### Situation report – COVID19; Japan, Tuesday 4<sup>th</sup> of August 2020

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## **Current Situation in Japan**

### (National number of new diagnoses)



#### Osaka



Fukuoka







#### Hyogo prefecture (inc Kobe)



Daily cases have exceeded 1,000 three times in the past week with significant increases seen in large cities outside of Tokyo (Osaka, Fukuoka, Nagoya and Kobe among others). On a per-capita basis, infections in these cities are now running at levels similar to those seen in Tokyo over the past month.

During the past seven days, Okinawa had the highest per-capita rate of new diagnoses (18 per 100,000 in comparison to 16 in Tokyo and 14 in Osaka). This followed an extended period where the islands were almost free of infection, highlighting the challenges in containing the pandemic while there are no restrictions on domestic travel.

Until last week Iwate had been the only prefecture with no cases but has now reported infections, initially in a resident who contracted COVID19 at a camp site in Tokyo. The situation is broadly equivalent in many other parts of rural Japan, with increasing numbers of sporadic infections occurring, leading to concerns that contagion will spread more to areas with weaker healthcare systems and higher proportions of vulnerable elderly residents.



## **Current Situation in Tokyo**

After a brief apparent hiatus over the four-day holiday period, cases have risen with over 400 on July 31<sup>st</sup> and August 1<sup>st</sup>. Proportionally fewer new diagnoses are associated with nightlife venues and a higher proportion of infections appear to be occurring at workplaces or with no discernible source.

In response to rising case numbers, establishments which serve alcohol have now been requested to close by 10pm. Tokyo governor Koike has warned that the city may declare a fresh state of emergency as at present it seems unlikely that there will be a national declaration.

Although current daily case numbers are approximately double those seen in the first wave of infection (April), rates of death and serious illness are much lower. There are several likely causes for this:

- Deaths typically occur weeks after infection so the increase in death rates lag. Nationally, peak infections in in the first wave (708 cases) occurred on the 10<sup>th</sup> of April with peak deaths occurring almost a month later (49, on the 8<sup>th</sup> of May). We are therefore likely to see increasing strain on medical resources and increasing numbers of deaths for some time to come, even if the number of new infections stabilizes (which is yet to occur). Of 332 deaths which have occurred in Tokyo to date, only 7 occurred in July.
- The demographic composition of infections in the early stages of the second wave has been markedly different to the first wave, with far higher numbers of younger patients who have mostly experienced milder symptoms and have been more likely to recover without needing higher level medical care.
- Although we still do not have curative treatments for SARS-Cov2, protocols are being refined. We now have a clearer idea of which types of symptomatic and supportive care are most effective, with steroid treatment (dexamethasone) in ventilated patients being proven to reduce mortality by up to a third.

## Hospital Care in Tokyo

Patient numbers are rising rapidly though as of now there does not appear to be any shortage of intensive care capacity with only 15 patients total reported as being in severe or critical condition. During the first wave of the pandemic, beds allocated for care of COVID19 patients were increased dramatically, so far this hasn't been needed during the current upsurge in cases.





Patients Requiring Intensive Care, Tokyo



# Testing in Tokyo

Testing continues to be performed at approximately 5,000 samples per day with a marginally increasing rate of positive results (currently 6.6%). While access for testing has improved, our experience has been that public health units will not always agree to test healthy people on the basis of contact with a known case alone.



## Foreign Community in Tokyo

As case numbers in Tokyo have risen and spread from high risk areas such as Kabuki-cho, small numbers of infections are starting to occur in the foreign community. This is likely to continue for the foreseeable future. Medical care in Tokyo is typically of a good standard and at present, medical resources are adequate. Expatriates are often young and in good general health, so are less likely to need critical care should they contract COVID19. For foreigners who do require hospital care, many Tokyo hospitals have at least some English speaking staff. However, hospitalization outside of Tokyo can be a stressful experience for non-Japanese speakers as language and cultural barriers are often considerable. Members of the community who plan to travel outside of the capital in the coming months are advised to bear this in mind if considering non-essential domestic trips

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