

## Section 9

### Risk management measures conducted by the Ministry of Health, Labour and Welfare

#### 1 General health risk management measures

The Ministry of Health, Labour and Welfare is coping with health crisis management by arranging necessary system based on the “basic guidelines for health risk management of the Ministry of Health, Labour and Welfare” not only for novel influenza but also for medical supplies, food poisoning, infectious diseases, drinking water or some other situation resulting from some cause and threatening citizens' life and safety of health.

Specifically, “Health Risk Management Office” is established in the Ministry and always gathering inside and outside information at the related departments and national research and development institutes. Also in the across-the-department system “Health Risk Management Coordination Meeting” and Board of Governors two information exchange is held every month, and in an emergency, urgent coordination meeting is convened to establish Headquarters for measures, dispatch staff and experts to the spots, provide citizens with information on health risk etc.(as for the domestic cases of health risk management, see Chart 1-9-2).

And as health risk management business at normal times, ① guard on health risk information, ② arrangement of public health response and initial stage medical care (arrangement of communication environment and resources, storage of orphan drugs etc.), ③ research and study related to crisis management (estimation of damage and measures), ④ arrangement of guidelines, holding of discipline and workshop etc. are conducted.

Chart 1-9-1 Health Risk Management System Diagram

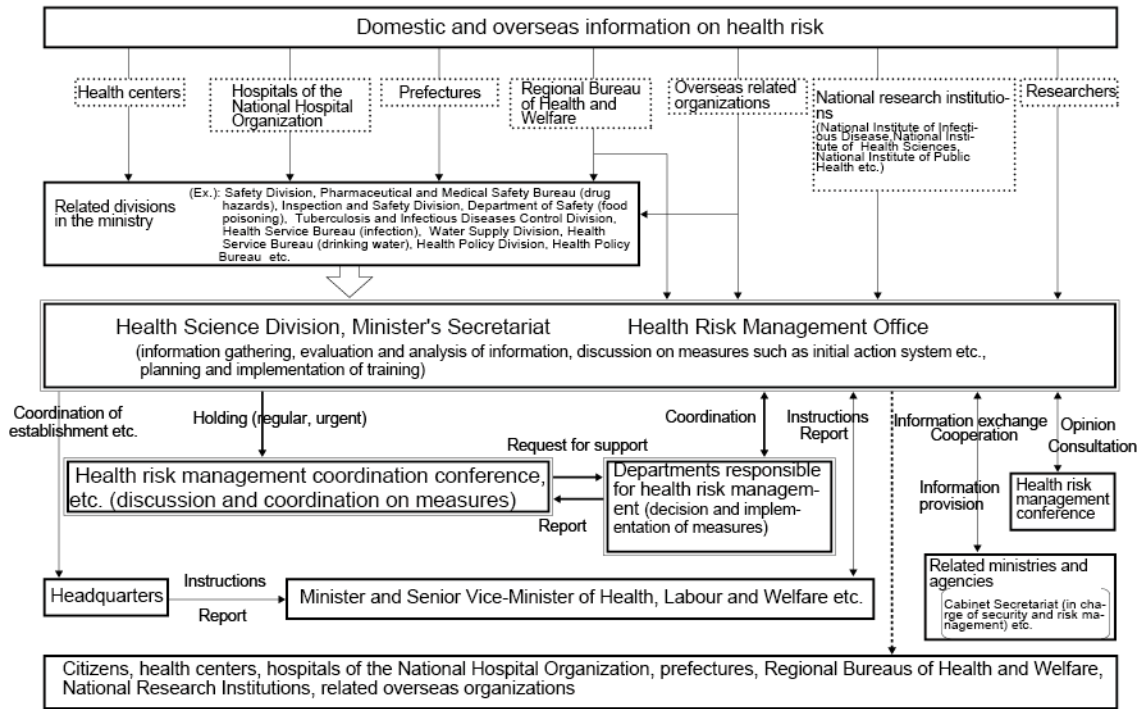


Chart 1-9-2 The Recent domestic cases of health risk management

1995	The Great Hanshin-Awaji Earthquake, the sarin gas attack on the Tokyo subway
1996	Sakai City O-157 Food Poisoning
1998	Wakayama poisoned curry incident
1999	Tokai-Mura criticality accident
2000	Mt. Usu Eruption, the Snow Brand food poisoning incident, Miyake-Jima eruption
2001	Akashi, Hyogo fireworks accident
2002	Japan FIFA World Cup 2002, Severe Acute Respiratory Syndrome (SARS)
2004	Typhoon Number 23, The Mid Niigata Prefecture Earthquake, Sugihiratake mushroom-induced cryptogenic encephalopathy
2005	JR West Fukuchiyama Train Crash
2007	Chūetsu offshore earthquake
2008	Food poisoning from Chinese dumpling
2009	Novel influenza (A/H1N)

**~Column~**

**Efforts for food poisoning ~ Ex. detected Escherichia coli "O157" in chain restaurant~**

On September 15, 2009, the chief of Inspection and Safety Division in Department of Food Safety delivered documents "For precaution against Escherichia coli "O157" in restaurants" to each prefectures and to related organizations. This is because food poisoning spread out widely allegedly due to processed meat (forming meat by piecing various kinds of meat scraps).

This document shows following points to restaurant with no heating equipment in customers' table that they must keep followings in their mind as cooking and serving processed meat.

- ①Cook in a way in which meat has still kept its temperature on the center at 75°C at least for one minutes or in a way which has equivalent effects to the previous way.
- ②In case that they serve specified processed products like meat which is not yet cooked completely to customers, inform customers for sure on specific ways to cook properly by using notices besides by telling in person

Although there may be cases to gather information on outbreak of food poisoning through information "1" sent to the administration from restaurants and citizens, doctors who diagnosed patients with food poisoning are obliged to submit "Occurrence Notification" to a health center which has jurisdiction over that hospital/clinic according to "Food Sanitation Law". Also Escherichia coli "O157" is classified into "3rd Level Infectious Diseases" like cholera and typhoid fever on the basis of "Act on Prevention of Infectious Diseases and Medical Care for Patients Suffering Infectious Diseases", and doctors also are obliged to submit "Occurrence Notification" to a health center according to that Act. As mentioned just above, doctors must submit as much detail information as possible to a health center and also submit even information on patients with no symptom (Disease Carriers Who Have No Symptoms).

Health centers which received information start investigation to grasp causes of occurrence to especially employers with technical knowledge on medical, pharmacy and veterinary science, etc. Although information on results of investigation always reaches to the Ministry of Health, Labour and Welfare, there may be cases to detect the same issues are occurred in other municipalities collaterally.

As for the main example among of Escherichia coli "O157" issues occurred last summer, in the first investigated prefecture, it is found that every patient who got food poisoning ordered the same menu in the same restaurant (or restaurants of the same chain) and it is

concluded that food poisoning was occurred in the restaurants in question since Gene Pattern of strains detected out of those patients was matched. Then, it was found that there were some other patients with Escherichia coli "O157" who went to one of those chain restaurants in other municipalities. As a result of collecting those information in an integrated way and investigating/analyzing them, it came to light that the epidemic of this food poisoning was "sporadic" and "mass" (indicating infection due to food poisoning occurs over regions and time by distributing products with common contaminated source) caused by chain restaurants in question.

To implement investigation to determine the cause or precaution to prevent recurrence, the investigation by tracking back to the source of menu was conducted. As for those two issues, it was detected that products used in both cases were processed or dipped on a stage of processing. Besides it came to light that meat had not been cooked enough to the center and specific explanation on how to cook properly and on processed meat had been insignificant before customers had eaten as customers had had those foods.

Escherichia coli "O157" can be destroyed by heating properly or with disinfectant like sodium hypochlorite and others. Therefore, if implementing measures such as "To avoid contact with germs", "To avoid increasing germs" and "Killing germs", you should not be anxious about it.

As for "To avoid contact with germs", you must, for instance, wrap each meat and fish up separately in order to prevent drips of them from leak as purchasing or keeping them in a refrigerator, and avoid to use knife and chopping board without sterilization to cut vegetables and fruits that you will have without heating and already cooked foods after cutting raw meat and fish.

As for "To avoid increasing germs", some examples are to keep products in a refrigerator (under 10°C) and in a freezer (under -15°C) once you brought back to your home, and to avoid to freeze and thaw again and again.

As for "Killing germs", to cook properly by heating products which need to be heated is one example.

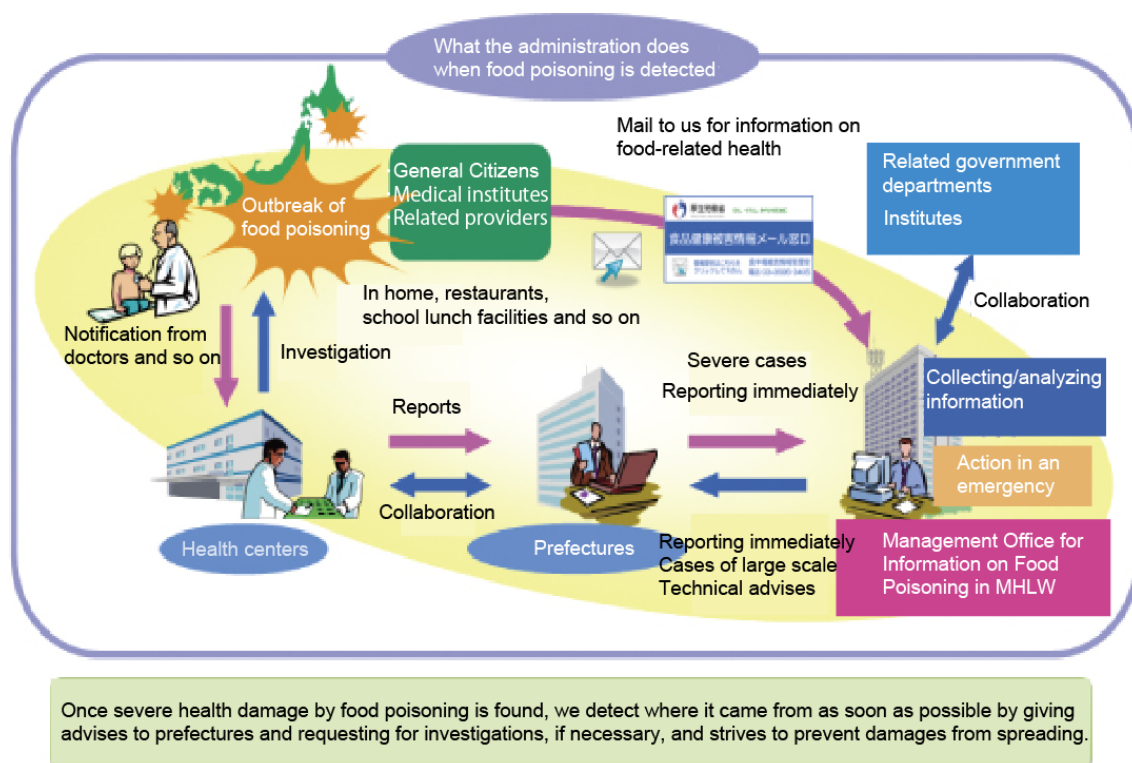
It is essential to always keep three principles in your mind regardless of your home and restaurants and implement them.

As the records shows such as 3010 national incidents in which a number of patients are 46,179 in 1998, and 1,048 incidents in which a number of patients are 20,249 in 2009, although a number of incidents and that of patients are inconsistent, it could be said that it is apt to decline generally. This is because sanitary supervision is conducted thoroughly in companies while each home, restaurant and a whole food industry has been improving their personal hygiene with practices through broadcast of various incidents. However, a number

of victims per incident increased to 19.3 in 2009 from 15.3 in 1998. It is not as many as 1980s or 1990s but a scale of incident is apt to get bigger.

The Ministry of Health, Labour and Welfare established “Management Office for Information on Food Poisoning” in April 2009, which has 24/7/365 system for urgent call, and it is striving to detect health damage at early stage and to prevent food poisoning by delivering information thoroughly at any emergency and by gathering/integrating information.

1 On the Website of the Ministry of Health, Labour and Welfare, we have “Page for Information on Food Poisoning” on which employees who are in charge receive messages directly from those who got out of shape after meal and took an examination, medical institutes with such information and food related business operators. ( <http://www.mhlw.go.jp/topics/bukyoku/iyaku/syoku-anzen/mail-madoguti/index.html> ) . Besides, we receive those information by call (03-3595-3405) (Management Office for Information on Food Poisoning: see 4-(2)-2)-③ on the Section 10 in the Chapter2)



## 2 Disaster relief measures

Besides health risk management, the Ministry of Health, Labour and Welfare

controls various fields of statute and institution including the Disaster Relief Act ruling emergency measure etc. in times of disaster such as shelter, provision of foods for emergency feeding and drinking water, temporary housing etc.

For their comprehensive execution we formulated “the Ministry of Health, Labour and Welfare Emergency Action Plan”, promoted disaster prevention measures, and are managing to ensure flexible response in case of outbreak of disaster (in Chart1-9-3 shown excerpt of “the Ministry of Health, Labour and Welfare Emergency Action Plan”)

Chart 1-9-3 Disaster Prevention Plan (the main points)

Part I	Prevention measures against disasters	
Part II	Emergency measures against disasters	(Information gathering/transmission of disasters, establishment of headquarters for measures against disasters, dispatch of staff to the disaster - stricken area and establishment of on-site headquarters for countermeasures, implementation of appropriate emergency measures against disasters in response to the characteristics of them and lapse of time, public relations activities in case of an emergency and disaster etc.)
Chapter 1	General Provisions	
Chapter 2	Application of the Disaster Relief Act	(prompt application of the Disaster Relief Act, implementation of relief by the Disaster Relief Act, arrangement of implementation system, cooperation with related ministries and agencies etc., expropriation of goods necessary for emergency relief etc.)
Chapter 3	Measures concerning medical care and public health	(grasping of situation of the disaster - stricken area, securement of public health and medical care providers, securement of public health and medical care at the disaster - stricken area, health management by public health physicians and health centers etc. medical supplies including drugs, medical care-related aids from overseas, preventive measures, countermeasures against individual diseases, response concerned with medical care at public expenses)
Chapter 4	Measures concerned with welfare	(system of public welfare department of municipalities, measures concerned with those in need in the time of disaster, measures concerned with social welfare facilities, measures concerned with the handicapped and the old, measures concerned with children, aid for volunteer activities, acceptance of relief goods and contribution)
Chapter 5	Measures concerned with environmental health.	(cremation of bodies etc. securement of drinking water, securement of food hygiene)
Chapter 6	Measures concerned with poisonous and deleterious substances	(gathering and transmission of disaster information, controlling activity of expansion of disaster)
Chapter 7	Prevention measures against industrial accident	
Chapter 8	Measures concerned with social insurance	(establishment of headquarters/branch for countermeasures against disasters, arrangement of the system for emergency operation processing, securement of public service)
Chapter 9	Measures concerned with relief of the sufferers	(provision of facilities related to the Ministry of Health, Labour and Welfare)
Part III	Measures for restoration and rehabilitation from a disaster	
Chapter 1	Measures for restoration of damaged facilities	(restoration of medical facilities, restoration of social welfare facilities, restoration of water supply facilities, maintenance of business at counters in the Labor Standards Inspection Office and public employment security offices )
Chapter 2	Aids concerned with disaster restoration works etc.	
Chapter 3	Aids for livelihood rehabilitation etc. of the sufferers	(securement of regional medical care, securement of employment, payment of disaster condolence money and solatium for disaster-related injury as well as loan from Disaster Relief Funds, loan from Life and Welfare Funds (Disaster Relief Funds), implementation of various loans, Labor Insurance Premiums, other measures for loans)
Chapter 4	Prevention measures against industrial accident	
Part IV	Program for strengthening countermeasures against disasters of earthquakes in relation with areas for intensified countermeasures against the Toukai earthquake	
Part V	Program for advancement of countermeasures against earthquake disasters in relation with areas for advancement of countermeasures against the Tounankai/Nankai earthquake	
Part VI	Program for advancing countermeasures against earthquake disasters in relation with subduction zone earthquake around Japan Trench and Chishima Trench	

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\* 1 The whole of the Ministry of Health, Labour and Welfare Emergency Action Plan can be referred to the following URL.

<http://www.mhlw.go.jp/bunya/seikatsuhogo/saigaikyujou5.html>