However, there is a lot of health and healthcare problems caused by the nuclear accident, which is not owing to radiation.

**Objectives** So far little incentive has been made on gaining holistic view of emerging health problems after the nuclear accident. Our aim is to share quantitative data about these issues and to appeal for the need of systematic approach to global assessment of health impact by the nuclear accident.

**Methods** Experience data was collected from the experience of medical doctors and firefighters working at on-site hospital. Health data of the residents were collected by the Soma City local government.

**Result** After the evacuation order by the national government, those who did not have access to the information, such as the elders living alone, were left within the evacuation zone. This is shown by the fact that within a week after the evacuation order, 7 emergency calls were made from within the evacuation zone. Another case is that long-term evacuation to temporary housings deteriorate health of the elderly. Health check-ups conducted by Soma City local government revealed increased risks of muscle weakness, obesity and diabetes are apparent 1 year after the disaster. Not only health problems among the residents, those of decontamination workers are increasingly a burden of health facilities in Fukushima. Being seasonal workers under precarious employment, prevalence rates of pre-existing chronic conditions such as hypertension and diabetes are high among these workers. As a result, healthcare for these workers are now an increasing burden on the frontline health facilities.

**Conclusion** To establish effective DRR for a nuclear accident, holistic view on health is required.