

**Advice on Infection Prevention and Control for Volunteer workers Planning Visit
to the Disaster-affected Area and Evacuation Shelters
(The 2024 Noto Peninsula Earthquake)**

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Center for Field Epidemic Intelligence, Research and Professional Development
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At the site of a disaster, there are potential risks of infectious disease transmission, including infectious disease outbreaks at congested evacuation shelters and infectious diseases caused by exposure to contaminated water and dust.

(Please refer to "[Information on Infectious Diseases Related to the 2024 Noto Earthquake](#)" for infectious diseases' risk assessment in the affected areas. Information is subject to periodic change upon the evolving situation within the affected areas.)

For volunteers who plan to visit the disaster-affected areas or evacuation shelters, prevention of infectious diseases should be prioritized to avoid both introduction of disease and potential exposure to infectious disease during your activities. Please kindly take note of the following.

I. Cautions for general physical condition

- For volunteers experiencing any health issue before visit, please postpone your volunteer activities until fully recovered.
- Please take precautions for your own health during your activities. In case of unwell condition, please promptly notify the volunteer center, team leader, or health manager and withdraw from the front lines. This precautionary measure is crucial not only for the person himself/herself but also to mitigate the risk of infection spread to individuals affected by the disaster or fellow volunteers.
- There have been an upward trend of respiratory infections reported nationwide. Please keep comprehensive preventive measures against infections, such as cough etiquette (including use of mask*, covering the mouth during coughing, etc.) and strict hand hygiene practices—especially before consuming food or beverages and after utilizing restroom facilities. We highly recommend preparing an alcohol-based hand sanitizers, alcohol swabs, etc. and bring them with you to ensure optimal hand hygiene.

*Surgical or procedure masks may be in limited supply in affected areas and evacuation centers. It is advisable to bring an ample supply of masks for personal use. Non-woven masks have maximum effectiveness compared to cloth or urethane alternatives, warranting consideration as choice for protection.

			vaccination is recommended
◎	Tetanus-toxoid vaccine	Highly recommended for those who will engage in works that can cause cuts and wounds	(*2, *3)
△	Hepatitis A vaccine	Age below 60 with low immunity	At least 2 doses with nationally approved vaccination is desirable (*4)
△	Chicken pox (varicella) vaccine, Mumps vaccine	Those with no history of infection nor completion of routine immunisation	

*1 Vaccination with XBB.1.5 strain vaccine in addition to the primary vaccination series (completion of at least three doses), confers immunity against the presently prevalent variants both within Japan and abroad. Includes EG.5.1 and its sub-strain, BA.2.86 strain, JN.1 strain and its sub-strain.

(Reference)

"The BA.2.86 strain of the novel coronavirus (SARS-CoV-2), 2nd report."

<https://www.niid.go.jp/niid/ja/2019-ncov/2551-cepr/12352-sarscov-2-ba-2-86-2.html>

The Japanese Association for Infectious Diseases. "Recommendation Statement for COVID-19 Vaccination (Ver. 8) – the Monovalent Vaccine (XBB.1.5) Targeting the Omicron Variant." [in Japanese. Provisional translation] https://www.kansensho.or.jp/uploads/files/guidelines/2401_covid-19_8.pdf

*2 Vaccination is recommended for people aged 50 and over (Age as of fiscal year (FY) 2018 survey: 55 and over as of FY 2023), since few of them have immunity to the disease.

(Reference)

"National Epidemiological Surveillance of Vaccine-Preventable Diseases (NESVPD) "

<https://www.niid.go.jp/niid/ja/y-graphs/8790-tetanus-yosoku-serum2018.html>)

*3 For under 50 years old (Age as of FY 2018 survey: under 55 years old as of FY 2023) and have received DPT and DT vaccines in childhood, booster is recommended if they have not been vaccinated within the past 10 years.

*4 Second dose should be administered 2 to 4 weeks after the first vaccination. It takes 2 to 4 weeks after the first vaccination to be fully effective. Properly scheduled vaccination is necessary.

We ask for your utmost cooperation in preventing the introduction of infectious diseases into the affected regions and to avoid contraction of diseases.