

PUBLIC HEALTH SURVEILLANCE DURING THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES

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'I am proud and happy to proclaim that you have presented to
the world the best Olympic Games ever.'

*Juan Antonio Samaranch
President, International Olympic Committee.*

The Sydney Olympic and Paralympic Games ended on the 29th of October 2000 and were hailed as a great success. From a public health perspective, this success reflected the hard work of the 800 staff of NSW Health who were employed for Olympic purposes, and the extensive preparations made by the NSW Department of Health, the area health services and local government.

This article briefly describes the outcome of the NSW Health preparations for health surveillance during the Sydney Games. Overviews of the planning process can be found in the August 2000 edition of the *NSW Public Health Bulletin* (Volume 11, Number 8).¹

THE SYDNEY 2000 OLYMPIC AND PARALYMPIC GAMES

By the time the Olympic Games began, over 11,300 athletes and 5,100 officials from 200 countries had arrived in Sydney. Over the Games period, a succession of mass gatherings took place, including the Olympic Opening and Closing Ceremonies. The latter event saw 110,000 spectators and thousands of athletes at Stadium Australia, and an estimated 1,000,000 people gather in the city centre and along harbour foreshores. Other Olympic-related activities, such as the Olympic Live Sites and the men's and women's marathons, saw large numbers of people gathered in the city centre, in addition to the 400,000 people who visited the Sydney Olympic Park precinct daily.

HEALTH OLYMPIC COORDINATING CENTRE

During the Games period, a Health Olympic Coordinating Centre (HOCC) was established at the NSW Department of Health, under the direction of the Director-General. The HOCC functioned as the central point of contact between the Department

continued on page 202

CONTENTS

- 201 **Public health surveillance during the Sydney 2000 Olympic and Paralympic Games**
-
- 203 **Release of NSW Public Health Bulletin discussion paper**
-
- 203 **Indigenous status a key issue for health services**
- 204 **Improving the identification of Aboriginal and Torres Strait Islander peoples in health-related information collection systems in NSW**
- 206 **Quality of reporting of Aboriginality to the NSW Midwives Data Collection**
-
- 211 **Hepatitis B: Where are we now?**
-
- 216 **Program for Enhanced Population Health Infrastructure**
-
- 217 **EpiReview: HIV infection and AIDS in NSW, 1981 to 1999**
-
- 220 **FactSheet: Influenza**
-
- 221 **Communicable Diseases: December 2000**
- 221 Measles re-emerges
- 221 Rubella re-emerges
- 221 End of the influenza season
- 221 Syphilis surveillance in Central Sydney
- 223 Managing deliberate biological incidents
-
- 227 **2000 Annual Index**
- 227 2000 Index by subject
- 231 2000 Index by author

of Health, the area health services, hospitals, SOCOG and other agencies, with a twenty-four hour contact number.

HEALTH SURVEILLANCE AND REPORTING

Assessment of health surveillance information was one of the key functions of HOCC. Surveillance for unusual patterns of injury and disease was implemented across Sydney and inside Olympic venues themselves.² Existing data collection systems, such as the Notifiable Diseases Database (NDD) were enhanced and new systems were developed, including the Emergency Department Olympic Surveillance System (EDOSS), which involved over 45 staff. Data from these sources were integrated into the Olympic Surveillance System (OSS) as an on-line reporting system utilising the same technology as that developed for the Report of the NSW Chief Health Officer, 2000.³

By 8 a.m. every day, seven days per week, for a five week period, the HOCC received data that included reports up to midnight on the previous day. By 11.30 a.m. full reports and commentary from each data source were uploaded onto the NSW Department of Health intranet and a draft daily Health Status Report was produced containing:

- a summary of the previous 24 hours
- trend data
- highlights of any findings of interest.

This daily report was reviewed at 12.00 p.m. by an Olympic Surveillance Review Team, which was chaired by the NSW Public Health Controller and attended by public health experts from the NSW Department of Health and the metropolitan Sydney public health units. Based on input from this meeting, including reports of public actions from the directors of the public health units, a revised version was tabled at a 2 p.m. briefing chaired by the Director-General.

SUMMARY RESULTS

Summary results from the OSS are shown in the Box below. Over the Games period, no infectious disease outbreaks were detected or reported. However, near 'real-time' injury surveillance—conducted for the first time in Australia—identified issues such as glass-related injuries among people attending non-competition Olympic venues, and a spate of injuries related to foot-propelled scooters, that prompted action by relevant authorities.

LESSONS FROM THE GAMES

There are a number of long-term benefits that will be gained from the Games. EDOSS demonstrated the enormous potential utility of near 'real-time' surveillance for specific target conditions in emergency

OVERVIEW OF SURVEILLANCE ACTIVITIES DURING THE OLYMPIC AND PARALYMPIC GAMES PERIOD

- 12,754 people presented to sentinel hospitals with a targeted condition, including 6,640 cases of injury outside the home;
- 930 notifiable conditions reported (344 pertussis, 14 hepatitis A and five measles) in NSW;
- 1,164 consultations at cruise ships;
- 12,000 consultations at Olympic venue medical facilities;
- 7,000 food safety inspection of 1,066 food outlets at Olympic venues;
- 119 environmental inspections;
- 36 cruise ship inspections;
- 4,000 medical interpreter occasions of service.

departments, including injuries, illicit drug-related presentations and influenza-like illness. As a result, the NSW Department of Health is exploring opportunities for ongoing surveillance in this setting. The Olympic surveillance effort also fostered a greater understanding of the importance of timely surveillance and reporting of notifiable diseases and raised awareness in hospitals and general practitioners regarding the need to notify scheduled medical conditions. Finally, partnerships between the NSW Department of Health, public health units, emergency departments, laboratories, and local government have all been enhanced. Public health surveillance during the Sydney 2000 Olympic and Paralympic Games was a resounding success.

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