



South West regional report London 2012 Olympic and Paralympic Games

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Summary

Between 2 July and 12 September 2012, staff from the South West (South) (SW(S)) Health Protection Unit (HPU) covered the role of Single Point of Contact reporting incidents with possible links to the 2012 London Olympic and Paralympic Games. Such incidents could include those affecting Games staff, athletes, venues, training camps or the Olympic Route Network. It was down to the local area knowledge of staff to determine these links and investigate further.

Introduction

The SW(S) Health Protection Unit covers the areas of Dorset, Somerset, Devon and Cornwall. At the time of the Olympic Games the Unit had a base in Exeter (Devon) with satellite offices in Dorset, Somerset and Cornwall.

To ensure excellent communications with the Primary Care Trust (PCT) and prevent responses to any Games issues affecting the day-to-day function of the HPU, the Single Point of Contact (SPOC) was based within the PCT control room in Dorchester. This had the added advantage of short travel times between the control room and the Games village/venue. The SPOC role was staffed by a Consultant, with a Health Protection Practitioner working alongside them.

In addition to the national schedule of teleconferences and Situation Report (SitRep) submissions, the SW(S) SPOC also dialled into local health teleconferences to discuss the bed state of the local acute Trusts, new or ongoing incidents, planned events for the day, and the sharing of relevant and useful information such as information on VIP visits.

All calls during the games were passed, as per normal practices, through the Acute Response Centre (ARC). These were dealt with following standard protocols, but with the enhanced work for Games-related cases being dealt with by the staff based in Dorchester. Once an issue had been assigned to the Dorchester staff the SPOC number was used for all communications, thus freeing up the ARC from Games issues and enabling direct communication with the staff dealing with the issue.

Place

The Olympic Village is sited on the island of Portland, linked to the seaside resort of Weymouth by a small stretch of land with one road leading in and out. Visitors to the area were advised to use specific park-and-ride facilities or the train, and very clearly-defined routes for accessing the viewing areas, Games venues and various attractions in place for the Games period.

It was anticipated that 30,000 day visitors would visit Weymouth for the Games period each day, alongside an additional 30,000 residents of the local area.

Over the course of the Games, fewer people attended the area than were expected, but the area remained busy, steadily getting more visitors as the Olympic sailing story unfolded.

HPZone was reviewed on a daily basis for issues that might impact or be related to the Games. This was done through postcode searches for cases, case context alerts and situations in nearby geographical areas.

Incidents

On 4 July 2012, two cases of diarrhoea and vomiting (D&V) with possible links to the Weymouth and Portland Sailing Academy café were reported to the HPU. No samples were submitted. The cases were from a large group of attendees, and no further illness was reported.

On 27 July, there was a fire at a building used for press and communication staff that required immediate evacuation of the building. No injuries were reported. The building was deemed safe and reopened 90 minutes later. All evacuated staff were supplied with bottled water and access to a shaded area, due to hot weather conditions. Health Protection input was requested, but as this was a very minor fire and was under control quickly, no input was required.

Over the period of the Games a number of D&V cases were reported with links to the Olympic village. These were investigated by the SPOC in conjunction with Microbiology Services and staff based within the Polyclinic at Weymouth. Cases were reported to the HPU in a number of different ways including directly to the HPU, via Microbiology Services, and through NHS ambulance service staff.

Case Study: Diarrhoea and vomiting relating to the Weymouth and Portland London 2012 Olympic sailing venue

The following summary is based on information collected by the HPU team based in Vespasian House, Dorset as of the 9th August.

Time

14 cases of diarrhoea and/or vomiting were reported between 27 July and 9 August 2012, with the highest number of cases reported on 5th August (Fig 1).

Person

Place

All but one case became unwell during Games time. The case with an onset date of 27 July reported symptoms prior to arriving at the Olympic Village.

All sailing team cases stayed in the Weymouth Olympic Village, while the military personnel were based at Chickerell Camp, Weymouth.

The on site catering in the Olympic Village was available to members of the sailing team, military and police personnel. Many sailing teams had their own catering facilities but were also able to eat off site, while military personnel would also have main meals provided by the canteen at Chickerell Camp.

The Olympic teams had access to shared spaces where there was mixing between the teams, but there was no information on whether cases used these spaces or had direct contact with cases from other teams.

Background activity of gastroenteritis in Weymouth and Dorset

The following information is taken from the national syndromic surveillance systems: Q Surveillance for weeks 28, 29 and 30.

Consultations for vomiting, gastroenteritis and diarrhoea in GPs in Dorset and Bournemouth and Poole PCTs was at expected levels for weeks 28 through to week 30.

GP consultations for gastroenteritis and diarrhoea in the surrounding Hampshire and Somerset areas was higher than expected in all three weeks, and was also higher for vomiting in weeks 29 and 30.

Risk

The risk to ongoing Olympic events in the Weymouth and Portland venue remained low.

Lessons identified

Rumour management took up more time than response to any of the issues dealt with over Games time. This was predicted as an issue likely to occur, and staff based in all areas of the HPA did their best to prevent rumours from occurring. Factoring this in to any plans and guidelines in future may help reduce the impact of this phenomenon.

There was an "Olympic factor" to the cases of D&V that were reported to HPA services. Athletes with diarrhoea and/or vomiting did not stop preparing for major events if they were unwell. Most of the athletes who reported unwell were already "out on the water" preparing or racing for a medal by the time the SPOC was contacted; therefore completing questionnaires and providing advice to prevent further spread was often delayed. Actions were taken to ensure that Polyclinic staff had access to the latest advice and questionnaires, but the symptoms causing the athletes to seek advice did not stop them from training/preparing or racing.