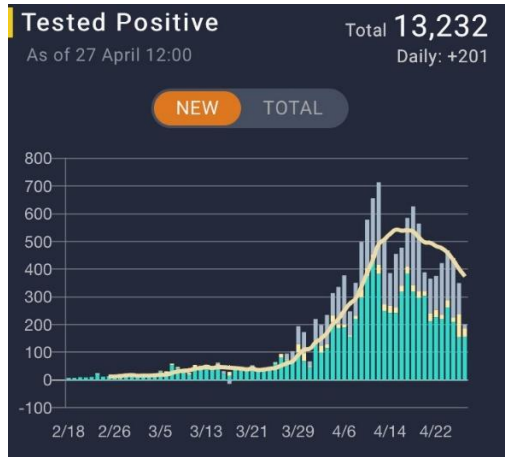


## Situation report – COVID19; Japan, Tuesday 28<sup>th</sup> of April 2020

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### Caseload in Japan



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



Orange – confirmed  
Grey suspected/final confirmation pending



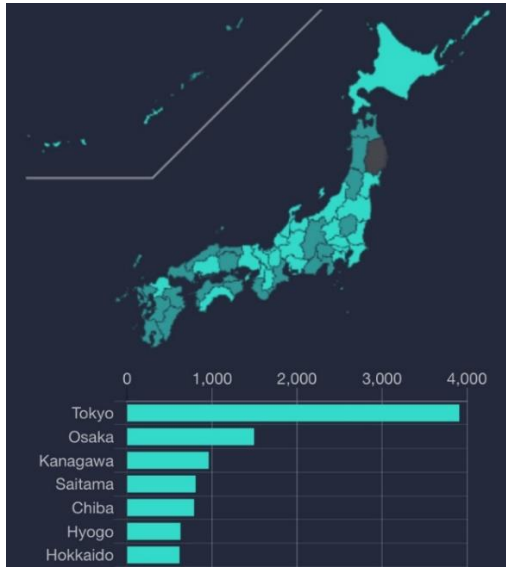
Daily rates of new infections across Japan have now shown a modest but sustained reduction over two weeks. The outbreak here has been curtailed without a full lockdown as imposed in much Europe and other countries. Effective social distancing without lockdown is not unique to Japan – other countries in Asia, including South Korea, have achieved similar or better results without sweeping compulsory stay home orders.

Higher numbers of deaths have been reported over the past two weeks. Similar daily totals are likely to continue for some time, reflecting:

- Hundreds of new infections continuing to occur every day.
- Seriously unwell patients infected during the peak period of Japan's outbreak (the first 20 days of April) continuing to succumb to infection despite optimal medical care.

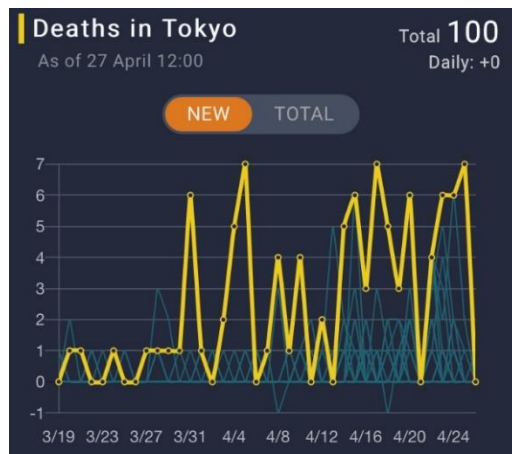
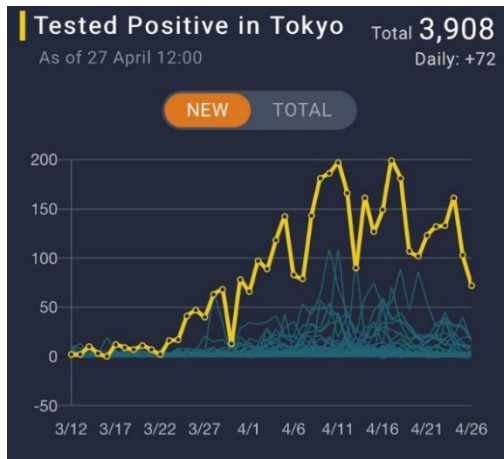
However, an additional surge in the number of deaths seems unlikely as long as effective measures limiting the spread of infection remain in place

Numbers of patients with more severe symptoms (those requiring intensive support) remain well within the capacity of the local medical system at 300 cases total since the start of the outbreak.

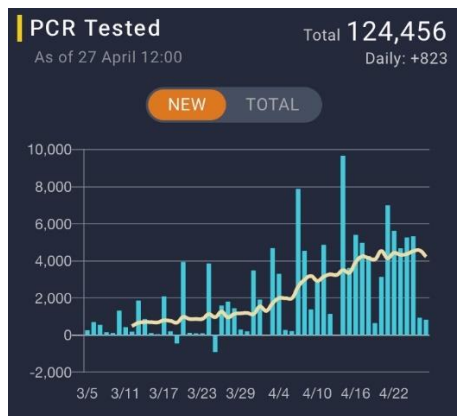


### Caseload in Tokyo

The reduction in total numbers of infections seen across Japan is similarly seen in Tokyo with early signs of a decrease in the numbers of new infections and a stabilization in the numbers of deaths.



## Testing for COVID19 in Japan



Unchanged as compared to last week -

Japan continues to perform few PCR tests as compared to other countries. Per capita testing rates for COVID19 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 a modest 20,000 per day, the number of tests actually performed is still below this, at most perhaps 8,000 per day.

This having been said, there now appears to be a greater acceptance that more widescale testing needs to be put in place. Health offices (hokenjo) are under-resourced to manage the volume of requests for COVID19 tests, a situation which is likely to worsen if and when social distancing measures are eventually relaxed and there is increased pressure on key workers to resume commuting. Locally, the Tokyo metropolitan government is in the process of expanding testing sites with the addition of a further 50 facilities. More generally there has been a policy announcement that dentists may become authorized to carry out testing to provide additional capacity.

## Hospital Care in Tokyo

Over the past week a number of foreign news networks have published stories expressing concerns over hospitals being overwhelmed by COVID-19 cases. In some instance journalists comment that social distancing measures are relaxed in Japan as compared to Europe or North America and that many businesses remain open – leading to speculation that this means that there has been a failure to control the spread of infection.

My own contacts working in a number of larger central Tokyo hospitals report that there is good availability of hospital beds for patients with both moderate and severe infections and specifically that there is no concern over the availability of high dependency/intensive care support for the most unwell patients. One doctor commented that Japan has significantly more per capita hospital beds than most other OECD countries and that as many mid-career Japanese doctors are engaged in research, there is a large pool medical staff who can be brought into clinical care to help cope with surges in demand.

Initial access to care remains problematic. Many smaller hospitals and clinics lack personal protective equipment (PPE) so may be reluctant to perform first contact assessments on patients with symptoms of respiratory infection. Health units and COVID19 testing facilities, however, with limited numbers of PCR assays available, prefer not to test patients without a preceding assessment at a primary care facility. In response, several hospitals have set up designated fever clinics but patients are sometimes unaware of how to access these facilities and in some cases they are under-utilized.

## ***Exiting the State of Emergency***

As compared to Europe and North America, there is as yet little open policy debate on how to move forward from the state of emergency. In Japan as in other countries it is increasingly clear that there is no possibility of a rapid transition back to pre-COVID19 normality and that there will have to be an extended period of phased re-opening during which there is a strong possibility of further outbreaks. It therefore seems highly likely that the state of emergency will be extended beyond the 6<sup>th</sup> of May – or that at least, continuation infection control measures will remain in place.

Dr Hiroshi Nishiura, a prominent epidemiologist and member of the government's coronavirus response task force, continues to appear on regular televised press briefings and is fast becoming a household name. Last week he commented that Japan lacks a clear plan for managing the next phase of the outbreak. He is a noted supporter of more extensive testing.

## ***References***

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

## ***Resources***

How to get help if you suspect that you have COVID19 (Tokyo residents)  
<https://stopcovid19.metro.tokyo.lg.jp/en/flow>