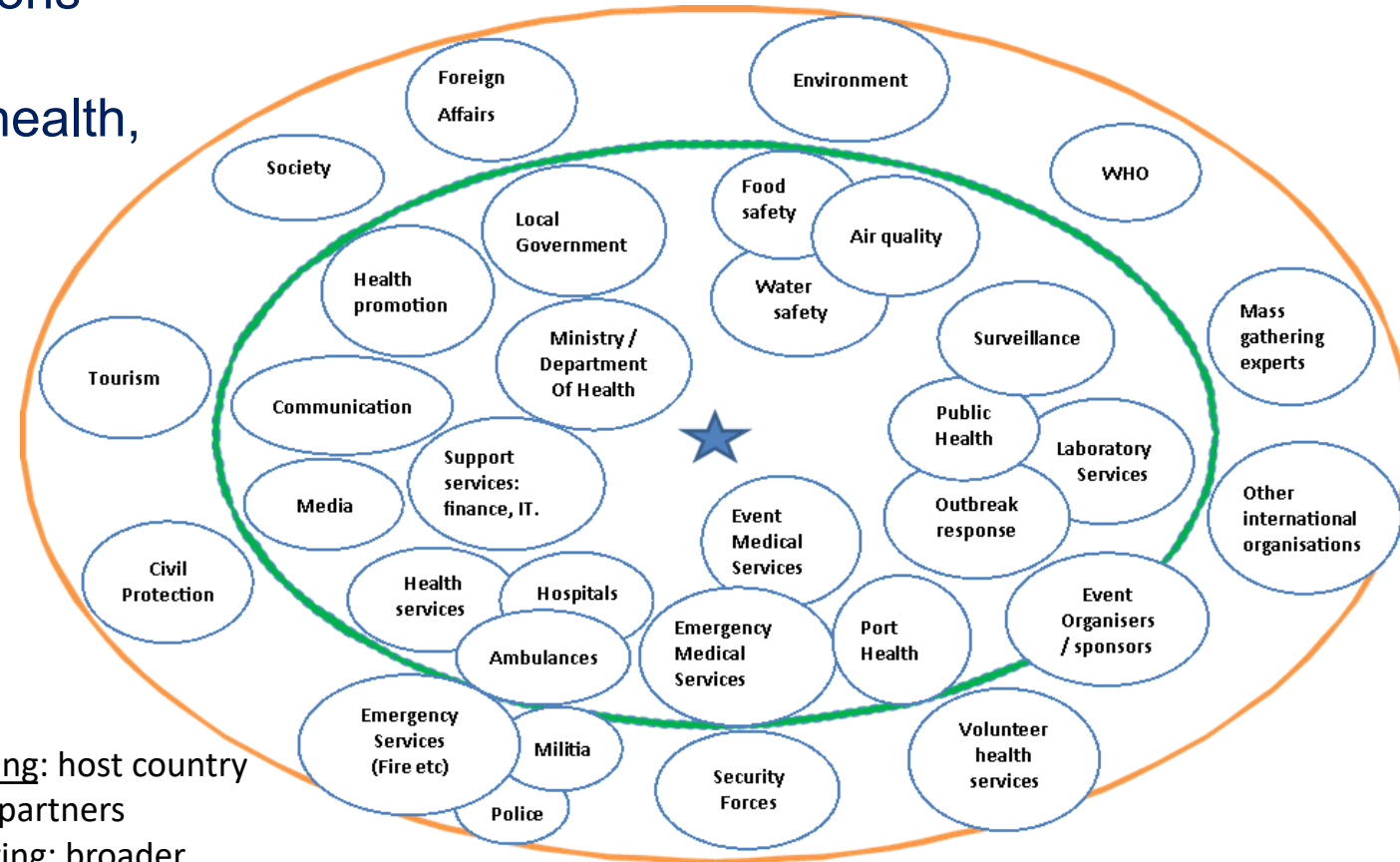
- Investigation
 - standard processes but smarter and lower threshold
e.g diarrhoea and vomiting (norovirus cluster, single case of salmonella) affected athletes and coaches at various settings, legionella
- Expert risk assessments
- Provision of expert advice and information (tailored)
- Information shared across key partners
- Reactive and pro-active media
 - Managing rumours
- Resilience
 - Surge capacity and robust out of hours
 - Mutual support
 - EPRR (CBRNe)

What happened

- 73 days of continuous reporting
- 158 events reported, risk assessed for relevance to the Games and followed up
- No public health events impacted on the Games
- Many events generated media and political interest
- Reassurance was possible due to the breadth, speed and consistency of surveillance reporting
- **Reassurance is key** (zero reporting)

What was critical?

- Enhanced surveillance
- New diagnostics
- Teamwork - partnerships, collaborations and communication
 - Concept of Operations – public health, health, x HMG, LOCOG, global intelligence
- Single Points of Contact
- Public Health in the Polyclinic
- Single Version of the Truth
- Reassurance



Inner ring: host country health partners

Outer ring: broader stakeholders

Communications

Internal:

Intranet
Games time information

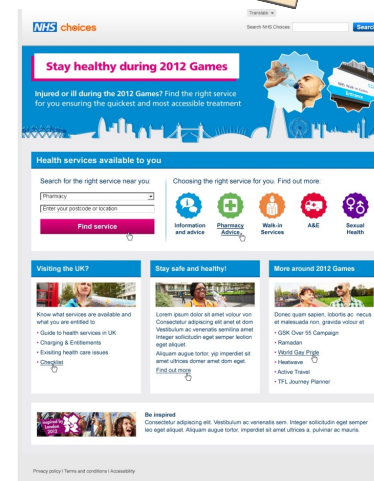
External:

Newsletter
Baseline document (partners)
Website
Working with partners: NHS and Local Authority guidance
Health promotion (NHS London)
Press briefing
Weekly bulletin (UKHSA, WHO, ECDC)

Raise awareness
Improve information / data flows
Improve response

- **Monitoring social media**
- **Expect the unexpected**

“March of the Killer
Caterpillars”
...disrupt the
Olympics ...
July '12



How do you know you are ready?

Testing and Exercising cycle

Event based (e.g. sports test events)

- Specific organisational commitments, e.g. daily public health reporting, enhanced response
- Opportunity to link with food, water and environment sampling and testing at venues (LIVEX)

Cross government

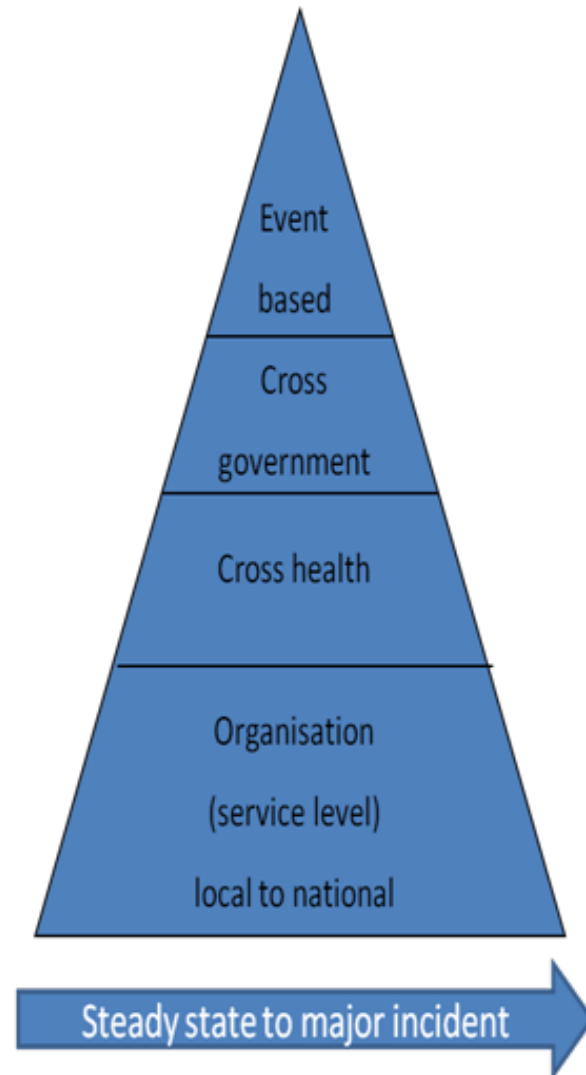
- C3 arrangements across government
- Integration of plans, policies, procedures and infrastructures (CPX)
- Security issues, e.g. chemical, biological, radiological, nuclear or explosive (CBRNe)

Cross health partners

- C3 arrangements, roles and responsibilities (TTX and CPX)
- These tests were often linked to those described above

Organisational (public health)

- Internal processes (ConOps)
- To provide assurance that systems and processes were in place one year before the event
- Working with event organiser (TTX and CPX)
- Capacity to respond to two concurrent serious incidents during the event
- C3 arrangements with key external stakeholders



Key London 2012 Recommendations:

Ensure public health representation at all key levels and in all key organising structures

Planning is based on a public health risk assessment and review of current systems

don't reinvent the wheel – maintain normal practice as much as possible

Managing this as a planned event rather than an emergency.

Ensure understanding of the public health background of the host country's population

Single point of contact (trusted)

Managing political and media expectations: REASSURANCE and engagement

Test, Test Test

Ensure a single version of the truth for reporting and media statements

Agree and disseminate consistent public health advice across all partners

Consider legacy and evaluation early (document as you go)

Learn and share learning with others





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Legacy and Evaluation

UK Legacy – improved public health

- Enhanced syndromic surveillance systems
- Rapid diagnostic tests
- Capacity building
- Improved cross organisational working
- Improved external understanding of the importance of public health
 - Health promotion (STI, VPDs)
- Enhanced working with partner organisations (WHO, ECDC, CDC)
- Enhanced emergency planning and response – global health security
- Improved environmental health – food, water, air quality
- Health system strengthening



HPA summary report
www.hpa.org.uk/Publications/EmergencyPreparationAndResponse/0113London2012report/



Global Legacy

- Improved global health security (IHR compliance)
- Improved planning for mass gatherings across the globe
 - Cadre of experts for planning and delivery of MGs eg Olympics, Commonwealth Games, FIFA, Hajj
 - Observer Programmes
- Evidence based publications:
 - London 2012 report, scientific papers
 - Lancet review
- Resources:
 - Testing and exercising tools
 - Toolkit and training resources
 - Guidance / key considerations

Learning from London 2012 – a practical guide to public health and mass gatherings

<http://www.hpa.org.uk/Publications/EmergencyPreparationAndResponse/1303LearningfromLondon2012/>



Public health for mass gatherings: key considerations. April 2015:

http://www.who.int/ihr/publications/WHO_HSE_GCR_2015.5/en/

Legacy and evaluation – before, during and after the event

- Learn from other events
- Legacy begins with planning and is an on-going process
- Evaluation should be considered early, ensure stakeholder engagement, set up, and agree systems and processes to undertake this before the event begins.
- Evaluate throughout the planning, delivery and then post event (after action review)
- Ensure resources available / committed
- Agree the terms of data collection and sharing to gather credible evidence
- Learn from others and share experiences
- Review and evaluate the longer term legacy i.e. after 2 and 5 years.
- Documentation and dissemination – knowledge and evidence sharing and building eg observer programme, scientific papers and reports



London 2012 Stadium

Athens 2004 Stadium



