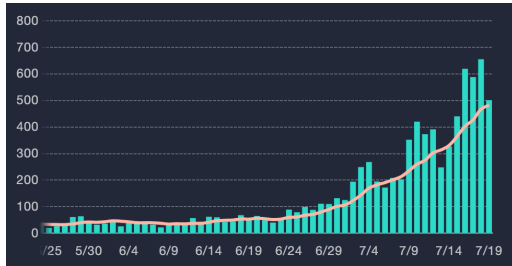


Situation report – COVID19; Japan, Tuesday 21st of July 2020

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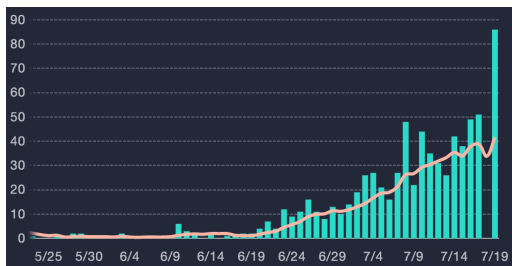
Current Situation in Japan

(National number of new diagnoses)

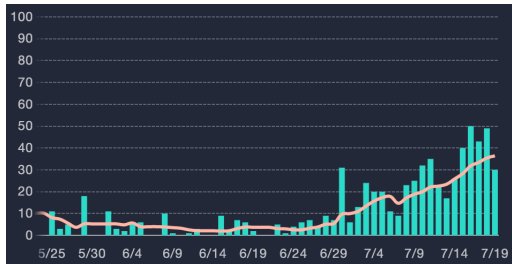


Nationally 655 new cases were recorded on the 18th of July, the third highest daily total since the start of the pandemic. The days with the highest case numbers (10th and 11th of April, 708 and 676 cases respectively) occurred after a state of emergency was declared in Tokyo on the 7th of April. A time lag of several days before case numbers fall is typically anticipated due to the incubation period of COVID19 and a 2-3 reporting delay present in the public health system. Given the government's reluctance to declare a new state of emergency, it is highly probable that the second wave of the pandemic will equal or exceed the first, at least in numbers of people infected. As the demographic of the second wave is different, with younger adults the most likely to be infected, rates of death and critical illness are likely to be lower, at least for the next few weeks.

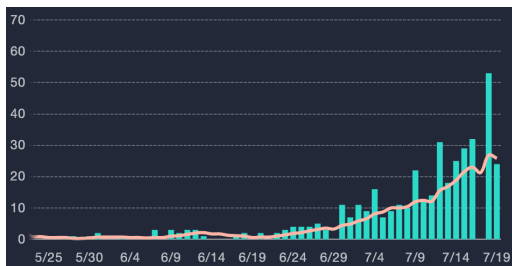
Saitama



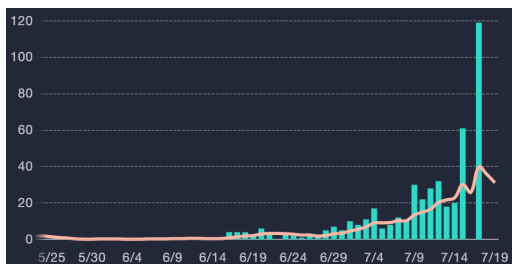
Kanagawa



Chiba



Osaka



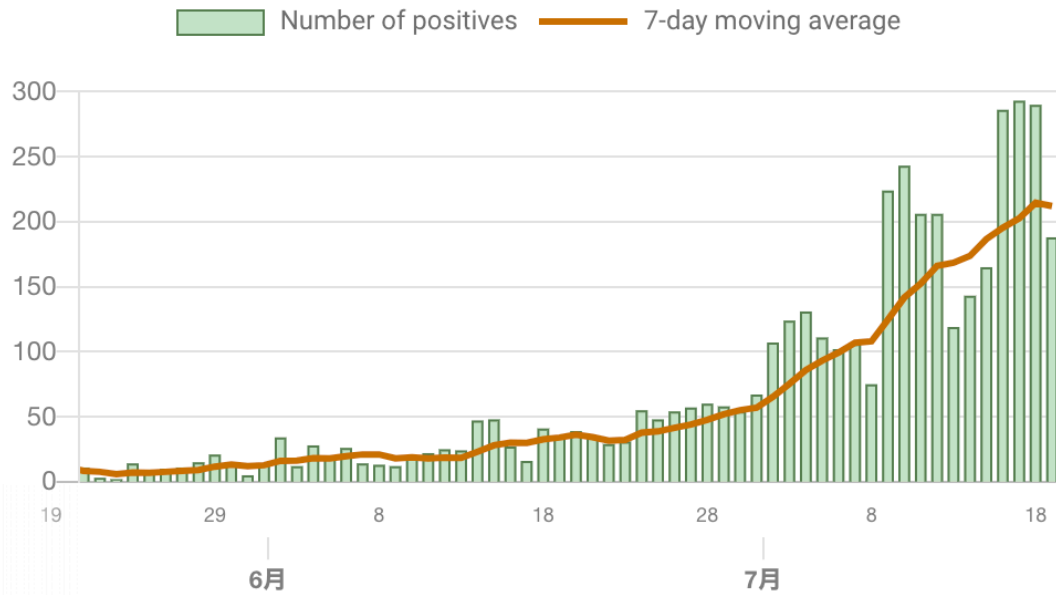
The Kanto region as a whole has now experienced rising case numbers for a month. Tokyo's neighboring prefectures (Saitama, Kanagawa and Chiba) have seen similar rates of increase in infection to the capital with effective reproduction numbers of close to 1.5.

Beyond Kanto, infection is spreading in other metropolitan areas with Kansai (Osaka, Kyoto and Kobe) seeing the largest numbers of cases. Many other cities are similarly experiencing what is likely to be the early stages of local second waves of infection. As has been the case since early this year, infections in rural parts of Japan continue to occur only sporadically.

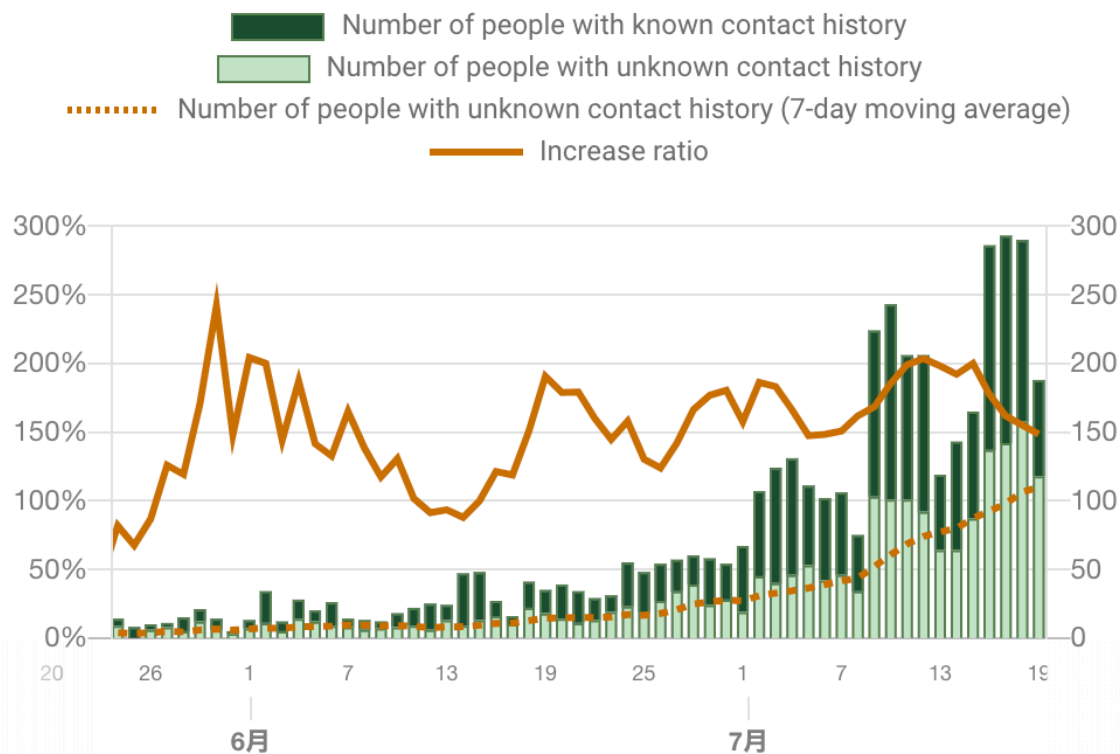
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Current Situation in Tokyo

Cases continue to rise at a similar rate to that seen over the past several weeks. The highest daily total number of cases from the first wave was 206 (17th of April). So far this has been equalled or exceeded on 7 days in July.



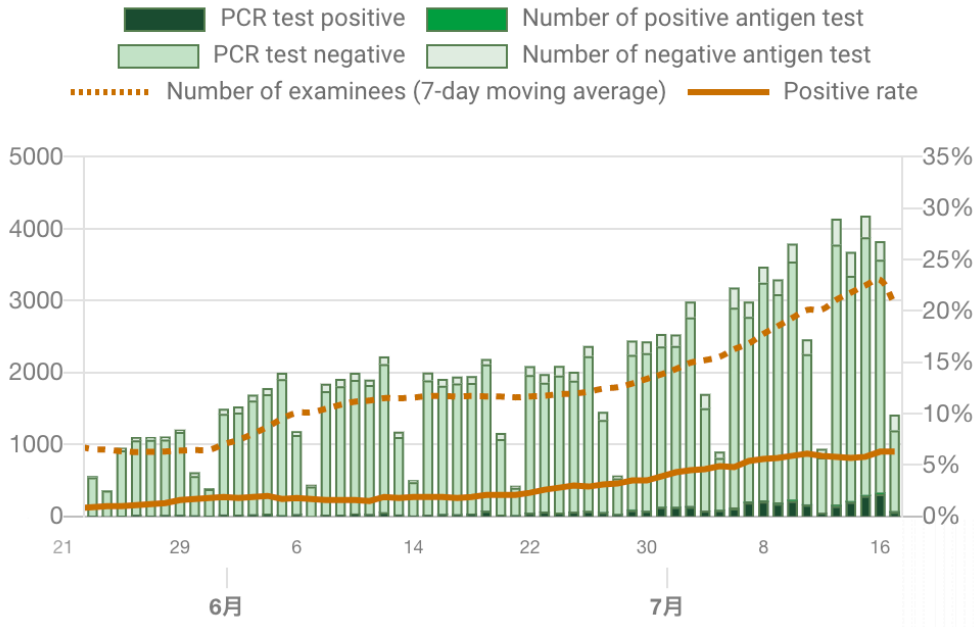
Increasing numbers of patients without an identified source of infection continue to be diagnosed. This suggests an ongoing shift from transmission within identified clusters to community transmission.



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Testing in Tokyo

PCR and antigen testing rates continue to increase with over 4,000 being carried out on some days. Approximately 5-6% of tests performed are returning positive results.



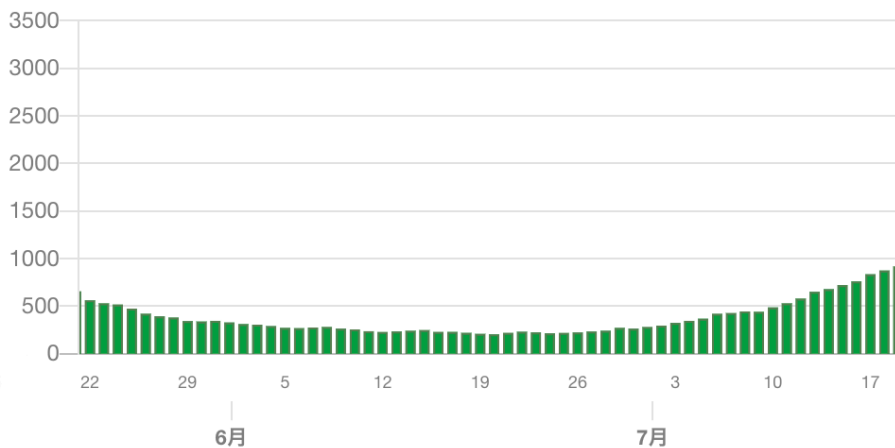
Hospitals in Tokyo

Due to concerns over failures to maintain quarantine, patients are now being asked to stay at designated facilities (hotels) if they have milder symptoms and do not require hospital care. Hospitalization rates have increased and are now approaching 1,000, though there are no concerns over availability of higher dependency (ventilated/ICU) beds as a lower proportion of patients are seriously unwell than was the case during the first wave of the outbreak.

Number of hospitalized patients

917 people

7/19 (Compared to the previous day: +42 people)



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Summary and Opinion

Japan is better equipped to manage COVID19 now that it was in the spring. More hospital resources have been allocated and testing is now widely available. A combination of factors mean that spread of infection is unlikely to ever occur at the exponential rates seen early this year in Europe and North America. Whether this is a consequence of widespread and early adoption of facemasks, differences in social greeting customs or other factors continues to be debated, though more as a point of academic interest.

Despite this, the potential for more gradual but extensive spread of SARS-CoV2 and unnecessary loss of life remains. Contagion among younger people in large cities often has few immediate consequences to those infected as in this age group, rates of death and serious disease are very low, with a 20-29 year old having less than 0.01% chance of dying from COVID19. However, extensive community transmission between younger people will inevitably lead to increasing case numbers in more vulnerable groups which in turn runs the risk of overwhelming hospitals.

Having identified locations where risk of transmission was highest several weeks ago, relatively little has been done to limit use of venues where COVID19 is known to spread most readily (“nightlife”). This represents a missed opportunity and failure to understand that as we can’t realistically hope to eliminate SARS-CoV2 from Japan, at least for 2020, extensive changes to patterns of economic and social activity are a necessity and may need to be imposed. Timely closure of highest-risk locations could prevent spread of infection to the point where a further state of emergency becomes the only viable option. As business owners are unlikely to close on a voluntary basis without some form of financial compensation, some responsibility must surely fall on the government to take action beyond issuing voluntary guidelines to individuals on how they should behave.

Similarly, the “go-to” campaign, designed to support the domestic tourism industry, may transpire to have been a mistake and has already been withdrawn for Tokyo. With cases now rising in Kansai, premature termination of the scheme in other regions or even nationally seems likely. This serves to highlight the difficulty in limiting the pandemic without causing undue damage to the economy and stresses the need for caution in re-starting higher risk activities such as unrestricted travel.

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>