

1. Background

Pandemic preparedness by the Government of Japan involves the following components and processes:

1. Development of the *Pandemic Influenza Preparedness Action Plan*:¹⁰ the *Action Plan* was developed in November 2005, and has been revised three times to date reflecting the feedback from exercises and other activities.
2. Development of guidelines: 13 operational guidelines (1. quarantine, 2. surveillance, 3. active surveillance, 4. rapid response, 5. medical care, 6. infection control, 7. diagnostic test, 8. vaccination, 9. antivirals, 10. community mitigation, 11. workplace mitigation, 12. risk communication, 13. burial) have been developed to supplement the *Action Plan*.
3. Stockpiling antivirals.
4. Stockpiling pre-pandemic vaccines.
5. Legislation revision: laws and administration guidance were amended to address pandemic situations.
6. Simulation exercises.
7. Collaboration with other countries.

Three national simulation exercises have taken place to date: in September 2006, February 2007 and November 2007. This section features the exercise that took place in November 2007.

2. Objectives

The objectives of the exercise were to:

- examine the feasibility of the recently revised *Action Plan* and guidelines among relevant ministries and agencies;
- test and reinforce the cooperation among relevant ministries and agencies, local government agencies and quarantine stations.

¹⁰ *Pandemic Influenza Preparedness Action Plan of the Japanese Government*. Interministerial Avian Influenza Committee, revised October 2007 (<http://www.mhlw.go.jp/english/topics/influenza/index.html>, accessed 23 May 2008).

3. Participating agencies and organizations

Table 7
Participating agencies and organizations

Participating agencies – central level

Cabinet Secretariat
Cabinet Office
National Police Agency
Ministry of Defence
Financial Services Agency
Ministry of Internal Affairs and Communications
Fire and Disaster Management Agency
Ministry of Justice
Ministry of Foreign Affairs
Ministry of Finance
Ministry of Education, Culture, Sports, Science and Technology
Ministry of Health, Labour and Welfare
Ministry of Agriculture, Forestry and Fisheries
Ministry of Economy, Trade and Industry
Nuclear and Industrial Safety Agency
Agency for Natural Resources and Energy
Small and Medium Enterprise Agency
Ministry of Land, Infrastructure, Transport and Tourism
Japan Coast Guard
Ministry of the Environment

Other participating agencies

Chiba Prefectural Government
Narita Airport (over 100 quarantine officers (Narita and other port/airport), customs, immigration, airline, and airport staff)
Narita Red Cross Hospital
Other local response agencies such as the police station and fire department

4. Type of exercise

Full-scale exercise (Functional exercise at central and provincial level, drills at airport and hospital)

5. Preparation for the exercise

The exercise planning team was established, consisting of staff from the Cabinet Secretariat and the Ministry of Health, Labour and Welfare (MHLW). In preparation:

- preliminary meetings among central and prefecture government and quarantine stations took place six times;
- interagency meetings among relevant ministries and agencies took place four times;
- meetings of MHLW took place twice.

6. Conduct of the exercise

The exercise started at the Prime Minister's Office, where the Chief Cabinet Secretary and Health Minister announced its commencement. Then government officials went back to their own agencies and prepared for the exercise. The exercise was controlled by the Cabinet Secretariat (CS), which developed and distributed scenarios to participating agencies prior to the exercise. Each agency identified focal points who received questions from the CS, shared them within their agencies and consolidated and sent back responses to the CS throughout the exercise.

Under six evolving scenarios that developed from WHO Pandemic Phases 3 to 6, common as well as targeted questions were sent via e-mail to participating agencies. These agencies were expected to send responses within two hours, having made decisions and completed due internal and external consultation processes. Questions included development of risk communication messages, decisions on distribution of stockpiled antivirals and H5N1 vaccines, process for



Ministry of Health, Labour and Welfare staff discuss questions sent from Cabinet Secretariat during exercise.

pandemic influenza vaccine development, protection of offshore Japanese nationals, decisions on border control and domestic transportation and response under constraints resulting from staff absenteeism.

Drills took place at Narita Airport and at Narita Red Cross Hospital. The scenario started with a suspect case on board an aircraft coming from an infected country. They tested the process and procedures for passenger separation on board; health check-ups by quarantine medical staff; patient transfer to and isolation at Narita Red Cross Hospital; and handling of close contacts, remaining passengers and baggage. The drills were accompanied by training on the appropriate use of PPE, and repeated several times for quarantine staff coming from other duty stations. The drills were also broadcast to all prefectures through a television conference system, which enabled relevant local government staff to observe the exercise.

7. Evaluation

The exercise was observed by experts from the National Institute of Infectious Disease and the United Nations, who provided evaluation feedback after the exercise. Participants were also given opportunities to provide feedback. The *After Action Report* was compiled and posted on a web site.¹¹

8. Lessons learnt

8.1 Preparation for and conduct of the exercise

Since this was the third national exercise for the Government of Japan, and many of the staff were quite familiar with the *Action Plan* and guidelines, there was little confusion in responses to the series of questions. Some participants even expressed desire to have received more tricky and challenging questions so that they could learn new lessons and find new insights from the exercise.

The exercise took a whole-of-government and multi-tiered approach, and was thus very useful and successful in involving many stakeholders who should play due roles in times of a real pandemic. On the other hand, because of this comprehensiveness and time pressure, apart from the drills that took place at the airport and hospital, it did not fully test the nuts and bolts of the real operational capacity and capability of MHLW, and thus did not go beyond what is covered in the existing guidelines. Therefore, in addition to multisectoral exercises, an exercise focused on a single agency could also be of use to test details.

¹¹ *After Action Report*, Cabinet Secretariat, Government of Japan, 2007 (<http://www.cas.go.jp/jp/seisaku/ful/houkoku/071116kekka.pdf> (in Japanese), accessed 23 May 2008).



Identification of infected areas of aircraft.

8.2 Pandemic preparedness

The gaps identified included criteria and decision-making processes for border control measures for incoming aircraft. Such measures are supposed to be put in place in accordance with *International Health Regulations (IHR)*



Quarantined passengers who have had contact with those infected.

2005,¹² whose purpose and scope is to prevent, protect against, control and provide a public health response to the international spread of disease in a manner that avoids unnecessary interference to international traffic and trade. However, given the wide variety of issues that need to be taken into consideration, including evacuation of offshore nationals, such decisions will need to be made on a case-by-case basis, and it would not be easy to articulate this in guidelines as criteria.

Other identified gaps include a lack of common understanding of the business continuity plan under pandemic conditions.

¹² *International Health Regulations (IHR) 2005*. World Health Organization, (<http://www.who.int/csr/ihr/en/>, accessed 10 June 2008).