

Transcript from

COVID-19 Testing Toolkit Webinar Series: Going for Gold: Testing Strategies for Keeping the Olympic Games Safe

June 1, 2022

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00:00:03.210 --> 00:00:15.089

Andrea Lapp: Welcome to today's webinar covert 19 testing toolkit webinar series going for gold testing strategies for keeping the Olympic Games safe Dr GG groundball will now begin.

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00:00:20.340 --> 00:00:30.180

Gigi Gronvall: Thank you for joining us today I wish he grandpa a senior scholar at the Johns Hopkins Center for Health Security and an associate professor at the Johns Hopkins Bloomberg school of public health.

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00:00:30.570 --> 00:00:39.690

Gigi Gronvall: Today is our ninth installment of our webinar series uncovered 19 testing strategies and best practices from selected organizational leaders.

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00:00:40.170 --> 00:00:48.900

Gigi Gronvall: Are this webinar series is part of our centers a coven 19 testing toolkit which is available in the link we're going to put in the chat.

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00:00:49.650 --> 00:00:59.610

Gigi Gronvall: The toolkit provides essential information for organizations of all sizes, seeking to develop or adapt their coven 19 testing strategies to fit their testing needs.

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00:01:00.090 --> 00:01:07.050

Gigi Gronvall: As you know, testing is crucial to stopping the spread of stars copy to and informing good public health decision making.

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00:01:07.350 --> 00:01:17.160

Gigi Gronvall: When they're taking a test prescribed by your doctor choosing a test for your employees it's important to choose the right type of test or testing service to provide the most useful information.

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00:01:17.520 --> 00:01:25.920

Gigi Gronvall: The coven 19 testing toolkit provides information about specific tests testing services, we have an faq for your testing questions.

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00:01:26.370 --> 00:01:34.500

Gigi Gronvall: To help you develop strategies to fit your testing needs this project is funded by lie to hell philanthropies and the Gordon and Betty more foundation.

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00:01:34.920 --> 00:01:43.680

Gigi Gronvall: After the panel, we will answer questions from the audience, so please submit questions in the Q amp a box we're going to try to get to as many questions as possible.

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00:01:44.430 --> 00:01:52.110

Gigi Gronvall: Our panelists are Brian mccloskey, who is a public health advisor to the International Olympic committee's medical and scientific Commission.

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00:01:52.350 --> 00:02:01.350

Gigi Gronvall: is also Chair of the IOC independent expert panel for cover 19 for Tokyo and Beijing Olympic Games is a member of the WHO Emergency Committee uncover 19.

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00:02:01.620 --> 00:02:09.330

Gigi Gronvall: And co Chair of the WHO cover 19 mass gatherings expert group and senior consulting a fellow for the Global Health program at chatham house.

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00:02:09.810 --> 00:02:17.730

Gigi Gronvall: He was responsible for developing and overseeing the code 19 countermeasures for the Tokyo 20 27th Olympics and the Beijing.

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00:02:18.450 --> 00:02:25.170

Gigi Gronvall: Winter Olympics, he previously worked on public health issues related to the 2016 Olympic Games in real.

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00:02:25.530 --> 00:02:35.310

Gigi Gronvall: He also joined the IOC games group for Rio 2016 he supported the medical director, ensuring that the Games delivery address all key public health issues.

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00:02:35.670 --> 00:02:40.830

Gigi Gronvall: And he also was a member of the Games group for the Tokyo 2020 and Beijing 2022 games.

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00:02:41.700 --> 00:02:52.710

Gigi Gronvall: he's currently serving as a senior consulting fellow with the Global Health program at chatham house and he's also professor and epidemiology and London School of Hygiene and Tropical Medicine and.

19

00:02:53.160 --> 00:03:04.050

Gigi Gronvall: He was in the January 2013 years honors list he was a word a commander of the British Empire for Services to Public Health got to get that in there Okay, Brian over to you, thank you for joining us.

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00:03:06.120 --> 00:03:18.120

Brian McCloskey: Okay, thank you for the opportunity to talk today um, I suppose, when we start thinking about testing for the Olympic Games, one of the first question is, why do we do this, why are we testing.

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00:03:19.020 --> 00:03:23.310

Brian McCloskey: And I think that's mostly to do and many was reassurance two different groups.

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00:03:24.150 --> 00:03:32.400

Brian McCloskey: After the Games were cancelled and March 2020 and we said about the practice to design how we rerun the Games at a later time.

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00:03:33.180 --> 00:03:42.600

Brian McCloskey: We recognize that we had to make sure the Games were safe for three different stakeholder groups one was the participants themselves the athletes and the team officials.

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00:03:43.290 --> 00:03:50.730

Brian McCloskey: I know there was the population of Tokyo and the wider population, Japan and the third was the global population when athletes and participants.

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00:03:51.210 --> 00:03:57.960

Brian McCloskey: returned back to their home from gathering and in Tokyo and in Beijing later and we recognize.

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00:03:58.740 --> 00:04:12.210

Brian McCloskey: That it had been significant challenges from members of the public health Community at the very idea of trying to run a little begins during a pandemic, with people who were convinced that they would become a spreading or a super spreading event.

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00:04:13.440 --> 00:04:17.460

Brian McCloskey: And what we had to do with design a system that gave reassurance that that would not happen.

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00:04:18.600 --> 00:04:27.510

Brian McCloskey: But going back to some of the key planning guidelines for mass gatherings and public health, one of the key questions is, how will you know if something is going wrong.

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00:04:28.260 --> 00:04:38.550

Brian McCloskey: And that's why you need to do the testing strategy, because we have to know what's happening falls within the Games themselves and the population around in the city of the whole city, as well as as happening globally.

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00:04:40.410 --> 00:04:45.690

Brian McCloskey: And it also actually provided reassurance that people who were there, because obviously quite a lot of athletes.

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00:04:46.080 --> 00:04:50.580

Brian McCloskey: They were desperate for the Games to go ahead, having been trading for you 10 years to get there.

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00:04:51.090 --> 00:04:57.900

Brian McCloskey: But, equally, they were nervous at that stage still about traveling traveling into a country with a non non risk of Cobra probably greater than theirs.

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00:04:58.470 --> 00:05:03.390

Brian McCloskey: But the reassurance came from the fact that the public health and social measures we hadn't played a role there.

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00:05:03.870 --> 00:05:15.420

Brian McCloskey: but also to anybody inside the Olympic but he's in Tokyo or the closed loop in Beijing, you everybody they met every day I tested negative for cool good within the last 24 hours.

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00:05:16.500 --> 00:05:25.980

Brian McCloskey: Testing was yeah awkward for many people cause some anxiety, but it also gives them reassurance that when you are walking around that we're safe for you to do so.

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00:05:27.480 --> 00:05:36.240

Brian McCloskey: And it's important to remember that the testing was one element of the covered mitigation measures we put in place, and he sat on top of.

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00:05:36.630 --> 00:05:42.840

Brian McCloskey: All the public health and social measures of who has been amazing for the last three years in a row and masking.

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00:05:43.500 --> 00:05:55.410

Brian McCloskey: Social distancing etc hand hygiene respiratory hygiene, so those Roland place and we were confident, they would work, but the testing added another layer On top of that, to give us X Ray assurance and extra protection.

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00:05:56.490 --> 00:06:03.570

Brian McCloskey: Vaccination was the other layer but for Tokyo, the decision originally wasn't vaccine would not be compulsory mandatory.

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00:06:04.170 --> 00:06:09.210

Brian McCloskey: And we decided to liberty, not to include vaccination as part of our strategy, because at that stage.

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00:06:09.780 --> 00:06:18.480

Brian McCloskey: Of the we knew that vaccines would be available by the time they took your games happen in July 21 We also knew they would not be available accurately equitably around the world.

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00:06:19.020 --> 00:06:24.660

Brian McCloskey: And we didn't want a situation where essentially athletes from rich countries could come to games because you're vaccinated.

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00:06:24.990 --> 00:06:34.380

Brian McCloskey: Athletes from poor countries couldn't so we didn't include vaccination as part of the Tokyo planning, but then, because the word and moved on vaccination became mandatory for the Beijing Games.

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00:06:36.390 --> 00:06:39.960

Brian McCloskey: But the salmon top of a whole range of other measures that may give us confidence.

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00:06:40.560 --> 00:06:46.680

Brian McCloskey: But what we try to do them with what God, if we want to do your testing strategy, what is the best strategy that we can use.

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00:06:47.310 --> 00:06:51.750

Brian McCloskey: And we work with an organization called find the foundation for innovative diagnostics and so to Geneva.

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Brian McCloskey: And they modeled a whole range of scenarios for us, looking at different types of tests lot of low test antigen test antibody tests and PCR testing.

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00:07:03.120 --> 00:07:12.120

Brian McCloskey: We looked at different frequencies different intervals, we looked at factors around the sensitivity and specificity and they looked at things around the turnaround time together result.

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00:07:12.480 --> 00:07:24.660

Brian McCloskey: What impact and the model for each of those what impact that might have on the number of people arriving into the country he would test possible on arrival and the number of a test positive during the games themselves.

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00:07:26.070 --> 00:07:32.760

Brian McCloskey: an eventual strategy, they put forward was to have to test on prior to departure from your home country.

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00:07:33.480 --> 00:07:42.780

Brian McCloskey: One test on arrival at the airport in Tokyo and then ideally PCR tests thereafter in Tokyo, they were based on celebrity samples.

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00:07:43.260 --> 00:07:50.310

Brian McCloskey: In Beijing, it was nasal pharyngeal PCR testing the only difference really the choice was that in Tokyo in Japan.

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00:07:51.030 --> 00:08:00.120

Brian McCloskey: nasal pharyngeal swabbing is considered a medical procedure could only be done by doctors and we couldn't recruit up number of doctors and nurses to do the testing so slaver.

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00:08:00.480 --> 00:08:07.020

Brian McCloskey: That was a better choice in Beijing, the word first was available to do whatever sort of testing we wanted, so we went with nasal pharyngeal.

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00:08:10.140 --> 00:08:14.490

Brian McCloskey: which he is going to talk about some of the results that we got what we find where there.

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00:08:14.910 --> 00:08:25.410

Brian McCloskey: We do wrong picture is we did something like 2.6 million tests across the two games over 3 million into the Paralympics and we had a very low level of positivity across them.

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00:08:25.950 --> 00:08:35.820

Brian McCloskey: And we believe that shows that the testing strategy layered on top of the public health and social measures didn't mean that was very little transmission of color during the games.

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00:08:36.720 --> 00:08:43.320

Brian McCloskey: But lucci and we'll talk about those results and then we'll come back and we'll try and find out what that means for the key messages for the word afterwards.

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00:08:44.400 --> 00:08:45.090

Gigi Gronvall: sounds good.

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00:08:45.660 --> 00:08:52.710

Gigi Gronvall: Okay, thank you, Brian so our next panelist is lucci and melon that she is a senior analyst at the Johns Hopkins Center for health security.

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00:08:53.520 --> 00:08:57.510

Gigi Gronvall: and also an associate at the Johns Hopkins Bloomberg school of public health.

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00:08:57.930 --> 00:09:07.860

Gigi Gronvall: Her primary interests include health security policy outbreak preparedness and response bioterrorism and public health planning for mass gatherings she's a member of the WHO novel.

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00:09:08.160 --> 00:09:16.890

Gigi Gronvall: cover 19 mass gatherings expert group and a focal point for the Global Outbreak Alert and Response Network or go on for Johns Hopkins University.

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00:09:17.340 --> 00:09:25.170

Gigi Gronvall: So during the first wave of coverage 19 she devoted a variety of risk or she developed a variety of risk based tools and guidance.

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00:09:25.470 --> 00:09:37.530

Gigi Gronvall: Including self assessments and decision trees international organizations policy leaders and other stakeholders as part of the WHO novel covered 19 a mass gatherings expert group she also.

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00:09:38.010 --> 00:09:44.220

Gigi Gronvall: produce different checklists for event organizers so lots of mass gatherings experiences here.

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00:09:44.760 --> 00:09:51.090

Gigi Gronvall: She received an mph and epidemiology, with a concentration in global health from University of Texas health science Center.

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00:09:51.420 --> 00:10:05.190

Gigi Gronvall: And a bs in molecular and cell biology from Texas a&m and while studying there she also worked for who supporting national ministries of health their preparedness efforts for mass gatherings so much yeah, thank you for joining us and over to you.

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00:10:06.720 --> 00:10:18.150

Lucia Mullen: Thank you gigi and as Brian alluded i'm going to spend the next couple minutes kind of going a bit more into detail on what the testing strategies were for both Tokyo and Beijing and what our results look like.

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00:10:18.960 --> 00:10:27.060

Lucia Mullen: So as Brian said we had quite a bit of testing if we look at Beijing first we required to negative.

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00:10:27.390 --> 00:10:41.880

Lucia Mullen: PCR tests before you were even allowed to enter the country within 96 hours of your departure, and then we entered airport screening so anyone coming into the country had to have a negative saliva antigen test at the at the airport.

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00:10:42.720 --> 00:10:53.160

Lucia Mullen: In order to make sure that we weren't unnecessarily pulling people in placing them in into isolation, particularly the athletes that had trained for most of their lives, or at least many years.

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00:10:53.790 --> 00:11:01.320

Lucia Mullen: Ahead of these Games, we didn't want to risk having to have them counselor or Mr opportunities to play unless we were very certain on the.

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00:11:01.740 --> 00:11:09.090

Lucia Mullen: positivity of the results we did do confirmatory testing as well, so any result that came back as ambiguous or positive.

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00:11:09.510 --> 00:11:21.570

Lucia Mullen: Then underwent a saliva PCR tests, if that came back at what underwent a nasal pharyngeal PCR tests for Tokyo for Beijing as Brian had said, since we were doing and pee test right from the get go.

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00:11:22.650 --> 00:11:24.750

Lucia Mullen: We would just do a secondary test there.

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00:11:26.310 --> 00:11:37.080

Lucia Mullen: But if they had a negative test at the airport screening, they were then able to go into the Olympic village and from there, they went under their regular testing screening Program.

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00:11:37.470 --> 00:11:47.190

Lucia Mullen: So anyone coming into the country hadn't an enhanced three days and this men, regardless of who you were you were tested for the first three days you were in the country at the Olympic village.

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00:11:47.820 --> 00:12:01.230

Lucia Mullen: After that they were separated into different cohorts the athletes team officials and anyone that interacted very closely with them we're still tested every day, but some of the media other stakeholders staff.

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00:12:01.590 --> 00:12:06.480

Lucia Mullen: That were manning the Olympic Games were either tested every four days or every seven days depending.

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00:12:07.470 --> 00:12:10.110

Lucia Mullen: And then, of course, they had to have a negative test to leave the country.

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00:12:10.920 --> 00:12:27.600

Lucia Mullen: But what this means is we had hundreds of thousands of tests to go through, and in fairness for the Tokyo games itself, it was just over 670 6000 games for the Olympic Games, which average to about 33,000 tests review each day.

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00:12:28.800 --> 00:12:44.610

Lucia Mullen: Because of the way we'd split it up, where we had such a heavy focus on testing anyone that was coming into the country and testing them daily we actually court 72% of all of our cases within the first two weeks of people being in Tokyo.

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00:12:45.330 --> 00:12:50.700

Lucia Mullen: And 24% of those were actually core on day zero through airport screening.

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00:12:51.300 --> 00:13:02.640

Lucia Mullen: For through the the following as days 123 where everyone was tested, regardless of who you were we caught another 18% and then the final 31% came from days four to 14.

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00:13:03.030 --> 00:13:10.740

Lucia Mullen: So we knew very early on that we were catching most of the cases as soon as they were becoming positive, and this was further.

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00:13:11.370 --> 00:13:26.760

Lucia Mullen: enhanced by the fact that we had very, very little secondary transmission or or secondary attack rates and actually very, very few of our close contacts went on to be positive i'll give you the numbers here but also fully acknowledge i'm throwing a bunch of numbers at you.

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00:13:28.020 --> 00:13:45.060

Lucia Mullen: And so, if we do look at the breakdown of numbers as i've said of over the 760,000 tests that we conducted only 464 cases came back positive 33 of which were athletes and 3014 officials.

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00:13:45.960 --> 00:13:55.410

Lucia Mullen: We because of the other measures that Brian had mentioned that were in place, including the masking having quite high levels of vaccination the the hand and respiratory hygiene.

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00:13:55.770 --> 00:14:13.080

Lucia Mullen: And we also had very strict protocols in place on what to do as soon as you became positive and the isolation protocols that followed, we identified the close contacts very quickly so of the 417 close contacts that were identified 2% or or seven.

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00:14:14.340 --> 00:14:29.670

Lucia Mullen: A went on to become positive themselves, so this is an incredibly low number, and if we look over the whole great games our percent positivity was point 02 percent This is again much lower than we've seen kind of recorded anywhere else to date.

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00:14:31.890 --> 00:14:41.760

Lucia Mullen: And, and a lot of this came down to that fact that we were able to identify cases so quickly and make sure that we didn't have that secondary transmission occurring.

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00:14:42.840 --> 00:14:53.760

Lucia Mullen: If we then move over to Beijing we kept a lot of the same protocols in place, there were some slight changes, Brian had mentioned vaccination was required, we also.

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00:14:54.150 --> 00:14:57.930

Lucia Mullen: tested everyone they had a much stricter closed loop so in.

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00:14:58.710 --> 00:15:04.020

Lucia Mullen: In Tokyo where all of the athletes and everyone we're staying in the Tokyo village.

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00:15:04.260 --> 00:15:14.820

Lucia Mullen: We we tend to to refer to this as kind of a quasi bubble, because while they were all staying in one place and interacting with each others we did have some people that were going between that population.

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00:15:15.120 --> 00:15:23.640

Lucia Mullen: And the local Tokyo or wider Japanese population, and these were a lot of the volunteers and and local workforce that were helping and supporting the games.

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00:15:24.510 --> 00:15:33.270

Lucia Mullen: Regardless of that fact, we do also know that we had no instances of cases traveling between those two groups so so the protocols were safe enough, but for.

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00:15:33.930 --> 00:15:38.190

Lucia Mullen: Beijing the loop was was very tight, to the point that even.

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00:15:38.940 --> 00:15:47.460

Lucia Mullen: When athletes needed to use public transportation to get to different venues they had very specific train compartments they could travel in that no one else was allowed in.

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00:15:48.120 --> 00:15:53.760

Lucia Mullen: So it was a complete closed loop system and everyone was required to test daily as soon as they entered this system.

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00:15:55.080 --> 00:16:08.100

Lucia Mullen: So for Beijing itself, we had 1.9 million tests conducted during the games which average to about 70,000 per day, and yet we only had 437 cases.

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00:16:08.550 --> 00:16:14.100

Lucia Mullen: That came back positive, which was a positivity rate of just under point 1%.

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00:16:14.490 --> 00:16:24.750

Lucia Mullen: So even low and keep in mind if we go back to when these two games occurred first Tokyo, it was during the height of the delta outbreak or the delta variance and.

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00:16:25.110 --> 00:16:34.830

Lucia Mullen: For Beijing, it was when omicron was circulating, so we had very high levels of both in the the host countries themselves, but also circulating in the rest of the world.

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00:16:36.270 --> 00:16:49.110

Lucia Mullen: And when we look at Tokyo or at Beijing specifically 60% of the cases were identified at the airport testing so before we even let them come into the closed loop system, which shows that we were able to.

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00:16:49.770 --> 00:16:59.130

Lucia Mullen: reduce the risk of clusters and further surges happening because we identified these cases as soon as they became positive without any instances of them.

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00:17:00.630 --> 00:17:05.100

Lucia Mullen: Having instances of transmission to fellow athletes and other competitors.

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00:17:06.120 --> 00:17:12.990

Lucia Mullen: To the point that we actually for the the close contacts that were identified in Beijing.

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00:17:13.470 --> 00:17:25.140

Lucia Mullen: Very few cases went on, and generated any close contacts, because of the heavy public health and social measures in place only 43% of the cases that were there had any close contacts.

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00:17:25.440 --> 00:17:43.560

Lucia Mullen: And 19 of the 20 that went on to be positive, of these close contacts actually came from a single flights and obviously were identified in in transit, so we only had one instance of a close contact going on to become positive once the all of the athletes, or in the closed loop system.

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00:17:45.240 --> 00:17:51.600

Lucia Mullen: I do realize that was a lot of numbers that I threw at you happy to talk about them further during the q&a.

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00:17:52.290 --> 00:18:01.350

Lucia Mullen: But overall, what we saw with both the Tokyo Olympics and the Beijing Olympics, is that the regular testing was hugely successful and not only.

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00:18:01.650 --> 00:18:13.650

Lucia Mullen: Keeping cases down overall but ensuring that there was very little instances of secondary transmission or clusters occurring either during the games, or when case or when everyone left and went home to their own countries.

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00:18:14.670 --> 00:18:22.860

Gigi Gronvall: I mean it's extremely impressive and the work that you've done it's it's an The numbers are fantastic but.

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00:18:23.280 --> 00:18:38.250

Gigi Gronvall: And I can see from a technical standpoint, how the strategy was put together in a way that is, you know that that is coherent and makes sense to the people who are involved, but how did you communicate this I mean this is a complicated.

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00:18:38.880 --> 00:18:51.780

Gigi Gronvall: set of of of you know instructions there's a lot on the line, so can you talk a little bit about your communication efforts and how and and developing the strategy and and what happened after.

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00:18:53.880 --> 00:18:56.040

Brian McCloskey: I can do some of that, I think we had a.

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00:18:57.120 --> 00:19:06.390

Brian McCloskey: progression from when the Games recently canceled when they were rescheduled for Tokyo, where we had an independent expert panel which I chaired which helped put this together.

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00:19:06.780 --> 00:19:13.320

Brian McCloskey: And not communicated with a group called the old partner Task Force, which was the Beijing or destroyed in Tokyo and Japanese Government.

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00:19:13.710 --> 00:19:21.390

Brian McCloskey: the organizing committee and I oversee and we work through that portal to make sure everybody understood what the risk where what the measures were what we were doing and why.

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00:19:22.020 --> 00:19:29.370

Brian McCloskey: What does that into was a thing, called the playbook, which was a description, I was he put together for all the athletes and participants.

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00:19:29.730 --> 00:19:34.050

Brian McCloskey: which effectively describe why don't we like to do the journey from your home country.

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00:19:34.500 --> 00:19:42.660

Brian McCloskey: To Tokyo and then later to Beijing and back again and, within that we set the parameters, but what the testing will be like what the public health association will be like.

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00:19:43.260 --> 00:19:50.490

Brian McCloskey: and effectively what the playbook did was to explain to everybody, you know, this is what we are doing to keep you safe, while you're in Tokyo Beijing.

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00:19:50.880 --> 00:19:55.920

Brian McCloskey: This is what you can do to keep yourself, safe and this what you can do to make sure other people are safe as well.

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00:19:56.340 --> 00:20:03.300

Brian McCloskey: including not only understanding the frequency and type of testing, but the consequences of what would happen if you tested positive.

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00:20:03.630 --> 00:20:09.000

Brian McCloskey: and terrible isolated and Hollywood work to get you back into the Games to do your competition if you're an athlete.

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00:20:09.870 --> 00:20:21.720

Brian McCloskey: And that process went through a couple of iterations but it very effectively painted a picture for people what it would be like and that moved from Tokyo to Beijing and has not been used for other Moscow things.

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00:20:22.560 --> 00:20:29.430

Brian McCloskey: i'm currently doing some work with the Commonwealth Games in the UK, this summer we're adopting the same sort of playbook as as a means of communication.

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00:20:30.330 --> 00:20:39.240

Brian McCloskey: So I think what we have is a risk communication strategy that actually explained to people and what the risk might be and what has been done to mitigate them to keep them comfortable.

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00:20:42.030 --> 00:20:48.510

Gigi Gronvall: To do any lessons learned from the communication rollout that you helped to adapt for future events.

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00:20:49.650 --> 00:20:57.990

Brian McCloskey: We did, and we still are doing and and and under some of the questions in the chat we are in the process of trying to find, like some of the publications with all this data in it, because of the GSA there's.

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00:20:58.440 --> 00:21:05.130

Brian McCloskey: A lot of numbers, but we will hopefully be getting probably soon and has been presented in a couple of conferences monochrome elsewhere.

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00:21:05.790 --> 00:21:12.900

Brian McCloskey: So you can find some of them on the Net and what we've been looking at is two things I think one is.

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00:21:13.620 --> 00:21:22.260

Brian McCloskey: way back when when I was in Medical School in Dublin One of the things I was taught very early on, was never do a test on a patient unless you know what you're going to do with the result.

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00:21:22.860 --> 00:21:31.620

Brian McCloskey: And that was a challenge, because we had to work out exactly what will we do if he was finding right and do 1.9 billion tests, but he actually actually manage the results in a sensible way.

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00:21:32.040 --> 00:21:38.790

Brian McCloskey: And part is making sure that anybody who might be a risk of transmitting call would was identified monies to reduce that risk.

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00:21:39.330 --> 00:21:45.330

Brian McCloskey: But at the same time that we did not exclude anybody from participating going to games, because of the tests that was wrong.

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00:21:45.990 --> 00:21:52.110

Brian McCloskey: And that was really to confirm your testing that's why we chose a test we did so we could I could actually decide.

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00:21:52.590 --> 00:21:56.700

Brian McCloskey: fairly clearly where somebody presented a risk to others and, if so, how we would manage it.

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00:21:57.480 --> 00:22:09.540

Brian McCloskey: And we monies to get most 96% of the close contacts were able to come, whatever quarantine isolation and compete as they plan to do two games which I think is a success measure in itself, because that was quite a big number.

143

00:22:10.440 --> 00:22:15.600

Brian McCloskey: And again we're not translating that into other mass gatherings, including the Commonwealth Games and others.

144

00:22:17.010 --> 00:22:21.300

Brian McCloskey: And I think you know, one of the messages we have is the Games went ahead successfully.

145

00:22:22.020 --> 00:22:32.580

Brian McCloskey: People enjoyed them, they were not normal games we didn't have spectators mostly though we did bring some into Beijing, but they were successful people compete it and got their medals, but they were safe.

146

00:22:33.300 --> 00:22:38.610

Brian McCloskey: So what we show it is there was no real covert transmission with inside the village or inside the closed loop.

147

00:22:39.360 --> 00:22:46.140

Brian McCloskey: There was really no transmission between the international community coming in and the domestic population in Japan or China.

148

00:22:46.740 --> 00:22:55.560

Brian McCloskey: and, very importantly, we can be sure there was no transmission brought back from Tokyo or Beijing to the rest of the world, and that in itself is an important message.

149

00:22:56.250 --> 00:23:04.710

Brian McCloskey: And I think what we've learned is that the approach that we took which is sort of the standard who public health approach to managing good does actually work.

150

00:23:05.580 --> 00:23:09.900

Brian McCloskey: But I think some of the questions that we haven't been able to answer properly is.

151

00:23:10.740 --> 00:23:22.890

Brian McCloskey: What was the rule of the testing in that success, as opposed to the public health and social measured and what would have happened if we've done less testing, I mean we can't do a randomized control trials, so we can come to that question.

152

00:23:24.090 --> 00:23:25.050

Brian McCloskey: But what where we are.

153

00:23:26.220 --> 00:23:33.930

Brian McCloskey: Is a different word for corbin here with both company starting to relax the reports going to some form of living with corporate strategy.

154

00:23:34.560 --> 00:23:41.460

Brian McCloskey: we're now looking at mass gatherings social or sporting it otherwise where people are coming back and not being so much testing.

155

00:23:42.120 --> 00:23:47.760

Brian McCloskey: And we're still in a slightly experimental position because we don't know what the impact will be in the.

156

00:23:48.240 --> 00:24:00.810

Brian McCloskey: world of high, we will survive or not have asked gathering in this scale without doing any testing at all, are doing very limited testing and that's the next stage is to work out how comfortable are we doing that.

157

00:24:02.130 --> 00:24:07.080

Brian McCloskey: The buttons up that worries me most is the thing about flying blind.

158

00:24:08.040 --> 00:24:18.390

Brian McCloskey: When we're talking in Beijing, we knew exactly what was happening inside the village inside the closed loop on a daily basis, we knew how many were getting infected where they were who they were etc.

159

00:24:19.110 --> 00:24:26.430

Brian McCloskey: No, we don't know that for mass gatherings anymore, so the question will be will we still be able to identify the risks as they arise.

160

00:24:26.880 --> 00:24:34.830

Brian McCloskey: And are we prepared to monies and when they do, and we are to some extent flying blind into the future for that, which is one of the big challenges that we we always have in this world.

161

00:24:37.290 --> 00:24:44.880

Lucia Mullen: I think, to add on to all the points Brian and said, you know what one of the huge successes of of the Olympics is.

162

00:24:45.240 --> 00:24:57.240

Lucia Mullen: At least the communication to the athletes and everyone involved in in the running of it was the recognition very early on that, while the health and safety is the priority the.

163

00:24:58.050 --> 00:25:06.630

Lucia Mullen: The importance of ensuring that athletes where we're still gonna be able to compete, it was going to be as close to a normal games as possible with with some measures in there.

164

00:25:06.960 --> 00:25:13.800

Lucia Mullen: Was was very strong and at the forefront of of all the planners minds ahead of the games which which helped.

165

00:25:14.580 --> 00:25:24.720

Lucia Mullen: I think, secure a lot of the the initial concerns, but I do agree with with Brian going forward now that we seem to be placing less of an importance on.

166

00:25:24.960 --> 00:25:29.820

Lucia Mullen: Testing regularly posts in the post coven world, the concern is, are we going to be able to see.

167

00:25:30.150 --> 00:25:41.220

Lucia Mullen: Any instances as soon as they happen because that was a huge success here, we were able to identify cases before we had clusters, so if someone has to be pulled we were talking one two people rather than the whole team.

168

00:25:43.350 --> 00:25:51.810

Gigi Gronvall: Can you say a little bit more about some of the confirmatory testing, because that was always something that you know I think a lot of people probably were anxious about.

169

00:25:52.410 --> 00:26:07.230

Gigi Gronvall: Did you switch methodologies when when you were doing confirmatory testing if somebody had a positive results or was it the same methodology or you know I can imagine that would be very stressful for people who were there.

170

00:26:08.070 --> 00:26:20.220

Lucia Mullen: yeah certainly it is Brian had mentioned earlier for Tokyo, since we didn't have the the workforce of being able to do nasal pharyngeal swabs across the board that's why we started with saliva.

171

00:26:20.700 --> 00:26:28.470

Lucia Mullen: We also wanted to to get the results as quick as possible which kind of led to us using those antigen test, but do recognize that they.

172

00:26:28.830 --> 00:26:37.260

Lucia Mullen: aren't as sensitive as specific as a PCR and, and so we didn't want to base any final decisions on them, which is what less led to the confirmatory testing.

173

00:26:37.680 --> 00:26:46.890

Lucia Mullen: and on top of that, though there, there was an additional protocol that i'll probably let Brian speak a bit more to where we included a group called the the rake the results.

174

00:26:47.250 --> 00:26:57.120

Lucia Mullen: advisory expert group, and this was a group of experts that were convened together to actually review every single positive case, including the confirmatory testing.

175

00:26:57.330 --> 00:27:09.120

Lucia Mullen: So they made the final decision in conjunction with the the local government officials on what to do with that case and took into account extra points such as vaccination status CT levels.

176

00:27:09.810 --> 00:27:21.510

Lucia Mullen: Prior infection to determine if the person needed to be pulled or if enhanced measures could be in place so that they could keep practicing and or competing but Ryan, let me hand it over to you to talk a bit more about that hmm.

177

00:27:23.400 --> 00:27:30.120

Brian McCloskey: Thank you um yeah I think the rake or medical expert panel we called it in Beijing could have a similar but slightly different composition.

178

00:27:30.510 --> 00:27:38.190

Brian McCloskey: But two major roles, I suppose one was on the air the stages, as people were flying in to join the Games and the other was during the game.

179

00:27:38.490 --> 00:27:45.210

Brian McCloskey: So, as people were coming in one of the big challenges was particularly for Beijing, because on the crowd was searching around the world.

180

00:27:45.660 --> 00:27:54.180

Brian McCloskey: And a lot of people coming in with winter sports athletes who were involved in winter leagues across North America, Europe where of a crowd that was definitely searching.

181

00:27:54.810 --> 00:28:02.340

Brian McCloskey: So we have a lot of people who tested positive who said i'm only a persistent positive because I had covered, three weeks ago six weeks ago, two months ago.

182

00:28:02.760 --> 00:28:17.340

Brian McCloskey: I have non infectious so I did I need to I should be aligned to come in and compete and part of the regular me piece job was to look at evidence to say look yeah do

we think this person is not an effective this but it's just a persistent the testing positive person.

183

00:28:18.840 --> 00:28:20.880

Brian McCloskey: Or is it somebody who has been muted infection.

184

00:28:21.390 --> 00:28:29.640

Brian McCloskey: And wanted to challenge it was on the call and we're starting to learn adopt stage that reinfection was much more common on a shorter and for them and run and i've had been before.

185

00:28:30.030 --> 00:28:40.110

Brian McCloskey: So we look at things like ctv ids so that you know the typical pattern for persistent positive is people buy and sell all around the city threshold for a positive or a test one day negative and next day and that.

186

00:28:40.590 --> 00:28:47.280

Brian McCloskey: so that we could accept is being probably evidence of persistent positivity let people in monies and carefully when they're going in.

187

00:28:48.810 --> 00:28:55.650

Brian McCloskey: The second one was when people tested positive during the games that mentor excluded for a period of winter isolation.

188

00:28:56.100 --> 00:29:05.910

Brian McCloskey: But what we try to do them with it, how can we work on it when is this person infectious When are they stopping been infectious, how can we get them back into load them to train and compete.

189

00:29:06.690 --> 00:29:11.490

Brian McCloskey: And we looked again because we're doing daily testing or even twice daily for some people that stage.

190

00:29:11.820 --> 00:29:18.870

Brian McCloskey: We could look at the CT by doing so, you know there's there is a lot of data by policy team values related to activity but, broadly speaking.

191

00:29:19.350 --> 00:29:24.930

Brian McCloskey: If you see a part of where the CT value is growing rapidly columns then starts coming back you can plot.

192

00:29:25.410 --> 00:29:33.300

Brian McCloskey: where people are not infectivity curve, so what we're looking forward when can we start to say that this person can be a lot of isolation.

193

00:29:33.660 --> 00:29:42.450

Brian McCloskey: And back into competition but we played around a package which says yes, you can do it, but we're going to give you a single room in your accommodation you're going to travel and.

194

00:29:42.990 --> 00:29:50.070

Brian McCloskey: Individual transportation you're not going to mix with other people, so we picked a greater range of public health and social measures around them.

195

00:29:50.460 --> 00:29:54.150

Brian McCloskey: and tested them regularly and that allowed them to get back into the games.

196

00:29:54.600 --> 00:30:03.630

Brian McCloskey: And when we looked at nine across Beijing, we find that none of the people who are like back into local have what we call the close contact Portugal way of working, none of them.

197

00:30:04.230 --> 00:30:12.240

Brian McCloskey: went on to cause infection anybody else, so what it showed was was careful management with the public health measures and the testing.

198

00:30:12.570 --> 00:30:20.490

Brian McCloskey: You can start to manage that risk and get people back into whatever they are to do in the first place, and that was sort of the view that expert panel was working through.

199

00:30:22.350 --> 00:30:39.540

Gigi Gronvall: So i'm wondering, I mean, because everything having to do with the Olympic Games is an anything having to do with any medical aspect of it is under close scrutiny how your how you think it's going to the strategy needs to evolve when there's more there's more elements.

200

00:30:40.620 --> 00:30:46.710

Gigi Gronvall: That could be deployed now right, so you have the potential for pass lovett to do test to treat.

201

00:30:47.190 --> 00:30:58.770

Gigi Gronvall: I don't know if people would try to you know game that and and take that before you know potentially testing as a prophylactic you know even ahead of the science on that.

202

00:30:59.700 --> 00:31:06.090

Gigi Gronvall: The potential for every shield and if people want to you know do what they can to away testing positive so.

203

00:31:06.600 --> 00:31:19.170

Gigi Gronvall: Are these things being and i'm sure there'll be other drugs and and potential, you know therapies and people who might want to use, so how, how is that being considered and then for the future.

204

00:31:20.400 --> 00:31:27.480

Brian McCloskey: Well, working with it, you know as we're trying to keep sort of an eye on what's happening around the world, particularly this summer, because we are no.

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00:31:27.810 --> 00:31:34.710

Brian McCloskey: I think running ahead of the science in the sense that, because many governments have decided and Corbett is no longer an issue they want to deal with.

206

00:31:35.400 --> 00:31:40.170

Brian McCloskey: Therefore they're going to take away the government restrictions big away take away mass Monday, etc.

207

00:31:40.620 --> 00:31:53.700

Brian McCloskey: There is a bit bigger Dr among participants to say we don't need to do anything for our particular mass gathering I think i've slightly ahead of the science of President but we'll see how that evolves over the end of the sporting seasons and through the summer into the autumn.

208

00:31:54.990 --> 00:32:04.740

Brian McCloskey: And I think what we have to look at is a gradual transition, I think, from the responsibility for corey medication sitting with an Organizing Committee.

209

00:32:05.100 --> 00:32:10.710

Brian McCloskey: Of a mass gathering to moving it to be responsibility of the participants of the team doctors etc themselves.

210

00:32:11.310 --> 00:32:20.730

Brian McCloskey: And we've got to move that responsibility in a way that is managed and controlled, so we have a confidence that the team doctors know what they have to do, and they will do it.

211

00:32:21.120 --> 00:32:27.030

Brian McCloskey: Because they will they will be under huge pressure not to report their star Gold Medal candidate is being positive.

212

00:32:27.480 --> 00:32:33.960

Brian McCloskey: yeah and you can understand that pressure, but they also recognize if they don't they could pick our athletes and their team at risk for spread.

213

00:32:34.500 --> 00:32:39.450

Brian McCloskey: So they are coming around understanding, their role in it, so I think it to manage transition for known.

214

00:32:39.870 --> 00:32:47.250

Brian McCloskey: Probably, if you like, government level organizing committee level responsibility to individual responsibility within the team is the team doctor.

215

00:32:47.700 --> 00:32:55.830

Brian McCloskey: And we need to watch how that evolves and make sure we don't see spreading events happening as a consequence of these events that we have you know a lot of big events coming up.

216

00:32:56.400 --> 00:33:06.840

Brian McCloskey: The word authentic championship is in Oregon in July that finishes about three or four days before the Commonwealth Games starts in the case and most athletes.

217

00:33:07.230 --> 00:33:14.910

Brian McCloskey: will not come to the UK from their home country they'll come via Oregon so our risk depends on how high Oregon manages their risk.

218

00:33:15.450 --> 00:33:26.160

Brian McCloskey: And that's a process, we know you have to keep an eye on and who was trying to monitor to see can we detect what impact these events have is that changing as the overall approach to cover changes.

219

00:33:27.150 --> 00:33:29.370

Brian McCloskey: And with the times you.

220

00:33:29.640 --> 00:33:34.530

Lucia Mullen: know, of course, I agree, and I think in another complication that's been added to it is.

221

00:33:35.160 --> 00:33:44.190

Lucia Mullen: For the Olympics, even though we are still dealing without you know 10s of thousands of people going into Tokyo and into Beijing between the the athletes, the team officials, the stakeholders.

222

00:33:44.430 --> 00:33:49.290

Lucia Mullen: We weren't dealing with the spectator proportion of mass gatherings To that extent.

223

00:33:50.160 --> 00:34:02.190

Lucia Mullen: Now, with all of these live restrictions lifting we're also seeing events being held at full capacity, again, and certainly the two that Brian had mentioned we've also got the FIFA World Cup coming up at the end of the year and Qatar.

224

00:34:02.520 --> 00:34:14.820

Lucia Mullen: are expected to have full capacity spectators, which is going to lead another level of risk they're not necessarily between the two groups, as there isn't often a lot of interaction between spectators and the athletes.

225

00:34:15.300 --> 00:34:26.370

Lucia Mullen: In terms of you know risk of covert transmission, but we are having a potential of of having additional services or or bringing people together and then, when they go back to their own country, creating additional service that way.

226

00:34:26.730 --> 00:34:33.000

Lucia Mullen: And so that's another complication that needs to be sorted out, and I do think again it's going to be.

227

00:34:33.540 --> 00:34:37.500

Lucia Mullen: Putting a lot of the onus on the spectators themselves to know and.

228

00:34:37.740 --> 00:34:51.420

Lucia Mullen: And if you feel that you know you're you're feeling under the weather might be sick might have had an earlier exposure to make those decisions not to go, because we are seeing people moving away from requiring proof of negative test or even proof of vaccination for large events now.

229

00:34:52.860 --> 00:35:02.850

Gigi Gronvall: yeah makes me wonder, I mean as as that transition happens and it becomes less about you know you are following the the rules to get tested a certain frequency, etc.

230

00:35:03.450 --> 00:35:09.990

Gigi Gronvall: it's still not great, for the athletes to get sick, you know it's really hard to compete, when you are.

231

00:35:10.440 --> 00:35:17.940

Gigi Gronvall: When you have a fever and you're you know you're sick, even if it's not against the rules and i'm wondering if there's going if you see.

232

00:35:18.360 --> 00:35:28.290

Gigi Gronvall: Anything on the horizon, as far as like testing for other other diseases, I mean influenza, I mean kind of limiting the contact with the athletes, you know.

233

00:35:28.800 --> 00:35:40.020

Gigi Gronvall: From the the other team officials or potential spectators who could you know really hamper and athletes chances of you're doing one of the Games.

234

00:35:41.370 --> 00:35:45.900

Brian McCloskey: But I think it's One of the interesting things we've learned over 2021 22.

235

00:35:46.440 --> 00:35:55.530

Brian McCloskey: we've gone through in a normal Olympic Games, the polyclinic that gives our medicine would give out about 6% of of the athletes would come forward with some form of respiratory infection.

236

00:35:55.800 --> 00:36:03.450

Brian McCloskey: Looking for you know do coffee leaf and Nice lead decongestant etc that was worth 303 Tokyo in Beijing.

237

00:36:03.870 --> 00:36:09.420

Brian McCloskey: No part of that will be because people didn't want to go to public any because he might have seen his risk, but actually a lot of us to do the fact.

238

00:36:09.750 --> 00:36:19.350

Brian McCloskey: What we put in place for probably not measures actually worked for him so more importantly we've now gone through two Olympic Games talking and Beijing was no norovirus.

239

00:36:19.830 --> 00:36:30.210

Brian McCloskey: First time that's ever happened in China Winter Olympics nearly collapsed because of norovirus I break the word authentic samples London had some we had nothing during the games.

240

00:36:30.780 --> 00:36:35.310

Brian McCloskey: So one of the things we're learning is actually these measures are a good thing to do all the time.

241

00:36:36.030 --> 00:36:42.450

Brian McCloskey: I know people like Peter Nice and ruling Federation are looking at it, because the nature their events usually on a gut there's a mix.

242

00:36:42.780 --> 00:36:52.650

Brian McCloskey: was a lot of hand washing facilities they've always had a risk of gastrointestinal infections that are looking to see how it can be a doctor procedures to make them more secure and the light of what we've learned from Corbett.

243

00:36:53.430 --> 00:37:06.600

Brian McCloskey: So we've always had issues about infectious disease and math gathering, but now we're starting to learn more about holy container the risk mitigation that will actually affect all of those risks not just focusing uncovered.

244

00:37:08.010 --> 00:37:14.400

Lucia Mullen: And that's part of the legacy that we're hoping to implement with with some of these, especially with some large events that who manages.

245

00:37:14.700 --> 00:37:22.710

Lucia Mullen: A huge proportion of it is building that legacy within country and within the event organization structure and so now that we have seen some clear proof.

246

00:37:23.340 --> 00:37:40.020

Lucia Mullen: You know, we aren't expecting events in the future to require masking at all times, but as Brian said, if we can implement better respiratory and just hygiene possibilities, because they can see that it does significantly by down that risk that would be a huge help to the field anyway.

247

00:37:41.490 --> 00:37:49.350

Gigi Gronvall: To deal with, so I know this is focused on testing but we're talking about lots of different mitigation measures for koeppen other infectious diseases here.

248

00:37:50.040 --> 00:38:06.360

Gigi Gronvall: Did you did the subject of like how to you know filter in the air and have appropriate ventilation has that been part of the strategy, or is it been I can imagine it might be difficult, depending on you have less control over the venue.

249

00:38:08.010 --> 00:38:17.100

Brian McCloskey: know it was part of the thing for both talking to Beijing in terms of we had a lot of pressure from outside, from the public health Community if I hope I dangerous talking Beijing would be.

250

00:38:17.400 --> 00:38:26.640

Brian McCloskey: And i'm not focused on the aerosol risk, so we did go back and look again at the ventilation issues and we did change with the villages were usable for ages had good.

251

00:38:27.960 --> 00:38:34.560

Brian McCloskey: ventilation built into them but places, but particularly indoor arenas where there was less certainly by the quality ventilation.

252

00:38:34.860 --> 00:38:44.790

Brian McCloskey: We put an extra ventilators and testing from that so we did modify it, including screens inside the taxis in the car is overused so it was part of the overall package of.

253

00:38:45.360 --> 00:38:53.820

Brian McCloskey: Improved measures and, again, one of our challenges difficulties is it's very hard to on pick from that what contribution that made.

254

00:38:54.120 --> 00:39:03.150

Brian McCloskey: righteous bring your mask versus washing your hands and that's always going to be a challenge for us, but we did put in a lot of focus on making sure the ventilation system was their.

255

00:39:04.170 --> 00:39:08.160

Gigi Gronvall: screens in the taxis, can you say more about what what was that.

256

00:39:09.030 --> 00:39:10.470

Brian McCloskey: Like plastic screen between.

257

00:39:10.980 --> 00:39:17.880

Brian McCloskey: The driver compartment and and the the passenger compartment to make sure that you again we minimize the risk of transmission between those groups.

258

00:39:20.010 --> 00:39:26.010

Lucia Mullen: And as Brian said this this kind of became a huge comprehensive package that all fell under that public health and social measures.

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00:39:27.150 --> 00:39:35.790

Lucia Mullen: That, who has been pushing it when we very much followed that Protocol and and it looked at kind of the all hazards approach from a from a risk perspective, so all of these.

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00:39:36.060 --> 00:39:48.690

Lucia Mullen: individual measures will buy down a risk that the more you can implement that the more you can buy down your risk, but unfortunately we're not at the stage where we can say exactly how much each one impacted we just know together it created a very effective Program.

261

00:39:49.110 --> 00:40:04.470

Gigi Gronvall: Sure, and I imagine it's not just about infectious disease risks when it comes to some of the indoor air quality issues, I mean you really have to it's also not good for athletes to breathe and lots of particular Hudson other things that might be problem in the air.

262

00:40:06.300 --> 00:40:14.610

Brian McCloskey: yeah and in Tokyo, we went there originally before the cougar, we need to be covered with lots of concerns but Eric quality by heat waves, but all sorts of things.

263

00:40:14.910 --> 00:40:22.560

Brian McCloskey: All of which were there were managed but akobo just another layer of risk sitting on top of that, and some of the measures we put in place help reduce those risks as well.

264

00:40:24.150 --> 00:40:37.710

Gigi Gronvall: So when people I mean just to try and broaden the conversation a little bit I mean you know I think you're certainly I see how the things that you've implemented will carry on for future games and other sporting events.

265

00:40:38.730 --> 00:40:51.210

Gigi Gronvall: What what kinds of you know what kinds of materials, do you think do you have for people who are organizing other gatherings or what kinds of things, would you point to or major lessons learned that you.

266

00:40:51.660 --> 00:41:02.940

Gigi Gronvall: If you're organizing something you know that's different, but with a lot of people in these really uncertain times some big pieces of advice that you'd give them.

267

00:41:04.230 --> 00:41:11.190

Brian McCloskey: Well, I would say that the playbook concept in terms of risk communication is a good one, and it has been picked up by a range of people organizing governance know.

268

00:41:11.700 --> 00:41:21.390

Brian McCloskey: And it's just part of that process and saying hey we want people to understand what what don't be like to get here and to be here, but also to understand why they've been asked to do things.

269

00:41:21.810 --> 00:41:30.150

Brian McCloskey: To be involved and engaged in terms of what they can do to help as well, so that risk communication actually get the Community engaged and making making their own risk assessment.

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00:41:30.540 --> 00:41:37.590

Brian McCloskey: And therefore, acting in the best possible way themselves so that risk communication process, I think, is an important learning point.

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00:41:38.190 --> 00:41:45.300

Brian McCloskey: As well as a as the benefits that we've seen from actually having improved hygiene arrangements around around these gatherings.

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00:41:45.840 --> 00:42:00.060

Brian McCloskey: So they'll feed in and say the testing will be difficult to see how we follow up in the sense that you know it's unlikely will want to do that range of mass testing again it's unlikely at many organizations could afford to do what the IOC and Beijing and Tokyo did.

273

00:42:01.230 --> 00:42:09.240

Brian McCloskey: So what we need to discern that is wholly identify the risks arise because we're not doing that level of testing and a future games or a future event.

274

00:42:10.950 --> 00:42:21.780

Lucia Mullen: And with that you know some tools that have been created there are quite operational mind for event organizers include the risk assessment tool, who I think has it free for download on their website.

275

00:42:22.140 --> 00:42:30.240

Lucia Mullen: And all of us, Brian myself and others were involved in the development of it and it's gone through iterations as we've had learnings from different events.

276

00:42:30.810 --> 00:42:37.770

Lucia Mullen: Starting way back in in I think march march of 2020 but it includes in there, the risk evaluation which kind of talks them through.

277

00:42:38.160 --> 00:42:48.720

Lucia Mullen: How to identify these risks in relation to cove it, as well as a mitigation measures that you could implement to try and buy down that risk and then that final component or pillar is is the communication that Brian was.

278

00:42:49.230 --> 00:42:58.380

Lucia Mullen: Speaking about and, certainly, I think, following the playbook model that the IOC setup was probably one of the best examples we've seen to date.

279

00:42:59.010 --> 00:43:09.810

Lucia Mullen: I know he also mentioned as well we're hoping to get a couple of our our lessons learned out in in publications which hopefully will also help inform other event organizers going forward.

280

00:43:12.300 --> 00:43:33.060

Gigi Gronvall: I think it's um did did what kind of feedback, did you get from the individual country teams, you know after the event, did did people think it went well, you mentioned that people thought that that that the testing the frequent testing helps people feel safe but do is there any.

281

00:43:34.680 --> 00:43:38.970

Gigi Gronvall: year did you get any feedback from some of the countries that that experience this.

282

00:43:40.260 --> 00:43:47.790

Brian McCloskey: Well, we we did an emotional work we're pleased with what happened with the way the Games are given what it could have been like otherwise.

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00:43:48.600 --> 00:43:54.660

Brian McCloskey: I think we find that the process of getting through an airport is no longer a pleasant process for anybody who really.

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00:43:55.620 --> 00:44:02.790

Brian McCloskey: But, particularly if you know you're going to learn you're going to be screened off you're gonna be tested you don't know what will happen after death, all that is anxiety producing.

285

00:44:03.240 --> 00:44:07.470

Brian McCloskey: You know, but what people don't find was once you get through that little bit get into the closed loop.

286

00:44:07.860 --> 00:44:12.930

Brian McCloskey: Then he did start to relax because they felt comfortable that everybody was doing their best to look after them.

287

00:44:13.380 --> 00:44:24.180

Brian McCloskey: They were looking after themselves and the testing regime and give them reassurance so there's a bit about seeing you have to try and make the difficult but it's like daily testing on obtrusive as possible.

288

00:44:24.690 --> 00:44:26.910

Brian McCloskey: And I think we have money is that eventually just by saying.

289

00:44:27.450 --> 00:44:36.420

Brian McCloskey: You don't have to worry about your test result you just have your test on at the time to shoot you in the morning and you carry on doing what you have to do during the day don't think about a test is on.

290

00:44:36.690 --> 00:44:42.870

Brian McCloskey: We will approach you if you need to do anything but don't worry about it and then people they hadn't started to think actually this works.

291

00:44:43.230 --> 00:44:47.130

Brian McCloskey: and gives me reassurance that protects me but it's not getting too much in the way.

292

00:44:48.330 --> 00:44:54.150

Brian McCloskey: We do you have to think a lot more about isolation quarantine facilities, because that was not a huge success in the sense that.

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00:44:54.510 --> 00:45:06.630

Brian McCloskey: You know, getting people into isolation in a foreign country is unpleasant and has mental health implications of we did better, as we learned in Tokyo and we went to Beijing productive for that still needs to be worked through.

294

00:45:09.330 --> 00:45:16.110

Lucia Mullen: And again, Brian I think you mentioned this earlier on, we did do a presentation at the IOC.

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00:45:17.040 --> 00:45:23.610

Lucia Mullen: conference that was in Monaco in November of last year and brought together a lot of the.

296

00:45:23.970 --> 00:45:30.960

Lucia Mullen: Olympic team doctors for for various countries and and people that have regular interaction daily with with most of the athletes.

297

00:45:31.230 --> 00:45:39.450

Lucia Mullen: And it was quite interesting both before and during our presentation than we did here a lot of individual insights on how they felt the process went as well.

298

00:45:41.400 --> 00:45:47.430

Gigi Gronvall: Well, I just want to thank you both for for what you've done and I know that it's.

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00:45:47.850 --> 00:45:58.110

Gigi Gronvall: Of course, the Olympics, is it is a global event, but it also means so much to so many people and to make it a possibility for these athletes to compete and.

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00:45:58.560 --> 00:46:03.090

Gigi Gronvall: It really I you know I you definitely changed a lot of lives so it's really.

301

00:46:03.990 --> 00:46:15.090

Gigi Gronvall: Thank you for what you've done there what you're continuing to do and also thank you for joining us and our webinar to share your insights and I know that as soon as you have publications.

302

00:46:15.660 --> 00:46:26.460

Gigi Gronvall: That describe this we will we will do our best to share that information for people who need it, but thank you so much, and and thank you to everyone who has joined us and.

303

00:46:27.900 --> 00:46:29.070

Gigi Gronvall: Have have a great day.

304

00:46:30.270 --> 00:46:31.170

Brian McCloskey: Thank you okay.

305

00:46:31.830 --> 00:46:31.980

Thanks.