

# Conference Summary

## 14<sup>th</sup> CCIDA

2019 Jan. 29<sup>th</sup> - 30<sup>th</sup>

Tokyo Metropolitan Government

# MG in Seoul (Winter Olympic)

To control infectious diseases, the following countermeasures should be implemented:

1 Risk Assessment based on Host Country Context

2 Surveillance enhancement

On Site monitoring of suspected ID patients.

Nationwide Emergency Quarantine

Sentinel surveillance(flu), ED based syndromic surveillance,

Drug Utilization surveillance, Event surveillance

3 Precaution

Vaccination(participants, volunteers, staff, local residents)

Quarantine & Disinfection: designation of pre-educated personnel for each building

Campaign

Lab. Testing Infrastructure: Deployment plan, reagent logistics during winter season

Education & Training

Resource management

Pre-checking the hosting area

4 Medical services

Polyclinics, Dispensaries, Patient delivery, Emergency support team

# MG in Taipei (Universiade, summer)

To control mosquito borne diseases, the following countermeasures should be implemented:

- 1 Travel advice and immigration quarantine
- 2 Hygiene and Infectious disease education for hotels
- 3 Surveillance
  - (1) Mosquito surveillance
    - Mosquito density surveillance and preventive chemical control
    - Round inspection for source of breeding grounds
    - Mosquito spawning trap spot monitoring
  - (2) Patients surveillance
- 4 Medical Preparedness
  - (1) Mobile epidemic prevention team
  - (2) Selected infectious disease hospitals
  - (3) Drills

# Tuberculosis (1/2)

- 1 Continuous decrease in newly registered TB cases in at least 4 participant cities.
- 2 Some cities launched revised anti-TB plans and set targets for major indicators.
- 3 To strengthen further anti-TB countermeasures, the following problems should be addressed.

(1) Data system (underreported data, transfer system) (Bangkok)

(2) TB high risk groups

High burden  $\Rightarrow$  economically depressed

Middle to low  $\Rightarrow$  rather specific groups (foreign born from high burden countries, elderly)

- Economically depressed (homeless people, etc) (Bangkok, Seoul)
- Elderly people (Taipei, Tokyo, Seoul)
- Foreign-born (Bangkok, Tokyo, Seoul)
- TB with HIV/AIDS (Bangkok, Taipei)
- TB with chronic diseases (DM, hemodialysis, etc) (Taipei)

(3) Strengthen Contact Investigation, especially at congregate settings (Seoul).

(4) Reduce the drop-out rate of treated TB patients (Bangkok, Seoul, Tokyo).

(5) Increase number of cases and/or compliance to latent tuberculosis infection treatment (Bangkok, Taipei, Tokyo)

# Tuberculosis (2/2)

Some cities have tackled those problems through the following countermeasures:

(1) Data system (underreported data, transfer system) (Bangkok)

(2) Countermeasures for high risk population

- Homeless(economically depressed)

  - Economical supports by the city's department of welfare

  - Provision of enabling facilities(government covers the train/bus fares)

- Elderly people

  - IGRA/CXp at admission with examination of self reported symptoms (1-2/M)

- Foreign-born

  - Educational tools published in the mother tongue

  - Quarantine at the port of entry

  - Dispatch of Outreach teams

- TB with HIV/AIDS

  - Integrated counseling clinics

- Monitoring of patients

  - Patients follow up by Public Health Center with trained volunteers, pharmacy etc.

# Mosquito-borne infection (1/2)

- Background
  - 2014, dengue outbreak in Tokyo,
  - 2015, increased in dengue cases in Metropolitan Manila and Bangkok
- Vector control (The most important component)
  - Quality of delivery and coverage of the vector and larvae control
  - Combination of Biological, Chemical and Environmental methods
  - Keeping the surroundings / the environment clean
  - Integrated vector management (IVM):
    1. advocacy, 2. collaboration, 3. integration, 4. evidence-based decision making, 5. development human resource, 6. monitor evaluation
- Vaccination
  - Vaccination should not be recommended for those who have not been previously infected by dengue.

# Mosquito-borne infection (2/2)

- **Outbreak control (SRRT, Surveillance Rapid Response Team)**
  - Survey and elimination of breeding places
  - New case finding
  - Building public relation
  - Creation of a surveillance network in the area
  - Information sharing among related organizations
  - Mapping of high-risk sites
  - Control measures based on a risk assessment
  - Prevent mosquito bites (mosquito repellent, mosquito net)
- **Others**
  - Surveillance, Testing, Investigation and Campaigns
  - Should warn and protect yourself from mosquito bites, if travelling in an outbreak or endemic area

# HIV/AIDS (1/2)

1. Trend in prevalence of newly registered HIV/AIDS is decreasing among participant cities. But there are some cities with growing number of HIV/AIDS cases.
2. For effective HIV infection prevention, the following counter-measures are recommended:
  - Strengthen the screening of sexually transmitted diseases.
  - Promote condom use and educate sexual industries.
  - Antiretroviral-based HIV prevention
    - Treatment as Prevention (T as P)
    - Post-exposure Prophylaxis (PEP)
    - Pre-exposure Prophylaxis (PrEP)
  - Implementation of peer education and outreach program
  - Launch of the Rapid HIV Test Program
- 3 Campaigns
  - Disseminate correct information of HIV/AIDS at large community-based events



# HIV/AIDS (2/2)

## 4 Human rights and HIV/AIDS

- Community assemblies to decrease the stigma through proper information, education & communication.
- To prevent HIV/AIDS discrimination, provide human rights education program to the target groups.

## 5 Chemsex

- The rates of substance abuse in the gay community are significantly higher than that of the general population.
- Drug abuse also contributes to higher rates of HIV and other STIs within the gay community.
- Establish the MSM meth-chemsex mental health treatment project for patients living with HIV for the first time.

## 6 HIV infection among MSM

- Provide correct information to the target groups at proper timing.
- Vaccination

# Syphilis (1/2)

## 1 The prevalence of syphilis

- Constant increase among sexually active elder males for at least five years.
- PrEP for HIV prevention has related with significant increase in STI, including syphilis.

## 2 To prevent syphilis,

- Educate general public and health professionals through web-based, special training program.
- Offer free STI (HIV, syphilis, gonorrhea, chlamydia, etc) services.
  - for MSM: peer education, free condom distribution at targeted places etc.
  - for sex workers: peer education, mandate screening etc.
  - (in consideration of patient's background and recent behavior trend)

## 3 For early detection and medication,

Provide LGBT friendly health services.

Implement HIV screening for newly diagnosed STI cases.

# Syphilis (1/2)

To prevent neonatal syphilis  
for pregnant women

Implement screening for at the first antenatal care attendance.  
Re-test RPR/VDRL every 3 months.

for sexual partners

Medical interview + physical exam + Screening for syphilis

Syphilis screening compose of two methods,

1. RPR/VDRL
2. Syphilis TP