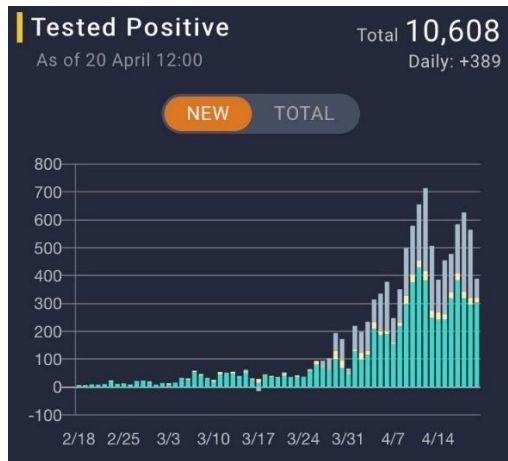


Situation report – Covid-19; Japan, Tuesday 21st of April 2020

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Covid-19 Reported Caseload in Japan



Green – symptomatic cases
Yellow – asymptomatic
Grey – symptomatic status uncertain/unreported

Daily rates of new Covid-19 diagnoses have stabilized over the past seven days following a national peak in new cases (712) on the 12th of April. There are therefore grounds for cautious optimism that social distancing measures introduced in a gradual manner during March and April are now starting to limit the rate of transmission. However, without a sustained reduction in the rate of new diagnoses it remains likely that any easing in measures designed to limit contagion would soon result in a further increase in infection rates.

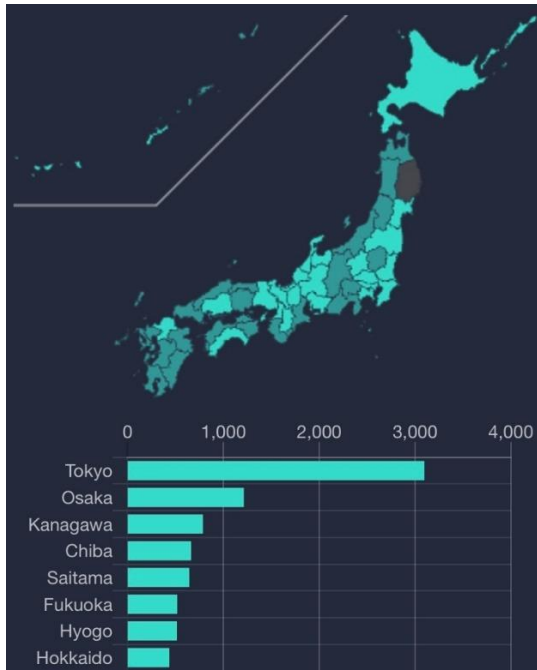


Orange – confirmed
Grey suspected/final confirmation pending

While the number of deaths attributed to Covid-19 has increased over the past week, this is not a cause for undue concern as changes in rates of death generally lag one week or more behind new diagnoses. It is likely that the significant increase in the rate of new infections seen in late March and the first 12 days of April is now resulting in the increasing numbers of deaths seen over the past few days. This can be anticipated to continue for some time. As has been seen in other countries, deaths from Covid-19 in Japan occur disproportionately in older people and in particular those with pre-existing medical conditions.

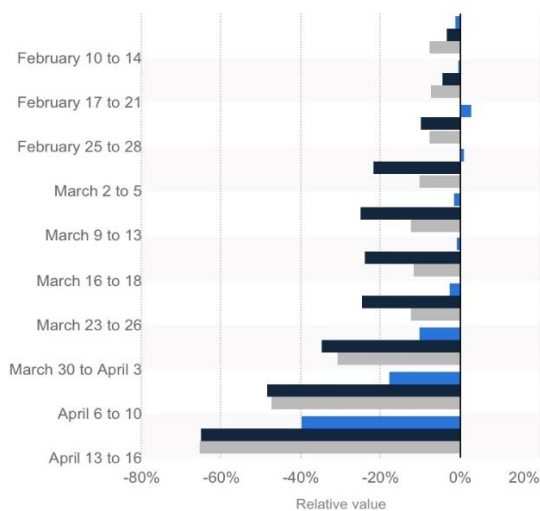
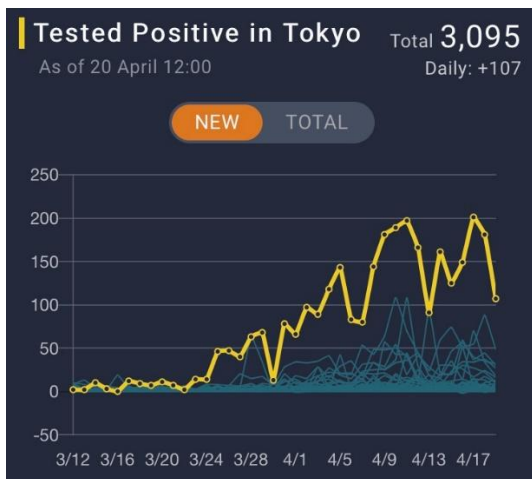


Although higher numbers of patients requiring intensive care treatment are being seen, the capacity to provide for more severely unwell patients is not being exceeded at present and it appears less likely that higher dependency medical care beds will run out unless there is a further sharp increase in the number of cases.



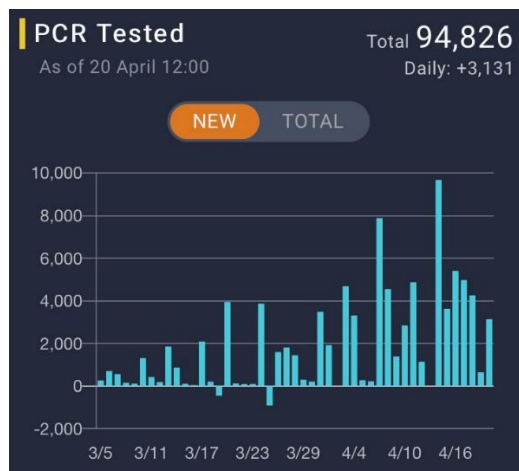
Caseload in Tokyo

Tokyo continues to have a higher concentration of cases than other parts of Japan though with a similar apparent levelling in the rates of newly detected infections to that seen across the country over the past week. There is also a similar observed trend in number of deaths.



While social distancing measures have not been tightly adhered to by the entire population, there is evidence that calls for an increase in telecommuting have met with a good response and that foot flow on the Tokyo transport network is now almost 70% below the anticipated seasonal level. This was borne out by my own experience on the one day I commuted to work by train this week; at 8am passengers were all seated, for the most part with empty seats between individuals.

Testing for Covid-19 in Japan



Japan continues to perform very few PCR tests as compared to other countries. Per capita testing rates for Covid-19 are one hundred or more times greater in the US, many European countries and Korea than in Japan. Although the government's stated intent is to increase testing capacity to 20,000 per day, the number of tests actually performed is well below this.

The local media continues to highlight the difficulties and frustrations experienced by patients and medical workers when attempting to navigate the medical system. In view of the relative paucity of testing capacity, local health units continue to request that patients be assessed by local doctors before they are considered for testing and local doctors continue to report that requests for testing are then often declined. Additionally, patients sometimes find it difficult to secure an appointment with a local doctor (see below). A number of initiatives appear to be underway to increase testing capacity and the national and regional doctor's associations continue to press for greater freedom to perform tests at discretion without needing to obtain approval from health units.

Most countries that have entered periods of lockdown are now considering how to ease restrictions on movement without risking a significant escalation in rates of infection. While there is no generally agreed roadmap to lifting social distancing measures, there does appear to be a broad consensus that a high capacity to test for Covid-19 is a prerequisite to allowing greater freedom of movement as new clusters of cases are almost a certainty and will need to be identified and traced quickly. As of now there appears to be little policy level debate in Japan on how to safely exit the current state of emergency, though.

The Japanese government also appears relatively slow to approve antibody testing. This would help doctors and researchers to identify people who have already been exposed to and are potentially immune to Covid-19. Large scale research currently underway in Germany and the US and aims to clarify the frequency with which people become immune to Covid-19 without any detectable symptoms. However, commercial labs in Japan currently advise that antibody testing is unlikely to be available until next month and that some uncertainty remains over this.

Hospital Care in Tokyo

As patients with Covid-19 who have mild symptoms are no longer required to be hospitalized, there is less overall pressure on designated hospital bed capacity than was anticipated one or two weeks ago. Hospital doctors working in central Tokyo advise that while individual hospitals may be unable to accommodate Covid-19 patients, it is generally possible to find available beds within the metropolitan area and high dependency (ICU) beds are available for more seriously unwell patients. Initially six hospitals in Tokyo were designated as centres for treating Covid-19 patients but since the declaration of the state of emergency, further hospitals and in particular university hospitals, which have more high dependency beds, are repurposing capacity to help manage the pandemic. This may involve scaling back routine care and elective surgeries though so far disruption to regular medical care does not appear excessive.

This having been said there have been many reports in the media on patients experiencing difficulty in being seen for initial assessment. Some patients report being turned away from multiple hospitals or clinics and ambulances record very long wait time of up to several hours before being able to transport patients to hospital. This reflects longstanding underlying issues with the provision of acute medical care in Japan as much as any particular problems in managing Covid-19. Japanese hospitals are generally not under any obligation to accept patients for care and paramedics are always required to obtain permission from a destination hospital before transferring a patient by ambulance. Hospitals frequently do decline to receive patients if they deem their resources to be lacking. At present, lack of personal protective equipment (PPE) and concerns over contagion are likely to be common reasons for hospitals to refuse to receive patients with symptoms of respiratory infection.

References

Reported Caseload Graphs and data sourced from MHLW as reported by Toyo Keizai - <https://toyokeizai.net/sp/visual/tko/covid19/en.html>

Tokyo subway passenger utilization
<https://www.statista.com/statistics/1102626/japan-relative-change-number-of-metropolitan-subway-users-tokyo-prefecture-by-time-of-day/>