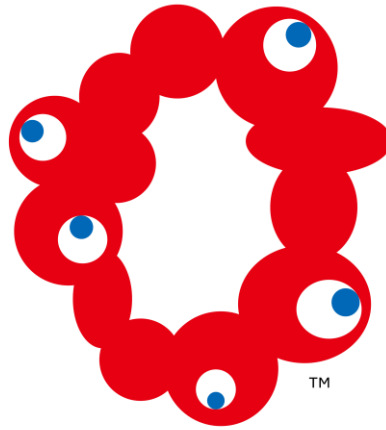


# Site Sanitation Implementation Plan for Expo 2025 Osaka, Kansai, Japan



OSAKA, KANSAI, JAPAN

**EXPO**  
**2025**

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Japan Association for the 2025 World Exposition

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## **I. Introduction**

With the aim of maintaining public sanitation at the Expo site, site sanitation measures for Expo 2025 Osaka, Kansai, Japan focus on three pillars: environmental sanitation measures, food sanitation measures, and infectious disease control measures. Necessary measures have been implemented at past Expos, and these pillars are essential elements to ensure the safety and security of the Expo.

To consider sanitation management at the Expo site, at the Site Sanitation Council, based on opinions of experts and related administrative organizations that are members of the Council, the Association established the Site Sanitation Basic Plan, which shows the basic policy on sanitation management in general, including infectious disease control measures at the site, in June 2023.

To accelerate specific initiatives based on the basic plan, the Association has formulated this Site Sanitation Implementation Plan to show a comprehensive view of various initiatives to enable all visitors and related workers to feel safe at the Expo site.

In addition, as environmental and food sanitation measures, the Association will set up the site sanitation surveillance center to manage appropriate sanitation based on this plan through mutual cooperation with the city of Osaka, which operates the center.

## II. Environmental Sanitation Measures

### 1. Objective

As site sanitation measures to be implemented with the aim of maintaining public sanitation at the Expo site, environmental sanitation measures require the creation of an environment that enables all visitors and related workers to feel safe at the site by keeping the environment at the site hygienic, such as ensuring a hygienic environment in buildings and preventing ingress of rats, disease-carrying insects, etc.

According to the Infectious Diseases Risk Assessment for Expo 2025 Osaka, Kansai, Japan released by the National Institute of Infectious Diseases on January 9, 2024, characteristics of the Expo that must be considered when conducting a risk assessment include the time period that includes the breeding season for infectious disease-carrying mosquitoes, the existence of an environment that may be home to infectious-carrying living organisms at the Expo site, and the installation of cooling towers, dry mist systems, water dispensers, and other equipment.

In addition, Yumeshima, the site of the Expo, is adjacent to a container terminal where cargoes from overseas are loaded and unloaded, and there are circumstances unique to an international exposition that many goods from overseas are delivered to the site. Therefore, it is also necessary to be vigilant about the ingress of invasive species that pose health hazards.

The Association will in this plan stipulate requirements for making the environment at the Expo site clean and comfortable to protect the health of visitors and related workers, and it will make preparations to respond in a prompt and appropriate manner if a health hazard that results from environmental sanitation occurs.

### 2. Basic stance on environmental sanitation measures

#### (1) Compliance with relevant laws and regulations

Participants and the Association will comply with relevant laws and regulations related to environmental sanitation, such as the Act on Maintenance of Sanitation in Buildings (hereinafter referred to as “the Building Sanitation Act”), and strive to ensure a sanitary environment.

The Association will collaborate with the Osaka City-run Site sanitation surveillance center and other organizations in sanitation management at the Expo site.

The Association will in the future create and disseminate guidelines and a manual separately to have managers of buildings and facilities and related workers comply with basic points to remember, etc. on environmental sanitation measures. Forms that must be submitted to the Association will be stipulated in the guidelines.

#### (2) Coverage for the measures

The Association will in this plan implement measures for all sanitation-related equipment, such as ordinary buildings, facilities (including the Forest of Tranquility and other open air facilities), and cooling towers, as well as specific buildings subject to the Building Sanitation Act (buildings with an area used for special use of 3,000 m<sup>2</sup> or more).

#### (3) Collaboration with related organizations

The Association will cooperate with onsite inspections and guidance by administrative organizations based on relevant laws and regulations related to environmental sanitation, and, when required, it will witness the on site inspections. If a health hazard that results from environmental sanitation occurs, the Association will take necessary measures in collaboration with administrative organizations such as the site sanitation surveillance center.

- Appended Table 1: Relationship diagram between the Association, site sanitation surveillance center, etc.

### 3. Measures taken before the Expo begins

#### (1) Preparation of a facility outline

To enable the site sanitation surveillance center to carry out on-site inspections efficiently, the Association will require participants who manage buildings at the Expo site (official participants, non-official participants, general business participants, and other business operators that participate in the Expo) to submit an “outline of pavilions and other facilities” to gather basic information on the presence or absence of sanitation-related equipment and other matters, and it will share the information with the site sanitation surveillance center.

#### (2) Building sanitation management

To enable participants who manage buildings at the Expo site to manage building sanitation in a voluntary and planned manner, the Association will require them to prepare a “sanitation management plan.”

#### (3) Assignment of an environmental sanitation manager

To appropriately manage buildings and sanitation-related equipment at the Expo site, the Association will require the assignment of an environmental sanitation manager for each specific building and ordinary building (a building environmental sanitation management engineer for each specific building; the same will apply hereinafter).

Environmental sanitation managers shall carry out the following duties:

- Managing and improving indoor air environments
- Managing and improving water supply and drainage sanitation
- Managing and improving non-potable water sanitation
- Checking habitat status of rats, disease-carrying insects, etc. and implementing control measures
- Inspecting cleaning and waste treatment status
- Recording and keeping the status of sanitation-related self-management, etc.
- Disseminating and raising awareness of knowledge about environmental sanitation among workers and promoting the conducting of sanitation activities
- Serving as a point of communication and coordination with the Association and the site sanitation surveillance center
- Conducting other operations related to environmental sanitation management

#### (4) Holding of lectures

To facilitate appropriate environmental sanitation management, the Association will hold lectures for environmental sanitation managers upon coordinating with the site sanitation surveillance center as follows. Lectures will be held when required even during the Expo.

- Period: February and March 2025
- Description: Sanitation management points to remember stipulated in relevant laws and regulations related to environmental sanitation and other points to be noted

#### (5) Survey on the habitat status of rats, disease-carrying insects, etc.

The Association will cooperate with surveys conducted by related bodies on habitat status of rats and disease-carrying insects such as mosquitoes at the planned Expo site and consider measures based on the results. The Association will also survey the habitat status of specified invasive species and consider measures based on the results.

### 4. Measures taken during the Expo

#### (1) Building sanitation management

To keep buildings and sanitation-related equipment at the Expo site sanitary, participants and the Association will maintain and manage specific buildings in accordance with the “building environmental sanitation management standards” stipulated in the Building Sanitation Act and also strive to do the same for non-specific buildings pursuant to the standards.

To facilitate the voluntary environmental sanitation management of buildings and sanitation-related equipment at the Expo site, the Association will require participants to perform self-inspections based on the “sanitation management plan” and create a “self-management and inspection sheet” with reference to the example form provided by the

Association and maintain the implementation records on the sheet.

(2) Measures against rats, disease-carrying insects, etc.

If there are any sightings of rats, disease-carrying insects, etc. in the buildings or facilities, the Association will require the building or facility managers to respond swiftly. In particular, if a situation arises in which building or facility managers cannot handle it alone, such as appearances of infectious disease-carrying organisms and specified invasive species, the Association will ask administrative organizations, etc. for support.

(3) Utilization of the liaison system with the environmental sanitation manager at the center

With the aim of disseminating knowledge and sharing information of environmental sanitation, the Association will establish a liaison system with the environmental sanitation manager at the center.

Through this liaison system, the Association will disseminate information on environmental sanitation and share information on cases of environmentally sanitary incidents that have occurred during the Expo through the portal site for persons concerned and through meetings.

## 5. Responses when a health hazard occurs

(1) If a complaint is made

If a complaint is made about environmental sanitation, the Association will, when required, cooperate with the site sanitation surveillance center to take appropriate measures, such as investigating the complaint.

(2) If a health hazard occurs

If a health hazard that results from environmental sanitation occurs at the Expo site, the Association will take necessary measures on the treatment of people who have suffered from the health hazard, identification of the cause, and consideration of measures to prevent a recurrence in cooperation with the building or facility manager and the site sanitation surveillance center.

The Association will, when required, provide and disclose information on the situation surrounding the occurrence of the health hazard within the Association and to related organizations.

### III. Food Sanitation Measures

#### 1. Objective

As site sanitation measures to be implemented with the aim of maintaining public sanitation at the Expo site, food sanitation measures require the creation of an environment that enables all visitors and related workers to feel safe at the site by ensuring the safety of food through appropriate sanitation management.

According to the Infectious Diseases Risk Assessment for Expo 2025 Osaka, Kansai, Japan released by the National Institute of Infectious Diseases on January 9, 2024, particular attention should be paid to mass food poisoning that results from food provided at the site because the time period includes the season when food poisoning is most likely to occur and there are pavilions that serve food.

The Association will in this plan stipulate requirements for preventing accidents attributable to eating and drinking at the Expo site to protect the health of visitors and related workers through appropriate food sanitation management and also make preparations to respond in a prompt and appropriate manner if a food poisoning case occurs.

#### 2. Basic stance on food sanitation measures

##### (1) Compliance with relevant laws and regulations

The Association will require food business operators to comply with relevant laws and regulations for food sanitation, such as the Food Sanitation Act and the Food Labeling Act, and perform sanitation management in line with HACCP (Hazard Analysis Critical Control Point), which is a food sanitation management system.

The Association will create and disseminate guidelines and a manual separately to have food business operators and related workers comply with basic points to remember, etc. on food sanitation measures. Forms that must be submitted to the Association will be stipulated in the guidelines.

##### (2) Coverage for the measures

To prevent food poisoning and other accidents attributable to eating and drinking, the measures cover all of the following food handling facilities, events, and food business operators.

- Facilities and food business operators that require a business permit or notification stipulated in the Food Sanitation Act
- Food selling facilities and food business operators that do not require a business permit or notification
- Other events, facilities offering testing, and food business operators that provide food, etc. for non-business purposes

##### (3) Collaboration with related organizations

If food poisoning attributable to eating and drinking at the Expo site occurs, the Association will take necessary measures in collaboration with Osaka City, which oversees where the Expo is located, and the site sanitation surveillance center.

The Association will work closely together with administrative organizations, such as regularly sharing information with the site sanitation surveillance center, and cooperate with surveillance and guidance operations provided by administrative organizations to food business operators.

- Appended Table 1: Relationship diagram between the Association, site sanitation surveillance center, etc.

#### 3. Prevention of food poisoning and other accidents

##### (1) Support for food business permit procedures

Facilities that require a business permit based on the Food Sanitation Act must apply for the business permit at the western environmental health surveillance office of the Osaka City Public Health Center or the site sanitation surveillance center. To facilitate business permit procedures at the site sanitation surveillance center, the Association will provide the following support:

[1] Guidance on pre-consultation

The Association will notify facilities to consult with the site sanitation surveillance center in advance to confirm whether or not a permit is required and the facility complies with the facility standards based on the Osaka Prefectural Ordinance for Enforcement of the Food Sanitation Act.

[2] Guidance on procedures for business permit application, etc.

To streamline procedures for business permit application, etc., the Association will notify facilities of the application period and location, necessary application forms, etc. by coordinating with the site sanitation surveillance center and relevant departments in the Association.

- Application Period: January 2025 or later

- Application location: The western environmental health surveillance office of the Osaka City Public Health Center or the site sanitation surveillance center

- Others: For official participants and participants who seek to obtain a business permit early, the Association will deal with them separately.

(2) Holding of lectures

To prevent the occurrence of harm resulting from food, etc. during the Expo and raise food business operators' sanitation awareness, the Association will hold lectures for food sanitation managers, etc. before the Expo begins upon coordinating with the site sanitation surveillance center as follows. Lectures will be held when required even during the Expo.

- Period: February and March 2025

- Description: Sanitary management points to remember in line with HACCP, practical points to remember for food poisoning prevention, and other points to be noted

(3) Utilization of the liaison system with the food sanitation manager at the center

With the aim of disseminating knowledge and sharing information on food sanitation, the Association will establish a liaison system with the food sanitation manager at the center.

Through this liaison system, the Association will raise awareness of precautions for preventing food poisoning in high-temperature and high-humidity conditions during the Expo and share information on cases of food sanitary incidents that have occurred during the Expo through the portal site for persons concerned and through meetings.

(4) Strict voluntary food sanitation management

To enable food business operators to conduct voluntary sanitary management operations, the Association will provide the following support, etc.:

[1] Support for sanitary management initiatives in line with HACCP

To promote sanitary management initiatives in line with HACCP, the Association will disseminate a "Manual to perform sanitary management incorporating the concept of HACCP" and guidelines, etc. and offer support for preparing a sanitary management plan and a record sheet.

[2] Patrols, inspections, and investigations

To ensure that food business operators strictly perform voluntary sanitary management, the Association will patrol and inspect food handling facilities during the training period before the Expo begins and during the Expo, and it will perform swab and food inspections. Based on the results, the Association will provide guidance and advice regarding appropriate sanitary management.

	Target	Category
Swab inspection	Facilities, equipment, and hands	ATP*



Food inspection	Prepared food, etc.	Bacteria, coliform bacteria, and staphylococcus aureus
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\* A test that uses ATP (adenosine triphosphate), which is found in much organic matter, including living organisms, as an indicator of contamination

(5) Raising awareness of knowledge of food sanitation

To prevent food poisoning and other accidents attributable to eating and drinking at the Expo site, the Association will alert visitors about hygienic handling of food, etc. using digital signage, etc. installed at the site and urge them to take preventive measures against food poisoning.

#### 4. Responses if food poisoning, etc. occurs

(1) Responses to food complaints

The Association will require food business operators to record the details if a complaint is made by visitors, etc. and swiftly report them to the Association and the site sanitation surveillance center if the details are related to health hazards or it is undeniable that the details may lead to the occurrence of a strange taste or smell, contamination, or other health hazards.

In addition, depending on the details of the incident, the Association will take appropriate measures when required, such as investigating it, through sufficient collaboration with the site sanitation surveillance center, etc.

(2) Responses if food poisoning occurs

If an event of suspected food poisoning occurs at a facility at the Expo site, the Association will cooperate with the site sanitation surveillance center to ensure that it smoothly carries out its investigations, etc. and provide support for the identification of the cause, implementation of measures to prevent a recurrence, and other action if the food poisoning is identified as being caused by the facility at the Expo site.

In the event of food poisoning at the Expo site, even if it is caused by food brought in from outside or food cooked and produced outside the site, the Association will respond to the case in collaboration with the site sanitation surveillance center.

(3) Information sharing

The Association will, when required, provide and disclose information on the situation surrounding the occurrence of food poisoning, etc. within the Association and to related organizations.

## IV. Infectious Disease Control Measures

### 1. Objective

As site sanitation measures to be implemented with the aim of maintaining public sanitation at the Expo site, the Association is required to take comprehensive measures related to infectious disease prevention, including environmental and food sanitation measures, from the viewpoint that many people from abroad will visit the Expo site for a long period of time, as well as visitors from Japan. Infectious disease control measures require the creation of an environment that enables all visitors and related workers to feel safe at the site by taking necessary measures while keeping an eye on the threat of a new infectious disease and risk of it entering Japan, as well as trends in outbreaks in Japan.

According to the Infectious Diseases Risk Assessment for Expo 2025 Osaka, Kansai, Japan released by the National Institute of Infectious Diseases on January 9, 2024, particular attention should be paid to measles, invasive meningococcal diseases, Middle East respiratory syndrome (MERS), enterohemorrhagic *Escherichia coli* infection related to food, etc., taking into account that the Expo is an international mass-gathering event. Particular attention also should be paid to COVID-19, a mass epidemic of acute respiratory infection, including seasonal influenza, and mass food poisoning caused by food provided at the site. It is also important to be vigilant about the occurrence of food poisoning attributable to high temperatures and high humidity unique to Japan and appearances of infectious disease-carrying organisms.

The Association will in this plan stipulate requirements for preventing infectious diseases and determining if an infectious disease breaks out at the Expo site to contribute to the protection of the health of visitors and related workers and the smooth operation of the Expo. The Association will also make preparations to respond in a prompt and appropriate manner in the event of an outbreak of an infectious disease to prevent the spread of the disease.

### 2. Basic stance on infectious disease control measures

#### (1) Collaboration with local governments

Based on the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (Act No. 114 of October 2, 1998) (hereinafter referred to as “the Infectious Diseases Control Law”), the Association will take measures to prevent infectious diseases and respond if an infectious disease breaks out in collaboration with Osaka City, which oversees where the Expo is located, and Osaka Prefecture, which is a local government covering a wide area.

#### (2) Preventive measures at the Expo site

For the prevention of infectious diseases, comprehensive measures, including environmental and food sanitation, will be taken in the event of an outbreak of an infectious disease (including a suspected case) in a prompt and appropriate manner from the viewpoint of health risk management to prevent the spread of the disease.

In taking the measures, considerations will be made, including risks of infectious diseases entering Japan because many people from abroad are expected to participate in or visit the Expo, the time period that includes the season when food poisoning is most likely to occur, and the existence of an environment that is home to infectious-carrying living organisms at the site.

The Association will create and disseminate guidelines and a manual separately to have participants and related workers comply with basic points to remember, etc. on infectious disease control measures.

- Appended Table 2: Relationship diagram between the Association, Expo 2025 Osaka, Kansai, Japan infectious disease information analysis center, etc.

- Appended Table 3: Characteristics of the types of infectious diseases and their major responses and measures

Describes their characteristics by type and major responses and measures

- Appended Table 4: List of applicable diseases based on the Infectious Diseases Control

Law

Link to the Ministry of Health, Labour and Welfare's "Notification form"

- Appended Table 5: Overview of major measures based on the Infectious Diseases Control Law

Describes the necessity or unnecessary of notification, how to make notification, recommendations for hospitalization, work restrictions, etc.

**3. Collection and reporting of information on infectious diseases**

To enable swift responses in collaboration with administrative organizations when an infectious disease breaks out, the Association will collect information at the Expo site (information on patients showing symptoms, information related to food poisoning, etc.) on a daily basis and establish a system to monitor the information. For the situation outside the Expo, the Association will collect information on trends in infectious disease outbreaks with the cooperation of related organizations.

Information at the Expo site on the outbreak of an infectious disease collected by the Association will be shared with the Expo 2025 Osaka, Kansai, Japan infectious disease information analysis center (established and operated by the medical sanitation committee of the headquarters for promotion of Expo 2025 Osaka, Kansai, Japan and composed of the officials of the Osaka Institute of Public Health, the National Institute of Infectious Diseases, Osaka Prefecture, and Osaka City) and be analyzed and evaluated by experts.

(1) Collection of information on trends in infectious disease outbreaks

<p>Infectious disease information</p>	<ul style="list-style-type: none"> <li>○ Information on the type, outbreak situation, etc. of the infectious disease affecting Osaka Prefecture</li> <li>- Summary of various surveillance data</li> <li>- Case evaluation results</li> <li>○ Information on infectious diseases that may enter Japan</li> <li>Category I, II, and III infectious diseases, mosquito-borne infection, measles, rubella, invasive meningococcal disease, etc.</li> </ul>
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(2) Collection of information at the Expo site

[1] Information at medical relief facilities

<p>Syndromic surveillance items on infectious diseases</p>	<p>Fever, acute respiratory infection (fever and upper respiratory tract symptoms), digestive symptoms (diarrhea, vomiting, etc.), exanthema, meningitis symptoms (headache, fever, vomiting, impaired consciousness, and nuchal rigidity), suspected severe infectious disease (deteriorated whole body condition and organ failure), etc.</p>
<p>Reports of infectious diseases (test information, etc.)</p>	<ul style="list-style-type: none"> <li>○ Test information</li> <li>- Number of qualitative antigen tests for COVID-19 and influenza virus detection and their number of positive cases</li> <li>○ Detailed information</li> <li>- Date of treatment, place of treatment, patient name, age, sex, nationality, travel history, visitor or related worker (official/non-official participant, job classification, volunteer, etc.), and behavioral history at the Expo site (activities at the site, eating history, etc.)</li> <li>- For visitors and related workers from abroad, information such as place of residence, date of entry into Japan, and presence or absence of people who have shown similar symptoms in the vicinity (if possible) will also be collected.</li> </ul>

[2] Information on food poisoning attributable to eating and drinking, etc. at the Expo site and complaints about experiencing symptoms

- Information on tests carried out at the site sanitation surveillance

center

- Information on cases of food poisoning and complaints about experiencing symptoms learned by the Association and the site sanitation surveillance center

[3] Information on the health of related workers

- Daily health management information (respiratory symptoms such as fever and cough, digestive symptoms such as diarrhea and vomiting, and systemic rash)
- Information on vaccination history (measles and rubella)
  - \* For medical workers, as well as the above, information on invasive meningococcal disease will be collected.

[4] Information on infectious disease-carrying organisms

- Results of investigations carried out by the Association, etc. on rats, mosquitoes, etc. living at the Expo site
- Sighting information on dead rats, mosquitoes, wild birds, etc. collected from visitors and related workers

#### 4. Infection prevention measures

As initiatives to prevent the outbreak of an infectious disease and the occurrence of food poisoning at the Expo site, the Association will disseminate and raise awareness of information on infectious diseases, provide training on infectious diseases, raise related workers' awareness of vaccination, and implement other initiatives.

(1) Disseminating and raising awareness of infectious disease information

The Association will disseminate necessary information on infectious diseases to visitors and related workers using the following methods. The Association will disseminate basic measures to prevent infection, such as self-monitoring of medical conditions, washing hands, and wearing masks.

In spreading awareness of infectious disease control measures and food poisoning prevention, the Association will actively utilize tools created by the Ministry of Health, Labour and Welfare and Osaka Prefecture.

[1] Visitors

Posting and display of the information on the Association's website, Expo app (tentative), and digital signage at the Expo site

[2] Related workers

Posting of the information on sanitary and health guidelines and the portal site for persons concerned.

(2) Training on infectious diseases

The Association will provide map-based training to confirm the cooperative framework in the event of an infectious disease outbreak and the division of roles with related organizations in cooperation with administrative organizations. For medical workers at medical relief facilities, the Association will provide training in anticipation of standard infectious disease control measures and responses in the event of an infectious disease outbreak.

① Basic training (scheduled for February 2025)

Basic training in medical relief facility operations (standard preventive measures, responses to patients who may have an infectious disease, etc.)

② Comprehensive training (scheduled for March 2025) \*Map-based training scheduled for November 2024

On-the-job training in anticipation of the occurrence of infectious disease patients and patients suspected of infectious disease (including map-based training\* with administrative organizations)

(3) Raising related workers' awareness of vaccination

- To prevent infection among related workers and the spread of infection through them, the Association will raise awareness of vaccination for diseases that can be protected

against through vaccination.

- For medical workers at medical relief facilities who frequently come in contact with patients at the Expo site, the Association will check their vaccination history (measles, rubella, and invasive meningococcal disease) and provide meningococcal vaccination to those who want to get vaccinated.
- For those who are considered targets of additional measures for rubella (men born between April 2, 1962 and April 1, 1979), the Association will encourage them to receive an antibody test and get vaccinated using coupons. Even for related workers who have only received their first jab or whose vaccination history is unknown, the Association will encourage them to get vaccinated against measles and rubella.

(4) Environmental sanitation management

Refer to “II. Environmental Sanitation Measures” for the details of measures against infectious diseases transmitted through drinking water and environmental facilities and initiatives, such as preventing the ingress of infectious disease-carrying organisms.

(5) Food sanitation management

Refer to “III. Food Sanitation Measures” for the details of measures, such as preventing infectious diseases attributable to food poisoning and eating and drinking.

(6) Sanitation management at facilities at the Expo site

Disinfection equipment (hand sanitizer dispensers for disinfecting hands) will be installed in areas where there is a risk of infection.

- ① Restrooms
- ② Foodservice facilities
- ③ Other facilities (medical relief facilities, entrances to indoor facilities, etc.)

(7) Placement of medical supplies for in-vitro diagnosis (test kits)

A certain number of medical supplies for in-vitro diagnosis (test kits) will be placed at medical relief facilities for use on patients who may have an infectious disease.

- Qualitative antigen test kits for COVID-19 and influenza virus

<b>5. Responses in the event of an infectious disease outbreak (including a suspected case)</b>
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If visitors or related workers are diagnosed with an infectious disease, based on the Infectious Diseases Control Law, the Association will, when required, take action according to the details of the disease, such as cooperating with active epidemiological investigations, limiting the use of facilities, transporting patients to medical institutions, and disinfecting the place of occurrence.

If a patient who may have an infectious disease is examined at a medical relief facility at the Expo site, the Association will take necessary measures, such as transporting the patient to a medical institution with the supervision of a doctor.

(1) Responses to patients and their transportation

If a patient who may have an infectious disease is examined at a medical relief facility, the Association will, when required, move him/her to a separation space in the clinic, provide a diagnosis, and conduct a qualitative antigen test (for COVID-19 and influenza virus) with the supervision of a doctor.

If the patient is suspected of being infected with an infectious disease, according to the details of the disease, the Association will, when required, take measures, such as encouraging him/her to promptly visit a medical institution upon striving to prevent the spread of infections. In particular, for patients who are suspected of being infected with an extremely infectious disease, such as measles, the Association will give sufficient consideration in transporting him/her to outside of the site.

For patients who are suspected of being infected with a category I or II infectious disease or those who have findings of pandemic influenza (novel influenza or re-emerging influenza), new infectious disease, or designated infectious disease (there are currently no infectious diseases classified in these categories), the Association will arrange

hospitalization and a means of transportation in collaboration with administrative organizations, such as the Osaka City Public Health Center, and medical institutions designated to treat infectious diseases (medical institutions responsible for the hospitalization of patients based on the Infectious Diseases Control Law).

- Appended Table 6: List of medical institutions designated to treat infectious diseases

(2) Information sharing with related organizations

If an infectious disease breaks out (including a suspected case) at the Expo site or if visitors or related workers are diagnosed with an infectious disease at a medical institution outside the site, the Association will, when required, share information within the Association and with the Expo 2025 Osaka, Kansai, Japan infectious disease information analysis center and other related organizations through a predetermined liaison system.

- If an infectious disease breaks out (including a suspected case) at the Expo site or if visitors or related workers are diagnosed with an infectious disease at a medical institution outside the site, the Association will closely collaborate with the Osaka City Public Health Center and other administrative organizations, and when required, it will share information and cooperate with active epidemiological investigations while taking care to protect the personal information of infected individuals.

- Depending on the details of the incident, if publication to third parties is necessary, the Association will respond in a swift and appropriate manner in collaboration within the Association and with administrative organizations.

(3) Initiatives to prevent the spread of infections

To prevent the spread of infections at the Expo site and the outflow of them to the outside, the Association will, when required, take the following initiatives with the supervision of the Osaka City Public Health Center. Related workers involved in the initiatives must prevent secondary infections, such as by wearing personal protective equipment.

- Identification of facilities that may suffer pathogen contamination
- Restrictions and prohibitions on use of facilities
- Guidance of visitors and explanation to them
- Health checks for visitors and related workers
- Check for work restrictions for related workers, etc. (excluding suspected cases)

(4) Disinfection of contaminated locations and control for infectious disease-carrying organisms

For locations and areas (including suspected ones) that suffer infectious disease pathogen contamination, the Association will, when required, carry out disinfection with the supervision of the Osaka City Public Health Center.

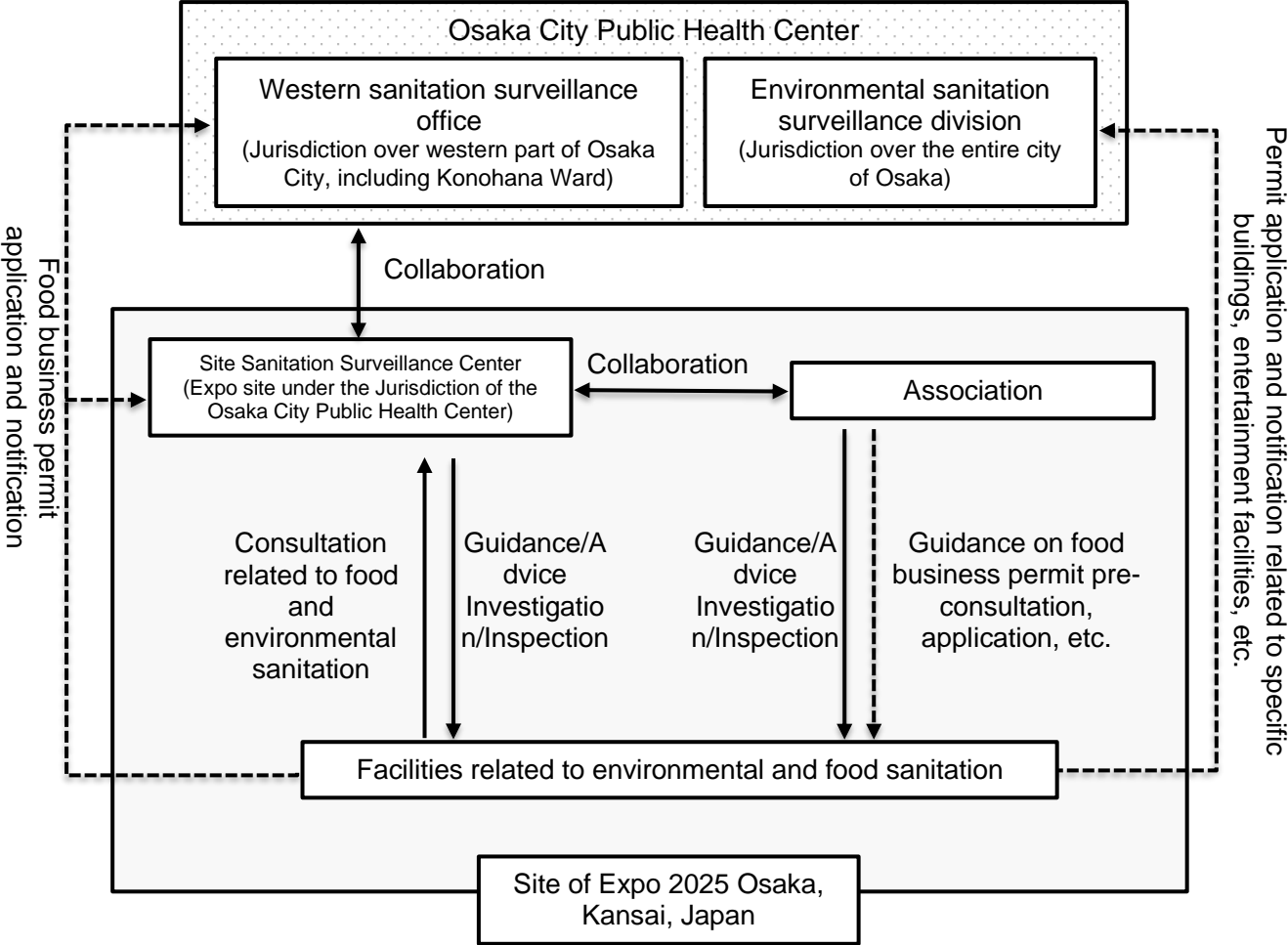
For locations where infectious disease-carrying organisms possessing pathogens are identified, the Association will, when required, take control measures with the supervision of the Osaka City Public Health Center.

- Appended Table 7: Disinfection methods for category I and II infectious diseases

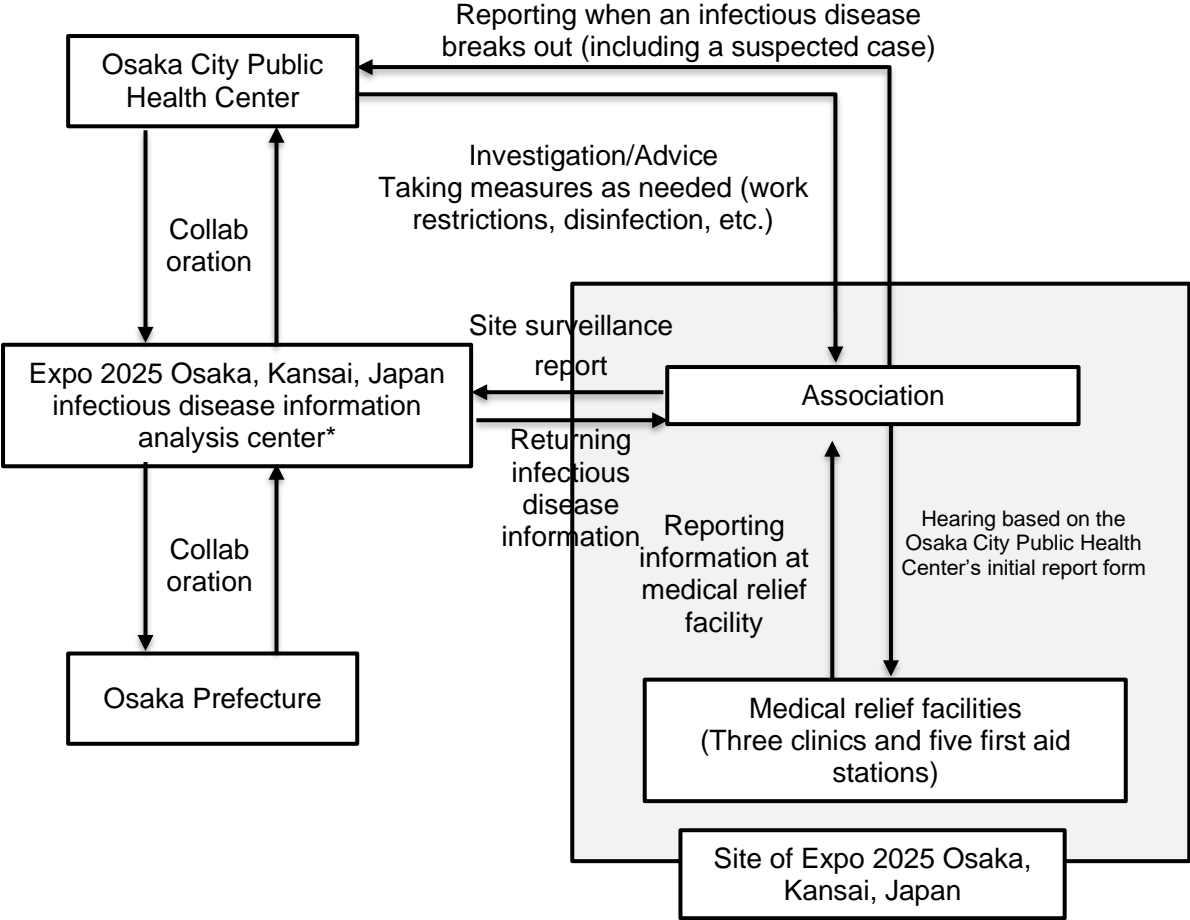
(5) Analysis of outbreak factors

The Association will analyze outbreak factors with the involvement of experts and disseminate the results to related workers, etc. to help prevent infections in the future.

### Relationship diagram between the Association, site sanitation surveillance center, etc.



**Relationship diagram between the Association, Expo 2025 Osaka, Kansai, Japan infectious disease information analysis center, etc.**



\* Consists of the officials of the Osaka Institute of Public Health, the National Institute of Infectious Diseases, Osaka Prefecture, and Osaka City.



## Characteristics of the types of infectious diseases and their major responses and measures

Infectious disease classification	Characteristic	Main response and measure
Category I infectious disease	An extremely high-risk infectious disease from a comprehensive perspective based on infectiousness and seriousness when infected, etc.	<ul style="list-style-type: none"> <li>- For person: In principle, recommend hospitalization in a medical institution designated to treat infectious diseases and restrict work in certain occupations.</li> <li>- For object: Take measures such as disinfection.</li> </ul> (As an exception, measures against buildings or measures imposing restrictions on traffic, etc. may be taken.)
Category II infectious disease	A high-risk infectious disease from a comprehensive perspective based on infectiousness and seriousness when infected, etc.	<ul style="list-style-type: none"> <li>- For person: Recommend hospitalization in a medical institution designated to treat infectious diseases according to the situation.</li> <li>- For object: Take measures such as disinfection.</li> </ul>
Category III infectious disease	A low-risk disease from a comprehensive perspective based on infectiousness and seriousness when infected, etc., but may cause a mass outbreak of the infectious disease due to employment in certain occupations	<ul style="list-style-type: none"> <li>- For person: Restrict work in certain occupations.</li> <li>- For object: Take measures such as disinfection.</li> </ul>
Category IV infectious disease	An infectious disease that is rarely transmitted from person to person, but transmittable from animals, food and drinks, etc. to humans and that requires measures such as disinfection or disposal of animals and objects	Take measures such as disinfection, including the handling of animals.
Category V infectious disease	An infectious disease that must be prevented from outbreaks and prevalence through the provision and publication of necessary information based on the results of a government-led investigation on trends in infectious disease outbreaks for the public and medical personnel	Collect and analyze the situation surrounding the outbreak of infectious diseases and publicize and provide the results.
Pandemic	A type of influenza or coronavirus disease which	Take measures equivalent to

<p>influenza (novel influenza or re-emerging influenza)</p>	<p>involves a virus newly becoming transmissible from person to person as a pathogen, or a type of influenza or coronavirus disease specified by the Minister of Health, Labour and Welfare as that which once caused a global pandemic but for which a long period of time has passed since the most recent global pandemic, and which is deemed to be likely to seriously affect the lives and health of the public in the event of its rapid spread across the country because the public is not immunized against this infectious disease in general</p>	<p>category II infectious disease. Measures equivalent to Category I infectious disease can also be taken through Cabinet Order. In addition, publicize information on outbreaks, measures to be taken, etc., request individuals who may be infected to report their health conditions and refrain from going out, and enhance collaboration with the head of the quarantine station.</p>
<p>Designated infectious disease</p>	<p>A known infectious disease (excluding category I, II, and III infectious diseases and pandemic influenza [novel influenza or re-emerging influenza]) that is specified by Cabinet Order as a disease which would be likely to seriously affect the lives and health of the public unless measures equivalent to category I, II, and III infectious diseases are taken</p>	<p>Take measures for people and objects in conformance with category I, II, and III infectious diseases. (Provisions to be applied mutatis mutandis are stipulated by Cabinet Order.)</p>
<p>New infectious disease</p>	<p>A disease which is deemed to be transmittable from person to person and clearly different from known infectious diseases in terms of symptoms, etc. and an extremely high-risk infectious disease judging from its transmissibility and seriousness when infected</p>	<p>- Beginning: A prefectural governor will take emergency measures individually with technical guidance and advice from the Minister of Health, Labour and Welfare. - After specifying requirements: After symptoms and other requirements are specified by Cabinet Order, measures similar to category I infectious disease will be taken.</p>

\* Created with reference to the Ministry of Health, Labour and Welfare's website.

## List of applicable diseases based on the Infectious Diseases Control Law

\* Ministry of Health, Labour and Welfare's website: [Request for physicians to make notification based on the Infectious Diseases Control Law | MHLW \(mhlw.go.jp\)](http://www.mhlw.go.jp)

Infectious disease classification	Disease name	
<b>Category I</b> (7 diseases) *Notification: All and immediately	(1) Ebola hemorrhagic fever (2) Crimean-Congo hemorrhagic fever (3) Smallpox (4) South American hemorrhagic fever	(5) Plague (6) Marburg disease (7) Lassa fever
<b>Category II</b> (7 diseases) *Notification: All and immediately	(1) Poliomyelitis (2) Tuberculosis (3) Diphtheria (4) Severe acute respiratory syndrome (SARS) (only if the pathogen is SARS coronavirus)	(5) Middle East respiratory syndrome (MERS) (only if the pathogen is MERS coronavirus) (6) Avian influenza (H5N1) (7) Avian influenza (H7N9)
<b>Category III</b> (5 diseases) *Notification: All and immediately	(1) Cholera (2) Shigellosis (3) Enterohemorrhagic <i>Escherichia coli</i> infection	(4) Typhoid fever (5) Paratyphoid fever
<b>Category IV</b> (44 diseases) *Notification: All and immediately	(1) Hepatitis E (2) West Nile fever (3) Hepatitis A (4) Echinococcosis (5) Mpox (6) Yellow fever (7) Psittacosis (8) Omsk hemorrhagic fever (9) Relapsing fever (10) Kyasanur forest disease (11) Q fever (12) Rabies (13) Coccidioidomycosis (14) Zika virus infection (15) Severe fever with thrombocytopenia syndrome(only if the pathogen is SFTS virus)	(24) Avian influenza (excluding H5N1 and H7N9) (25) Nipah virus infection (26) Japanese spotted fever (27) Japanese encephalitis (28) Hantavirus pulmonary syndrome (29) B virus disease (30) Glanders (31) Brucellosis (32) Venezuelan equine encephalitis (33) Hendra virus infection (34) Typhus (35) Botulism (36) Malaria (37) Tularemia (38) Lyme disease

	(16) Hemorrhagic fever with renal syndrome (17) Western equine encephalitis (18) Tick-borne encephalitis (19) Anthrax (20) Chikungunya fever (21) Scrub typhus (22) Dengue fever (23) Eastern equine encephalitis	(39) Lyssavirus infection (40) Rift Valley fever (41) Melioidosis (42) Legionellosis (43) Leptospirosis (44) Rocky Mountain spotted fever
<b>Infectious disease classification</b>	<b>Disease name</b>	
<b>Category V</b> (49 diseases)  *Notification: All and from immediately to within 7 days	(1) Amebic dysentery (2) Respiratory syncytial virus infection (3) Pharyngoconjunctival fever (4) Influenza (excluding avian influenza and pandemic influenza [novel influenza or re-emerging influenza]) (5) COVID-19 (limited to COVID-19) (6) Viral hepatitis (excluding Hepatitis E and A) (7) Group A streptococcal pharyngitis (8) Carbapenem-resistant Enterobacteriaceae infection (9) Infectious gastroenteritis (10) Acute hemorrhagic conjunctivitis (11) Acute flaccid paralysis (excluding poliomyelitis) (12) Acute encephalitis (excluding West Nile encephalitis, Western equine encephalitis, tick-borne encephalitis, Eastern equine encephalitis, Japanese encephalitis, Venezuelan equine encephalitis, and Rift Valley fever) (13) Chlamydial pneumonia (excluding psittacosis) (14) Cryptosporidiosis (15) Creutzfeldt-Jakob disease	(22) Invasive pneumococcal disease (23) Varicella (24) Varicella (limited to hospitalized cases) (25) Genital chlamydial infection (26) Genital herpes simplex virus infection (27) Condylomata acuminata (28) Congenital rubella syndrome (29) Hand, foot and mouth disease (30) Erythema infectiosum (31) Exanthem subitum (32) Syphilis (33) Disseminated cryptococcosis (34) Tetanus (35) Vancomycin-resistant <i>Staphylococcus aureus</i> infection (36) Vancomycin-resistant enterococci infection (37) Pertussis (38) Rubella (39) Penicillin-resistant <i>Streptococcus pneumoniae</i> infection (40) Herpangina (41) Mycoplasma pneumonia (42) Measles (43) Aseptic meningitis

(16) Severe invasive streptococcal disease	(44) Methicillin-resistant <i>Staphylococcus aureus</i> infection
(17) Acquired immunodeficiency syndrome	(45) Multidrug-resistant Acinetobacter infection
(18) Bacterial meningitis (excluding invasive <i>Haemophilus influenzae</i> disease, invasive meningococcal disease, and invasive pneumococcal disease)	(46) Multidrug-resistant <i>Pseudomonas aeruginosa</i> infection
(19) Giardiasis	(47) Epidemic keratoconjunctivitis
(20) Invasive <i>Haemophilus influenzae</i> disease	(48) Mumps
(21) Invasive meningococcal disease	(49) Gonococcal infection

## Overview of major measures based on the Infectious Diseases Control Law

\* Ministry of Health, Labour and Welfare: Created with reference to the “Classification and concept of infectious diseases subject to the Infectious Diseases Control Law.”

Infectious disease classification	Category I infectious disease	Category II infectious disease	Category III infectious disease	Category IV infectious disease	Category V infectious disease	Designated infectious disease	Pandemic influenza (novel influenza or re-emerging influenza)
Name of disease stipulated	Ebola hemorrhagic fever, plague, Lassa fever, etc.	Tuberculosis, SARS, avian influenza (H5N1), etc.	Cholera, shigellosis, typhoid fever, etc.	Yellow fever, zika virus infection, legionellosis, etc.	Influenza, COVID-19, etc.	*Designated by Cabinet Order(currently N/A)	*Designated by Cabinet Order(currently N/A)
How to stipulate the name of disease	Law	Law	Law	Law / Cabinet Order	Law / Min. ordinance	Cabinet Order	Law
Application to patients diagnosed as a suspected case	○	○ (Only infectious diseases specified by Cabinet Order)	—	—	—	Specific provisions applied will be stipulated by Cabinet Order for each infectious disease.	○
Application to asymptomatic patients possessing a pathogen	○	—	—	—	—		○
Notification by physicians at the time of diagnosis or death	○ (Immediately)	○ (Immediately)	○ (Immediately)	○ (Immediately)	○		○ (Immediately)
Notification by veterinarians and measures for the imports of animals	○	○	○	○	—		○
Sentinel surveillance for patient information, etc.	—	△ (Only for some suspected cases)	△ (Only for some suspected cases)	△ (Only for some suspected cases)	○		—
Implementation of active epidemiological investigations	○	○	○	○	○		○

Recommendation and implementation of health checkups	○	○	○	—	—		○
Work restrictions	○	○	○	—	—		○
Recommendation and measures for hospitalization	○	○	—	—	—		○
Removal, collection, etc. of specimens	○	○	—	—	—		○
Disinfection of contaminated locations, disposal of objects, etc.	○	○	○	○	—		○
Extermination of rats, insects, etc.	○	○	○	○	—		○
Restrictions on domestic water use	○	○	○	—	—		○
Restrictions on access to buildings, locking down buildings, and traffic restrictions	○	—	—	—	—		○
Publication of measures, etc. to be taken	—	—	—	—	—		○
Requests to report health status, refrain from going out, etc.	—	—	—	—	—		○
Progress reports by prefectures	—	—	—	—	—	○	

## Medical institution designated to treat infectious diseases based Infectious Diseases Control Law

Appended  
Table 6

\* MHLW's website: Designated status of medical institutions designated to treat infectious diseases (as of April 1, 2023)

Designated status of medical institutions designated to treat category II infectious diseases (as of April 1, 2023)

### Medical institution designated to treat specified infectious diseases

Name of medical institution	Address	No. of beds
Rinku General Medical Center	2-23 Rinku Orai-kita, Izumisano City, Osaka	2

### Medical institutions designated to treat category I infectious diseases

Name of medical institution	Address	No. of beds
Osaka City General Hospital	2-13-22 Miyakojimahondori, Miyakojima Ward, Osaka City	1
Sakai City Medical Center	1-1-1 Ebaraji-cho, Nishi Ward, Sakai City	1
Rinku General Medical Center	2-23 Rinku Orai-kita, Izumisano City, Osaka	2

### Medical institutions designated to treat category II infectious diseases

Name of medical institution	Address	No. of beds
Toyonaka Municipal Hospital	4-14-1 Shibahara-cho, Toyonaka City	14 (0)
Hirakata City Hospital	2-14-1 Kinyahonmachi, Hirakata City	8 (8)
Osaka City General Hospital	2-13-22 Miyakojimahondori, Miyakojima Ward, Osaka City	32 (32)
Sakai City Medical Center	1-1-1 Ebaraji-cho, Nishi Ward, Sakai City	6 (6)
Osaka Habikino Medical Center	3-7-1 Habikino, Habikino City	6 (6)
Rinku General Medical Center	2-23 Rinku Orai-kita, Izumisano City, Osaka	6 (6)

\* Numbers in parentheses for medical institutions designated to treat category II infectious diseases denote the number of negative-pressure hospital beds.



## Disinfection methods for category I and II infectious diseases

\* Source: "Guidelines for disinfection and sterilization based on the Infectious Diseases Control Law" by the Ministry of Health, Labour and Welfare

### ○ Category I infectious disease

Disease name	Tips for disinfection	Disinfection method
Ebola hemorrhagic fever Crimean-Congo hemorrhagic fever South American hemorrhagic fever Marburg disease Lassa fever	Patient's blood, secretions, and excrement and locations where these may have adhered to are required to be rigorously disinfected.	<ul style="list-style-type: none"> <li>Hot water at 80°C for 10 minutes</li> <li>Disinfectants with strong antiviral properties               <ul style="list-style-type: none"> <li>0.05 to 0.5% (500 to 5,000 ppm)</li> <li>Wipe with sodium hypochlorite* or soak for 30 minutes.</li> <li>Wipe with alcohol (ethanol for disinfection, 70v/v% isopropanol) or soak for 30 minutes.</li> <li>Soak in 2 to 3.5% glutaral for 30 minutes.**</li> </ul> </li> </ul>
Plague	Although pneumonic plague can be spread through droplet transmission, disinfect equipment used for patients and the environment surrounding patients.	<ul style="list-style-type: none"> <li>Hot water at 80°C for 10 minutes</li> <li>Disinfectants               <ul style="list-style-type: none"> <li>0.1 Soak in w/v% quaternary ammonium salts or amphoteric surface active agents for 30 minutes.</li> <li>0.2 Wipe with w/v% quaternary ammonium salts or amphoteric surface active agents.</li> <li>Soak in 0.01 to 0.1% (100 to 1,000 ppm) sodium hypochlorite for 30 to 60 minutes.</li> <li>Wipe with alcohol</li> </ul> </li> </ul>
Smallpox	Disinfect the environment surrounding patients, etc.	Same as Ebola hemorrhagic fever

### ○ Category II infectious disease

Disease name	Tips for disinfection	Disinfection method
Poliomyelitis (Polio)	Disinfect locations that may be contaminated with patients' or infected individuals' fecal matter and pharyngeal swabs.	More resistant to disinfectants than the Ebola virus.
Severe acute respiratory syndrome (SARS)	Disinfect airborne droplets emitted from patients, their excrement and blood, and areas where these may have adhered to.	Same as Ebola hemorrhagic fever
Middle East respiratory syndrome (MERS)	Disinfect airborne droplets emitted from patients, their excrement and blood, and areas where these may have adhered to.	Same as Ebola hemorrhagic fever
Avian influenza (H5N1 and H7N9)	Disinfect locations that may be contaminated with airborne droplets emitted from patients.	<ul style="list-style-type: none"> <li>Hot water at 80°C for 10 minutes</li> <li>Disinfectants***               <ul style="list-style-type: none"> <li>Wipe with 0.02 to 0.1% (200 to 1,000 ppm) sodium hypochlorite.</li> <li>Wipe with alcohol (ethanol for disinfection, 70v/v% isopropanol).</li> </ul> </li> </ul>

Tuberculosis	<p>The tubercle bacillus can be spread through droplet or airborne transmission. In principle, disinfecting property or the environment is not required unless they are contaminated with high concentrated tubercle bacillus.</p> <p>Disinfect equipment used for patients with active tuberculosis. If the entire laboratory, etc. is contaminated, perform fumigation.</p>	<ul style="list-style-type: none"> <li>● Hot water at 95°C at least 10 minutes</li> <li>● Disinfectants <ul style="list-style-type: none"> <li>Wipe with alcohol (ethanol for disinfection, 70-80v/v% isopropanol) or soak for 30 minutes.</li> <li>Wipe or spray with 5% phenol.</li> <li>Wipe with 0.5 %amphoteric surface active agents.</li> <li>Soak in glutaral or phtharal for 30 minutes.</li> <li>Soak in 0.3 % peracetic acid for at least 10 minutes.</li> </ul> </li> <li>● Formalin fumigation (1 to 3 hours)</li> </ul>
Diphtheria	<p>Although diphtheria can be spread through droplet transmission except for cutaneous diphtheria, disinfect equipment used for patients and the environment surrounding patients.</p>	Same as plague

\* Use 0.5% (5,000 ppm) sodium hypochlorite for contamination with blood, etc. or 0.05% (500 ppm) if there is no obvious blood contamination.

For contamination with blood, etc., sodium dichloroisocyanurate granules are also effective.

\*\* Alternatives to glutaral include soaking in 0.55% phtharal for 30 minutes or 0.3% peracetic acid for 10 minutes.

\*\*\* Also refer to “(Reference) Basics about pandemic influenza (novel influenza or re-emerging influenza) in the guidelines on measures for pandemic influenza (novel influenza or re-emerging influenza).”

○ Disinfectants

Many disinfectants are effective against *Corynebacterium diphtheria*. Quaternary ammonium salts (OSVAN®, ORONINE-K®, GERMITOL®, HYAMINE®, etc.), amphoteric surface active agents (TEGO-51, LAG®, etc.), sodium hypochlorite (Milton®, Purelox®, TEXANT®, HYPORITE®, etc.), alcohol (ethanol for disinfection, 70v/v% isopropanol), and other solutions will be used. Heating at 80°C for 10 minutes is also effective.