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

Domestic and overseas information on health risk

- Health centers
- Hospitals of the National Hospital Organization
- Prefectures
- Regional Bureau of Health and Welfare
- Overseas related organizations
- National research institutions

Related divisions in the ministry

(Ex.: Safety Division, Pharmaceutical and Medical Safety Bureau (Drug hazards), Inspection and Safety Division, Department of Safety (disease poisoning), Tuberculosis and Infectious Disease Control Division, Health Service Bureau (infection), Water Quality Division, Health Management Bureau (drinking water), Health Policy Bureau, Health Policy Bureau, etc.)

Health Science Division, Minister’s Secretariat
(information gathering, evaluation and analyses of information, discussion on measures such as initial action system etc., planning and implementation of training)

Health Risk Management Office

Coordination of establishment etc.

Holding (regular, urgent)

Request for support

Headquarters

Instructions Report

Minister and Senior Vice-Minister of Health, Labour and Welfare etc.

Departments responsible for health risk management (decision and implementation of measures)

Health risk management coordination conference etc. (discussion and coordination on measures)

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 G-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, Sugihatake mushroom-induced cryptogenic encephalopathy
- 2005 JR West Fukuchiyama Train Crash
- 2007 Chietsu offshore earthquake
- 2008 Food poisoning from Chinese dumpling
- 2009 Novel influenza (A(H1N1)
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℃ 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](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 Chapter 2)

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)

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Part II Emergency measures against disasters

| 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. | (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 3 | Aids for livelihood rehabilitation etc. of the sufferers | |
| 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 Tōhoku earthquake

Part V Program for advancement of countermeasures against earthquake disasters in relation with areas for advancement of countermeasures against the Tōhoku/ Nankai earthquake

Part VI Program for advancing countermeasures against earthquake disasters in relation with subduction zone earthquake around Japan Trench and Okinawa Trench
* 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/saigaikyujo5.html