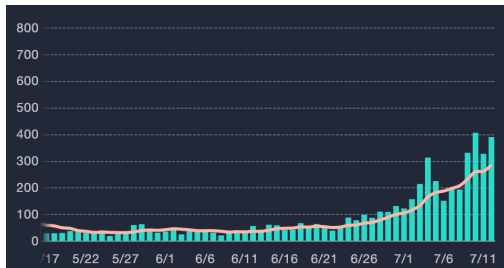


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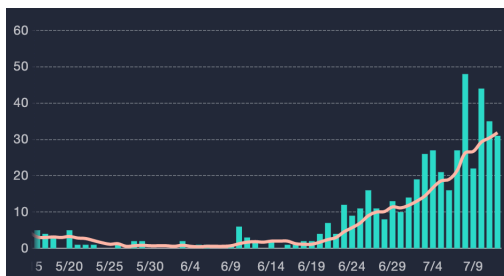
Current Situation in Japan

(National number of new diagnoses)



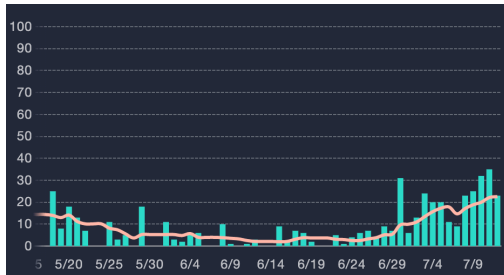
Case numbers continue to rise and are currently doubling approximately once every ten days. At the present trajectory, by the end of July, this second wave outbreak will exceed the severity of April's first wave of infections.

Saitama



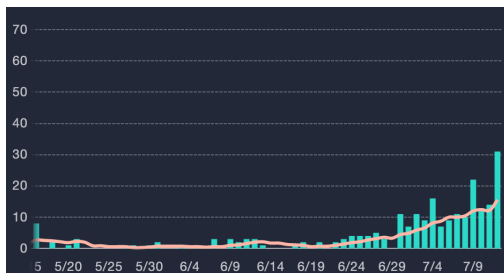
Yoshihide Suga (Chief Cabinet Secretary) has been widely reported as - and subsequently criticized for - saying that COVID19 is a problem particular to Tokyo. This reflects the persisting difference between the capital and the remainder of the country, with Tokyo residents 11 times more likely to become infected than the those living elsewhere – figures based on infections between the 6th and 12th of July.

Kanagawa



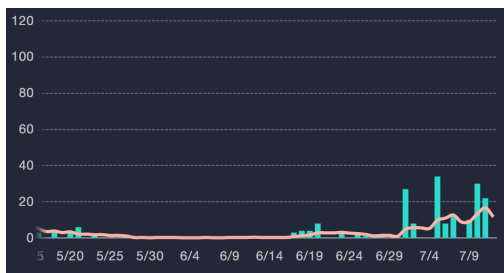
Rising case numbers continue across the whole Kanto region with increasing numbers of new infections seen in Tokyo's three neighboring prefectures (Saitama, Kanagawa and Chiba). The rate of increase is relatively uniform, likely reflecting that the three prefectures are home to many workers who regularly continue to commute into Tokyo, teleworking rates now having fallen to a low level.

Chiba



The effective reproduction number (R) for Japan as a whole remains net positive at 1.38 though has stabilized over the past week.

Osaka

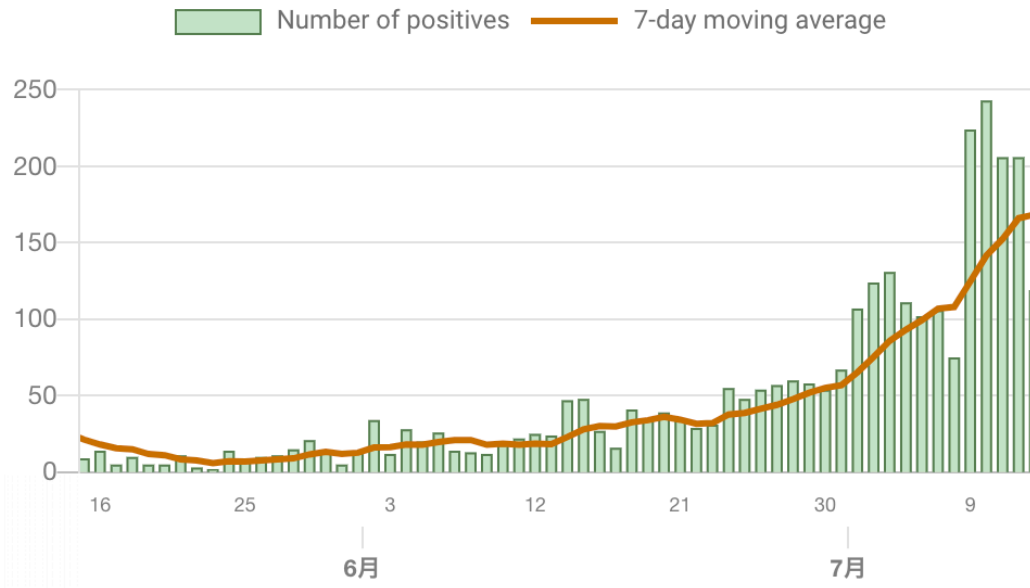


While more of an acute problem in Kanto, rates of COVID19 infections are starting to increase in other areas, with what may transpire to be the beginning of a second wave now starting in Kansai (Osaka, Kyoto and Hyogo)

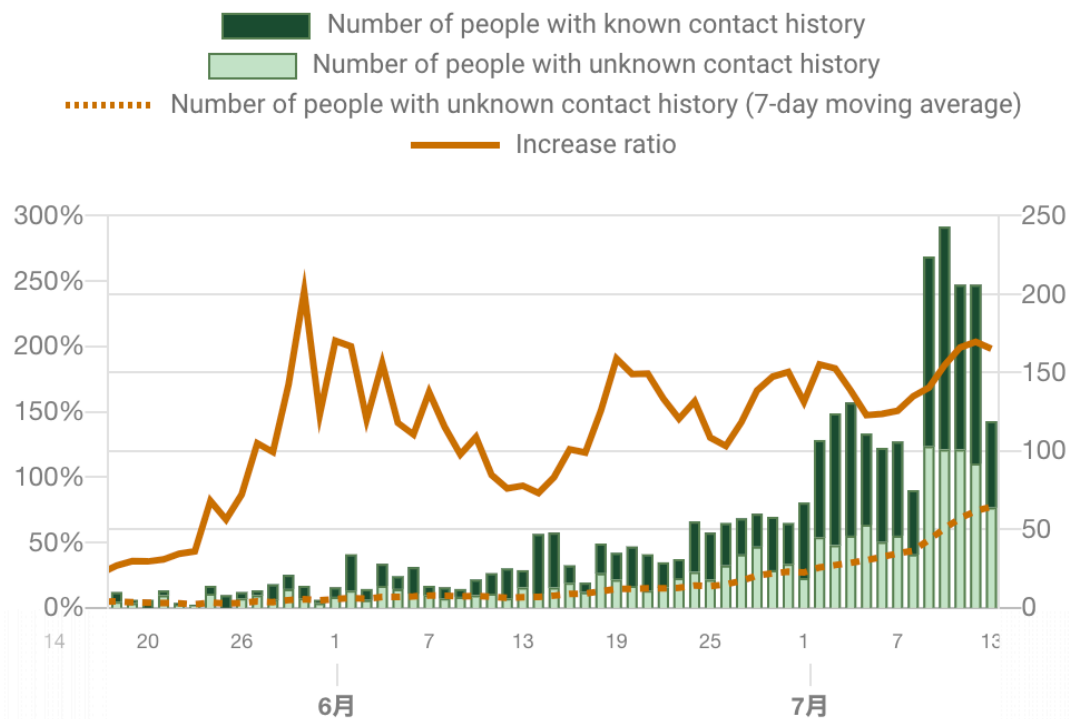
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Current Situation in Tokyo

Cases have risen sharply with daily totals exceeding 200 on 4 of the past 5 days.



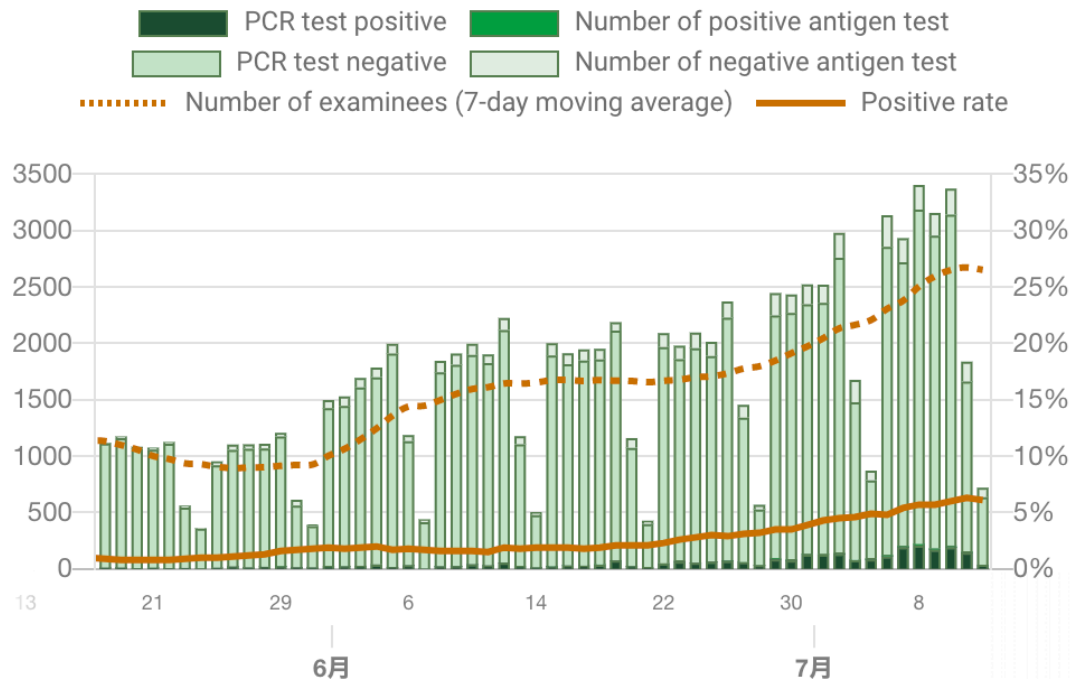
Of equal concern, higher numbers of newly infected people are being seen in whom no source of infection can be identified, suggesting a shift from clusters of cases to community transmission.



In Tokyo case numbers remain highest in Shinjuku with Kabuki-cho nightlife continuing to contribute disproportionately to new infections.

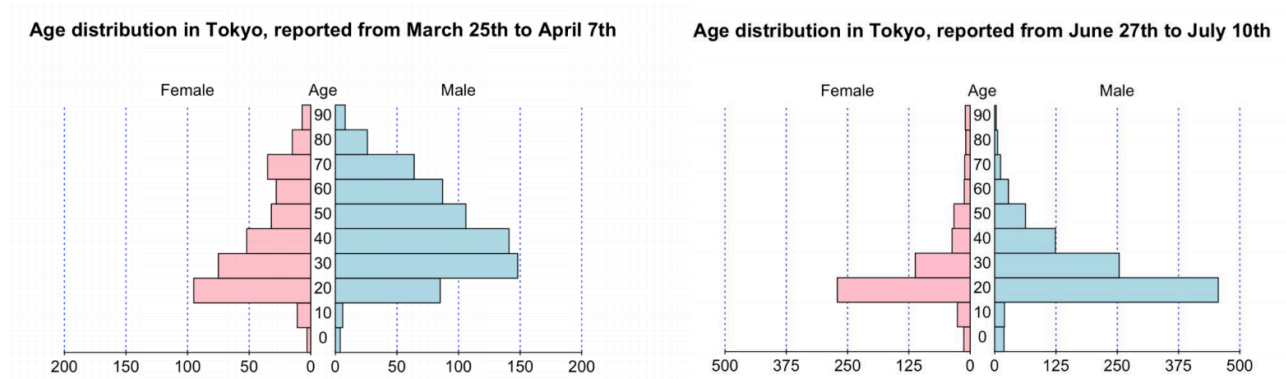
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Over the past month, public health officials and politicians have repeatedly stated that increasing case numbers reflect higher testing as a consequence of better availability of PCR. Testing has indeed been ramped up – from approximately 1,000 to 3,000 tests per day over the past 6 weeks. The proportion of tests returning positive results has increased at a faster rate, though (from 0.8% to over 6% over the same period), suggesting that while more tests are being performed, this is against a background of rising numbers of infections:



During the first wave of infections in April and May, there was extensive speculation in the foreign community that case numbers were much higher than reported due to a relative paucity of testing. While a number of people with COVID19 clearly went undiagnosed in March and April, subsequent antibody testing showed a positive rate of only 0.1% in Tokyo, suggesting that infections had indeed been relatively sparse. It is likely, though, that a disproportionate number of younger people with COVID19 went undiagnosed earlier this year, as this age group manifests milder symptoms and would therefore have been less likely to qualify for testing.

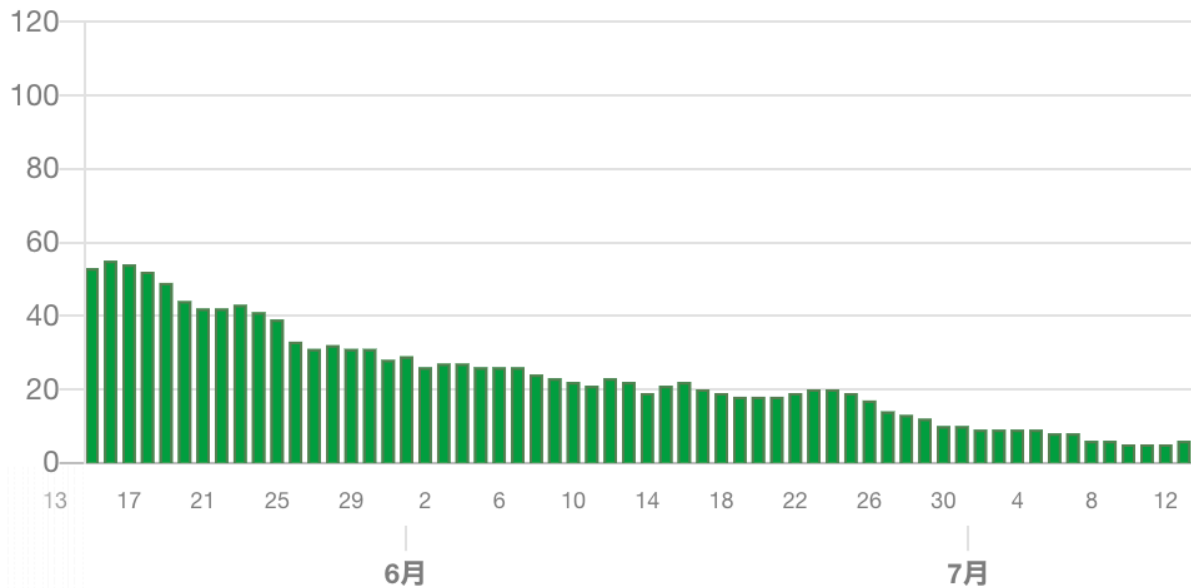
New figures show rates are currently much higher in younger people (especially those aged 20-30) with the following age distribution contrast between the two waves:



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In contrast to April and May, numbers of hospitalized and critically ill patients remain low, suggesting that we are now seeing rapid spread through younger age cohorts who are less likely to become seriously ill. This may reflect an ongoing divergence in behaviour, with increasing numbers of younger people becoming less risk conscious for COVID19 as they hear anecdotal stories of acquaintances recovering from infection after only experiencing mild symptoms. This is, however, a serious concern, as increasing infections in young people will inevitably lead to spread to the elderly and in turn, more critical illness and deaths.

Number of Critically Ill Patients (Tokyo)



This shift in the pattern of new infections underscores the need for a clear response from the government and highlights the longer-term weakness of Japan's light-touch handling of the pandemic. Relying on individual restraint becomes ineffective when a sufficiently high proportion of the population decides that guidelines are overly onerous, and that advice can be disregarded when there are no sanctions for failing to follow it. Conflicting messages, such as the "go-to" travel campaign, which is running alongside requests for Tokyo residents to avoid crossing prefectural boundaries cause further difficulties in mounting a coordinated response.

After over a month of flagging nightlife as an area of serious concern, a plan designed to curb the spread of infection in venues was finally unveiled last week with an offer of 500,000 yen to owners who close their establishments voluntarily for at least ten days. This has been met with a muted response by the association representing hostesses and clubs and stands in stark contrast to Prime Minister Abe's announcement of the closure of all schools in Japan at the end of February.

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References

Reported Caseload Graphs and data sourced from MHLW as reported by Toyo Keizai and the Tokyo metropolitan government –

<https://toyokeizai.net/sp/visual/tko/covid19/en.html>

<https://stopcovid19.metro.tokyo.lg.jp/en/>

Resources

How to get help if you suspect that you have COVID19 (Tokyo residents)

<https://stopcovid19.metro.tokyo.lg.jp/en/flow>