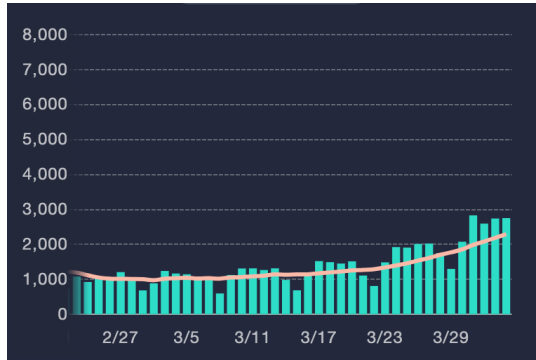


# Situation report – COVID19; Japan 5<sup>th</sup> of April 2021

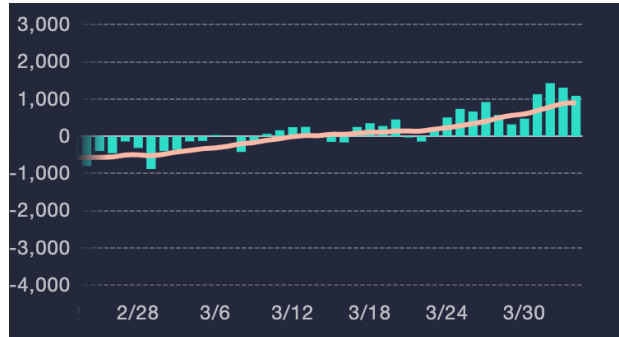
Confidential – for internal circulation only, not for release to outside parties without the prior consent of the author. This document represents the opinion of the author and does not constitute the provision of medical care. Readers with concerns over their individual health should contact their physician for advice.

## Current Situation in Japan

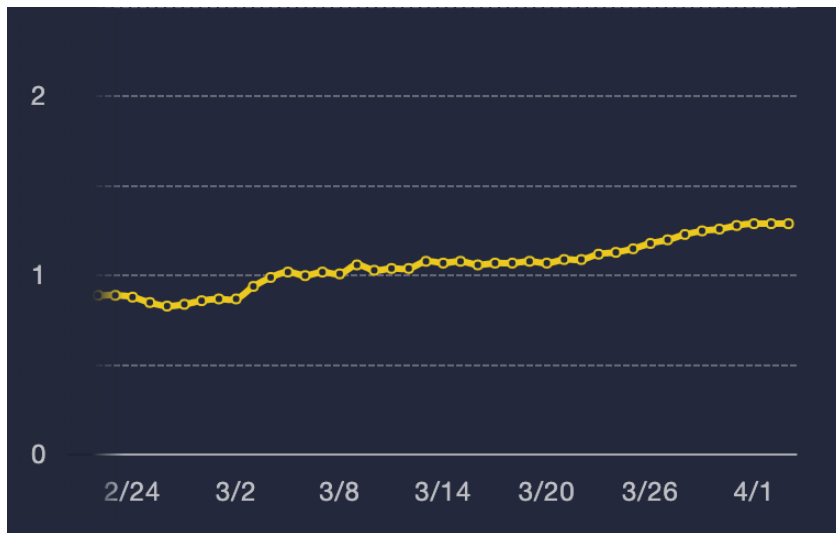
### Test positives nationally:



### Active cases nationally:



### National Effective Reproduction Number ( $R_{eff}$ 1.29)



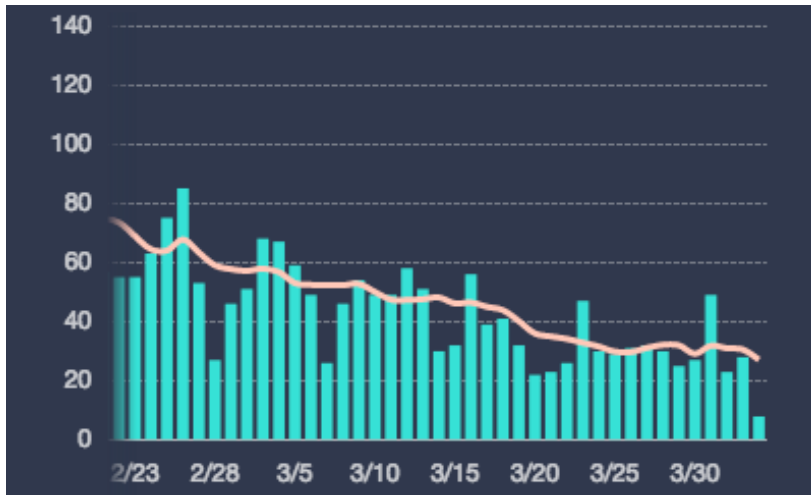
New COVID infections in Japan continue to rise and it is beginning to be increasingly clear that this represents the opening elements of a 4<sup>th</sup> wave. The good news, at least for now, is that the rise remains fairly gradual, as demonstrated by a national  $R_{eff}$  that has risen only modestly from 1.2 to 1.26 over the last week. Nonetheless, the rise appears to be fairly steady.

As with last week, the average national rise is not particularly reflective of infection trajectories in Tokyo, Hokkaido, or Fukuoka—i.e., historical early centers of disease transmission. Instead, national statistics continue to be skewed by large rises in a limited number of local areas, such as in the Kansai area (driven largely by Osaka and Hyogo prefectures), as well as farther flung prefectures in Tohoku and on the Japan Sea coast. That many of these rural areas had been largely insulated from COVID19 in previous waves suggests several possibilities: (1) *Spring break travel* from urban centers may have contributed to moving the virus towards rural areas. This is perhaps not as likely as other possibilities, given relatively

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flat disease statistics in urban centers in Hokkaido, Kanto, and Kyushu. (2) *Disease surveillance and readiness* in rural prefectures has increased. This is entirely likely, given that a year of preparation time has occurred for even the farthest-flung areas to have their investigative and diagnostic processes in place. It is probable that rural prefectures had larger numbers of infections in previous waves that were missed due to lack of resources and lack of testing. (3) The role of *highly transmissible variants* cannot be discounted. It remains likely that expertise and resources for genomic sequencing are scant in rural areas and barriers to send-off testing high; current counts of viral variants are likely underestimates.

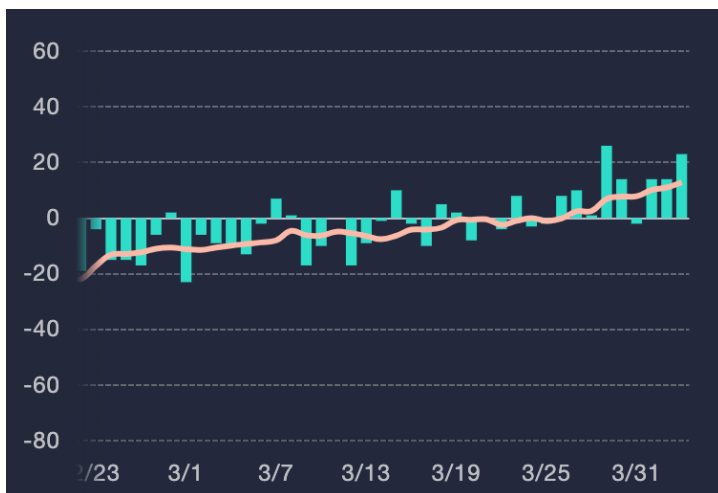
### ***Mortality (National)***



Despite alarmingly high  $R_{\text{eff}}$  in some prefectures, absolute daily case counts, critically ill cases, and deaths remain exceedingly low, both on national and prefectural levels. For example, an alarmingly high  $R_{\text{eff}}$  of 19.7 in Tottori prefecture reflects only 7 cases diagnosed on 3 April, after a peak of just 19 cases on Apr 1. This may be suddenly and exceedingly high for Tottori, which had identified only 12

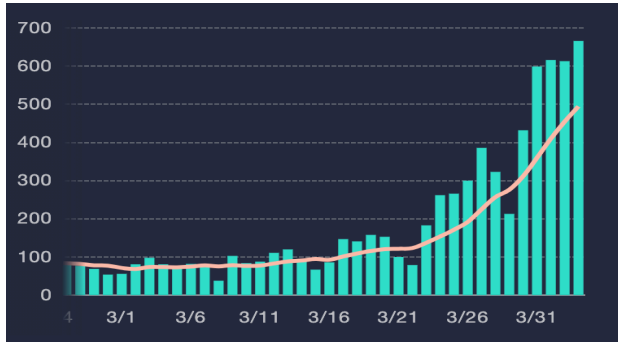
cases in the last 2 months, but remains exceedingly low for Tokyo, Japan, Asia, and most countries worldwide. Readers of this Situation Report are again advised to interpret  $R_{\text{eff}}$ , and indeed all epidemiology statistics, into the appropriate context of severity.

### ***Critical Illness (National)***

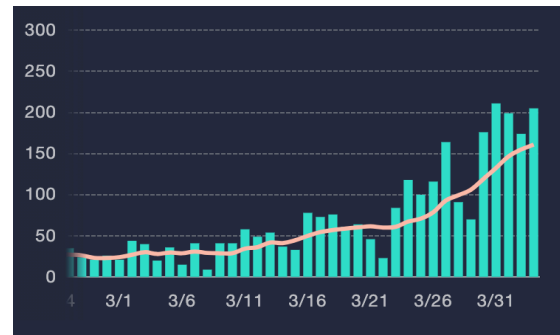


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As noted above, infection appears to continue to be spreading fairly robustly in Osaka and surrounding areas in Kanto since the lifting of emergency measures roughly one month ago. In addition to these areas,  $R_{\text{eff}}$  of  $>2$  are seen in contiguous prefectures of the southwestern



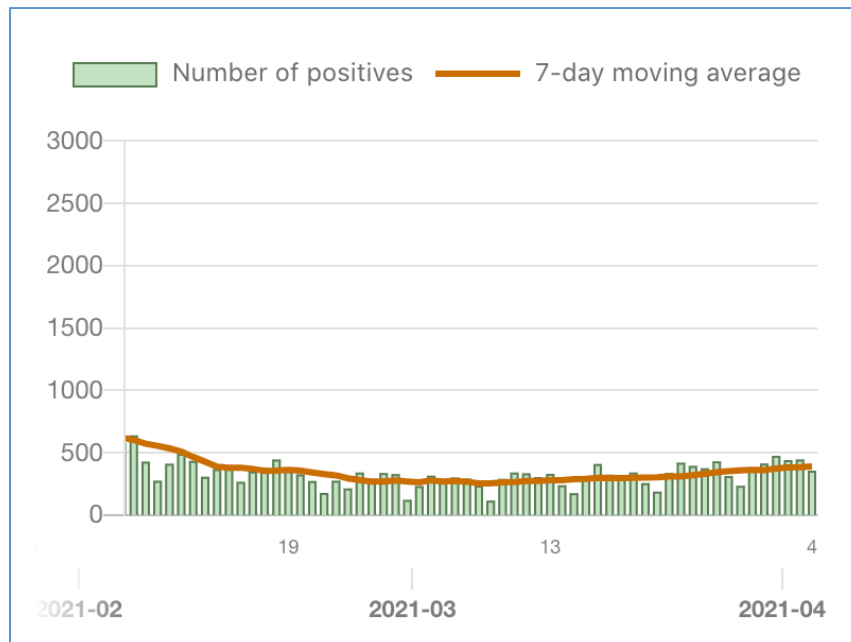
**Osaka ( $R$  1.75)**



**Hyogo ( $R$  1.48)**

Japan coast (Tottori-Shimane-Yamaguchi), as well the northern end of Honshu (Akita-Aomori-Iwate). In contrast, the large rises seen over the last 2 weeks in Miyagi prefecture and Ehime prefecture have decreased as expected, probably due to identifying pre-existing infection clusters on a single day of testing and then finding few new cases thereafter, as well as changes in human behavior less conducive to viral transmission.

### **Current Situation in Tokyo & the Kanto Region**



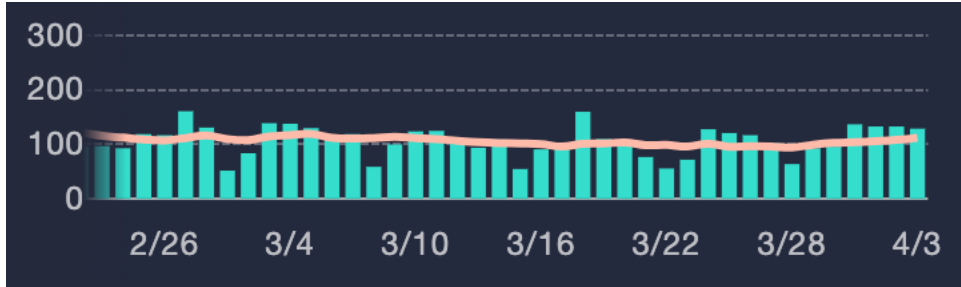
**Tokyo daily cases ( $R$  1.08)**

Viral transmission in Tokyo continues to be relatively flat, the metropolis'  $R_{\text{eff}}$  increasing just 0.08 over the last week. This strongly suggests that continued restrictions on public late-night eating, drinking, and entertainment establishments has been successful. Strengthening this implication, immediately surrounding Kanto area prefectures,

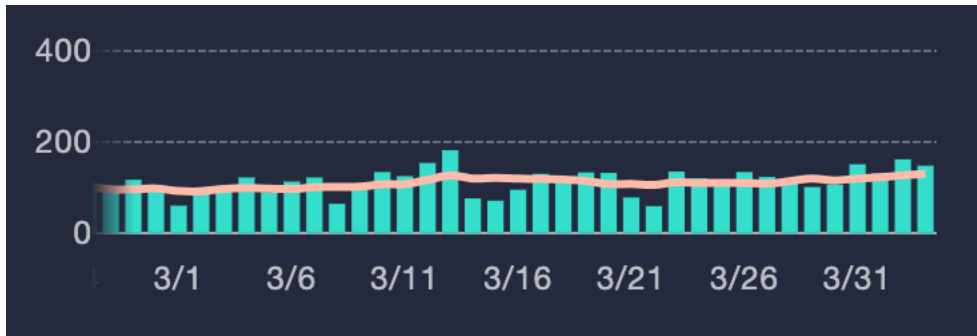
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which have jointly cooperated with Tokyo in keeping modified emergency restrictions in place, also remain flat with  $R_{eff}$  statistics <1.2.

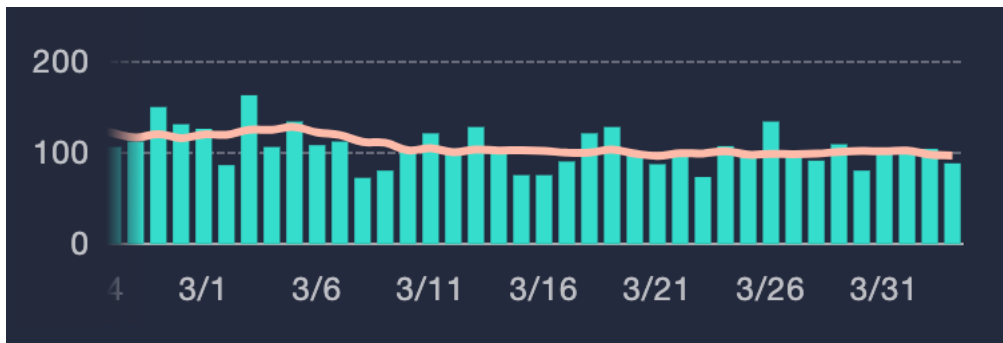
### *Kanagawa prefecture (R 1.12)*



### *Saitama prefecture (R 1.14)*



### *Chiba prefecture (R 0.99)*



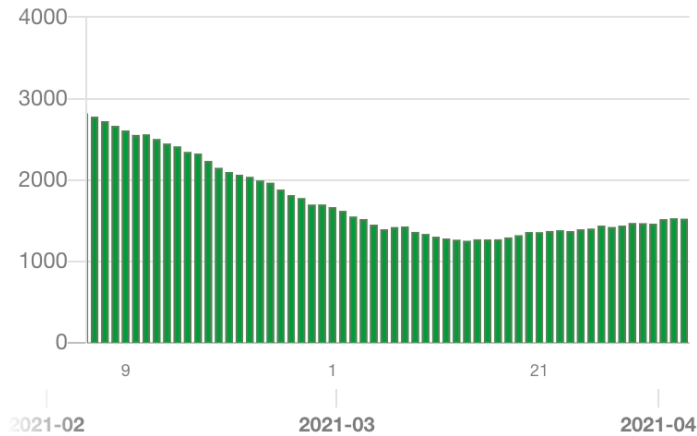
### **Hospital Care and Testing in Tokyo**

Hospital capacity available for COVID 19 patients in Tokyo remains unchanged at 5048 routine care beds, with bed occupancy rising modestly from 28.4% to 30.2% over the week. 332 critical care beds remain unchanged from previous weeks, representing an ICU bed occupancy of

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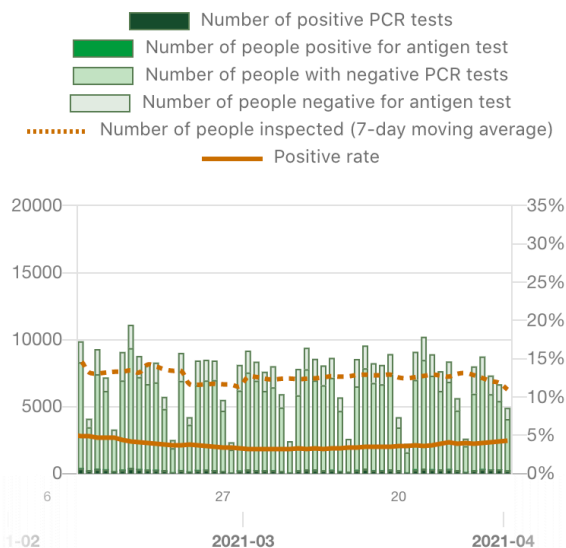
13.8%. 3,290 beds remain available in hotels for patients who require admission to limit contagion.

### Total in-hospital patient numbers, Tokyo (exc. Hotel stays)



### Testing in Tokyo

#### Number of Tests (Tokyo)



7-day average number of tests in Tokyo has dipped over the last week, dropping from approximately 6900 daily tests to 6500 daily tests. Rate of test positivity remains essentially unchanged at 4.3%.

### COVID-19 Vaccination in Japan

Vaccination of healthcare workers continues to proceed smoothly. Per patient reports, local area governments have begun to send postcards to those aged 65 and above living in areas slated to receive doses of Pfizer vaccine. In Tokyo, this will commence on Apr 12 in Setagaya Ward; residents note hearing that it will start from Apr 26 in Shibuya Ward.

As general population rollouts will be administered by local governments, we expect a fair amount of variability in vaccine scheduling, availability, and administration from ward to ward, and prefecture to prefecture. It is best to inquire with your respective ward office's public

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health section to keep abreast of full details and for ongoing inquiries. As of this writing, Pfizer's vaccine continues to be the only vaccine approved for use in Japan.

### ***References and Resources***

Further details of the government's plans are available on the website of the Prime Minister's office:

<https://www.kantei.go.jp/jp/headline/kansensho/vaccine.html>

### ***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/>  
<https://www.stopcovid19.jp/#Tokyo>

### ***Resources***

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

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

FAQ: How foreign residents can get coronavirus vaccinations in Japan

<https://mainichi.jp/english/articles/20210212/p2a/00m/0na/046000c>