

Expert Meeting on Control of the Novel Coronavirus Disease Control

Analysis and Recommendations of the Response to the Novel Coronavirus (COVID-19)

(April 1, 2020)

(Excerpt)

1. Introduction

The Expert Meeting reported on March 26 that there was a "high probability of the expansion of infections," in light of the increase in infection cases entering from overseas. We updated the situation analysis based on the latest information and have decided to make recommendations.

2. Analysis of the situation

(1) Situation in Japan (nationwide)

The number of infections is rapidly increasing, primarily in urban areas, with clusters of infected patients reported one after another in areas such as Tokyo and Osaka. The number of patients with unidentified route (link) of transmission is also increasing.

The effective reproduction number (the average number of secondary infections produced by one infection) nationwide exceeded 1 as of March 15, and we must closely monitor the developments.

The number of infected patients suspected of entering from abroad increased notably from around March 11, and accounted for nearly 40% around March 22 and 23; however this rate has recently been falling.

Lately, not only the younger generation, but also middle-aged and older people are becoming the source of patient clusters.

As a recent trend, we found clusters in hospitals, elderly and welfare facilities, returnees from graduation trip to overseas, participants in evening meetings, as well as groups of chorus and dancing.

In Japan, we have not yet seen an explosive spread of infection at the level observed in other countries. However, clusters of infected patients are reported one after another primarily in urban areas, and the number of infected patients is increasing rapidly. Under these circumstances, we are beginning to see areas where the medical service system is becoming stretched, and the medical service system urgently needs reinforcement. Dysfunction of medical services may happen even before an explosive spread of infection occurs.

(2) Situation overseas

The infection has spread explosively in Europe and the U.S., and the situation is becoming more severe globally. These countries are now experiencing circumstances where sufficient medical service is not available due to collapse of the health care system.

3. Current response and its problems (omitted)

4. Recommendations

(1) Regional classifications

(i) Indicators to be considered when deciding on classifications

- The indicators to be considered when assessing the expansion of infections in each region are as follows. Additionally, information of this infectious disease should be collected smoothly in real time.

1. Number of newly confirmed patients
2. Number of newly confirmed patients whose link of transmission has not been identified
3. Number of patients seeking care at outpatient services for returnees and people in contact with them
4. Item number on the consultation form of the Call Centers for Japanese Returnees and Potential Contacts
5. Number of PCR and other tests, and positive test rates

- To prepare for the response of local medical service systems, the following information should be grasped in advance: the number of patients with severe symptoms, the number of hospitalized patients, the number of hospital beds, the number of mechanical ventilators, etc., and the state of medical personnel.

- Additionally, when considering the situation in each region, the impact on the medical service system must be considered as well.

- It is important that we capture the level of urgency medical institutions are facing in each region based on these indicators, and establish medical service systems to prioritize patients with severe symptoms.

(ii) Concept of regional classification

- We will use regional classifications that properly represent the state of infection: (1) Region under alert for spread of infection; (2) Region where infection is confirmed; and (3) Region with no confirmed infections. The basic concept underlying each regional classification and the possible responses are as follows. Current findings suggest that children are contributing very little to the regional spread of infections, but whenever there are new findings, the response for schools will be reexamined accordingly.

1. "Region under alert for spread of infection"

Regions where significant increase is confirmed compared to a week before, but which has not reached a situation that can be referred to as an explosive surge. There is also an increasing trend of patients seeking examination. In terms of medical service system capacity, an urgent situation or risk of such situation is foreseeable in the near future.

<Possible response>

- Behavior modifications to avoid "places where the three conditions are met simultaneously" ("3Cs" such as closed spaces, crowded places, and close-contact settings) must be implemented more thoroughly.

-- Request people to refrain from leaving their residence for a set period of time

-- Avoid participating in gatherings and events attended by 10 or more people

-- Refrain from dining in large groups

-- Issue alerts based on specific examples

- Consider the possibility of temporary closure of all schools in the region as an option.

2. "Region where infection is confirmed"

A region where the increased number of infected patients remains within a certain range compared to a week before.

<Possible response>

Carry out low-risk activities while taking thorough measures to avoid the "3Cs." Refrain from participating in indoor gatherings and events attended by 50 or more people. If signs appear that infection is spreading, consider additional measures.

3. "Region with no confirmed infections"

Regions where there have been no confirmed case of infection during the last week.

<Possible response>

Carry out low-risk activities cautiously while taking appropriate measures against infection. Even in this case, thorough measures to avoid the "3Cs" are essential.

(2) Need for behavior modification

(i) Thorough efforts to avoid the "3Cs"

- To date, we have been implementing a three-pronged basic strategy, namely; 1) early detection of and early response to clusters; 2) early patient diagnosis, ensuring

intensive care and a medical service system for the severely ill; and 3) the behavior modification of citizens. Considering the rapid increase in the number of patients in metropolitan areas, the increasing reports of clusters of infected patients, and the global pandemic situation, etc., we need to even further strengthen the three-pronged basic strategy; particularly 3) the behavior modification of citizens.

- Thus, citizens must make the following efforts:

- Raise the understanding that avoiding the "3Cs" as much as possible does not only reduce own infection risk, but also stop many people from developing severe symptoms, and lead to saving lives.
- Commit thoroughly to avoiding the "3Cs" as much as possible.
- Avoid visiting restaurant businesses such as bars and night clubs. Avoid going to karaoke and live houses.
- Recognize that indoor exercise has a risk of collective infection.
- Follow basic preventative measures such as washing hands and cough etiquette more thoroughly than usual.

(ii) What to do when you become a patient

Check and learn in advance how to act when you become a patient and share the information with your family and people close to you.

(iii) Use ICT effectively

Some Asian countries where infection situation is approaching containment are actively using personal data, primarily location information from mobile devices. Taking into account the protection of privacy and the Act on the Protection of Personal Information, utilizing personal data could be an option in Japan too. Discussions involving the general public and experts, among others, should be initiated immediately.

Health management using apps should be promoted as well.

(3) Securing of regional medical service systems

(i) Establish medical service systems to prioritize patients with severe symptoms

Not only the designated medical institutions for infectious disease, but also the valuable local medical resources, must come together to cooperate and coordinate with their prefectural government and play their respective part in providing medical services as a combined force. Patients with mild symptoms should have the option of staying at a facility as well as being cared for at home.

(ii) Precautions at hospitals and facilities

There are cases where infections have spread from within hospitals and facilities.

Everyone involved must remain acutely aware and make all efforts to reduce the risk of infection including by avoiding "places where the three conditions are met simultaneously" as well as preparing for the risk of infection inside the hospital. In particular, medical and welfare facility personnel suspected of infection need to be tested promptly with PCR and other tests.

(iii) Share awareness with citizens to prepare for collapse of the healthcare system

Fortunately in Japan, "health care collapse" as seen in some countries has not occurred yet. Considering the severe conditions the medical field is facing overseas, we need to share awareness with our citizens on how to utilize our limited medical resources, such as mechanical ventilators, as effectively as possible.

(4) Response expected from the government

To ensure the measures outlined above are taken, every effort must be exerted to provide economic support, establish a medical service system, and secure human resources, etc. Strengthening of public health centers and the Cluster Response Team has been still inadequate to date, and the national government and prefectures must act promptly to rectify the situation. Additionally, support must be provided to examine the effectiveness and safety of treatments using existing medications as well as to accelerate the development of new domestic vaccines.

5. Conclusion

Japan's efforts (the "Japan model"), which focusing on modifying the behavior of citizens and early detecting and responding to clusters, are attracting attention across the world. In fact, we believe our response was appropriate for the first wave that originated in China's Hubei Province.

On the other hand, as the global pandemic spreads, clusters of infected patients have appeared successively in Japan as well, primarily in urban areas, and the infection is spreading rapidly. We ask the government and municipalities for an even stronger response than ever before.

Moreover, we urge our citizens to avoid places that meet the 3Cs, even though it is not mandated by law, and to play their roles as members of society to protect themselves and the society as a whole.