

## Situation report – COVID19; Japan 20<sup>th</sup> of April 2021

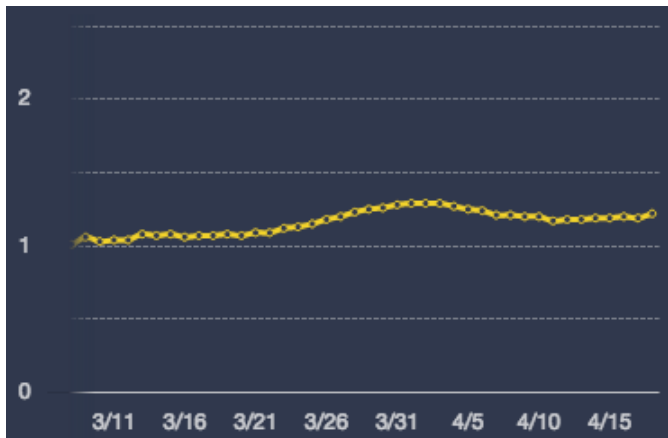
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### Current Situation in Japan

#### Test positives nationally:



#### National Effective Reproduction Number (R 1.22)



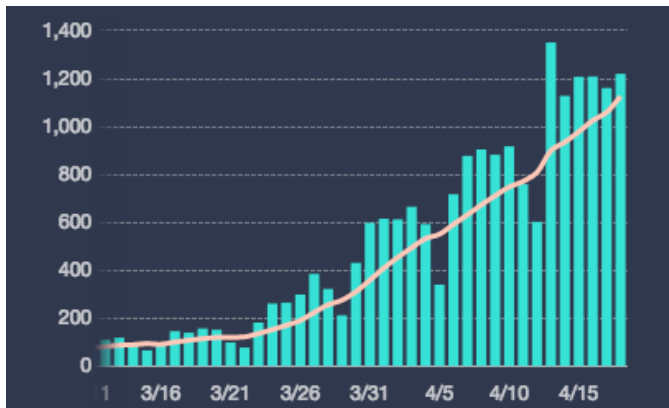
COVID infections in Japan continue to rise in a linear fashion on the national level, a trend essentially unchanged over the last 28 days. The national  $R_{\text{eff}}$  number continues to be markedly stable, remaining at around 1.2 over the last 2 weeks. As seen in previous weeks, national level growth continues to be driven by infection in Kansai-area prefectures including Osaka and Hyogo, where infection continues to spread more robustly at  $R_{\text{eff}}$  statistics

substantially greater than 1.2. Ripples outward from the Osaka epicenter are now reached the relatively isolated Chugoku region of Japan, with Tottori ( $R_{\text{eff}}$  2.23) and Yamaguchi ( $R_{\text{eff}}$  2.69) prefectures, both previously quiet, identifying infection clusters late last week. Several prefectures in Kyushu (Miyazaki, Nagasaki) also note substantially higher  $R_{\text{eff}}$  statistics this week.

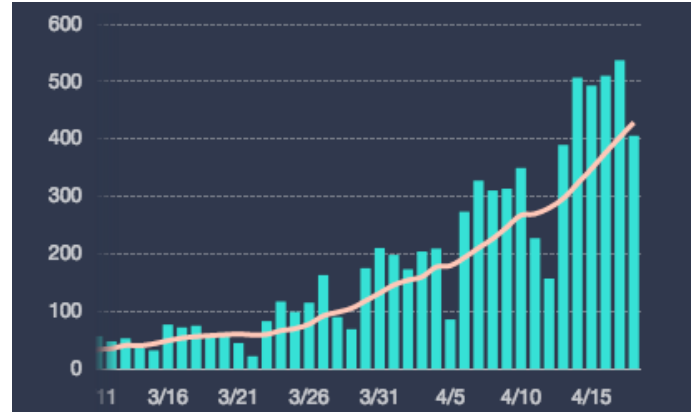
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Nonetheless, infection does not appear to be spreading wholly unchecked in the country. Whether this “holding the line” against exponential expansion of infection is the results of municipal restrictions on relatively higher-risk business activities in many of the hardest-hit prefectures is speculative. Further *man'en bōshi* (“*manbō*,” targeted infection prevention policies) restrictions went into effect in Tokyo, Okinawa, and Kyoto on April 12, 2021, while the most recent *manbō* restrictions were placed in Kanagawa, Chiba, Saitama, and Aichi from April 16, 2021.

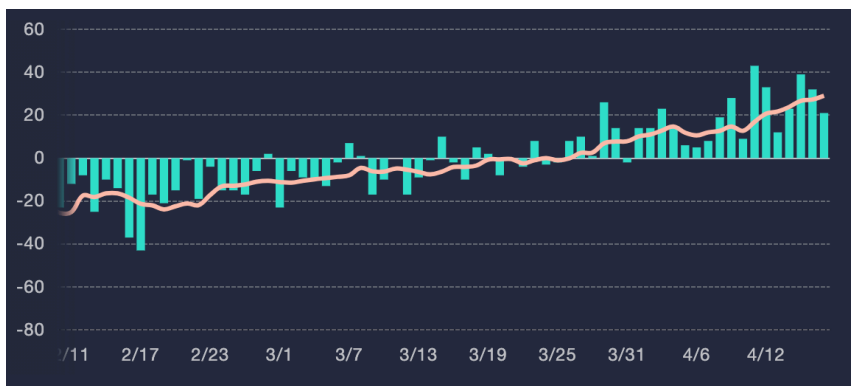
**Osaka (R 1.31)**



**Hyogo (R 1.39)**



Despite *manbō* policies having been implemented in several Kansai prefectures (Osaka, Miyagi, Hyogo) for over 2 weeks (since April 5, 2021), infections continue to rise in these areas, seemingly unabated. While an increasing number of viral variant has been identified in Osaka, this has not been reported to be the case in Hyogo, despite relatively aggressive surveillance. This suggests that reasons for regional rises are multifactorial -- and further suggests that focused policies aimed at enforcing social distancing in certain environments and avoidance of high-risk activities may not be effective as the farther-reaching, prefecture-level State of Emergency restrictions that were in place during much of the 3<sup>rd</sup> wave.

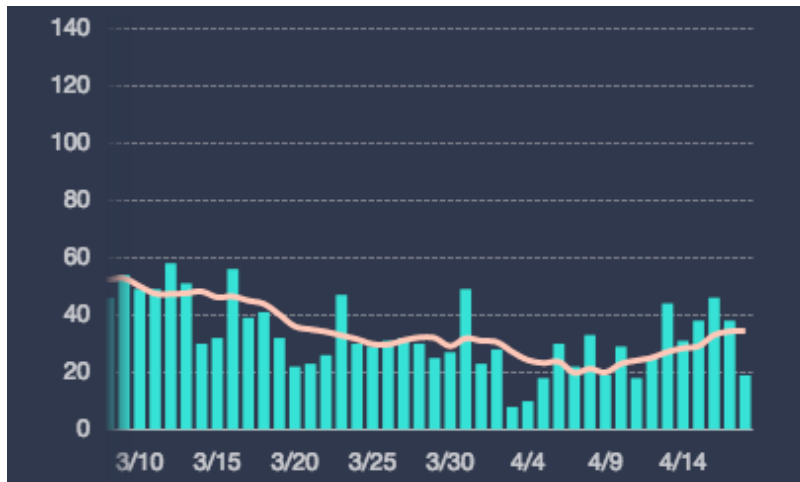


**Critical Illness (Nationwide)**

Cases of critical illness continue to rise on an expected and unsurprising trajectory, with a net positive number of ICU admissions over the last month. Similarly, deaths are beginning to increase

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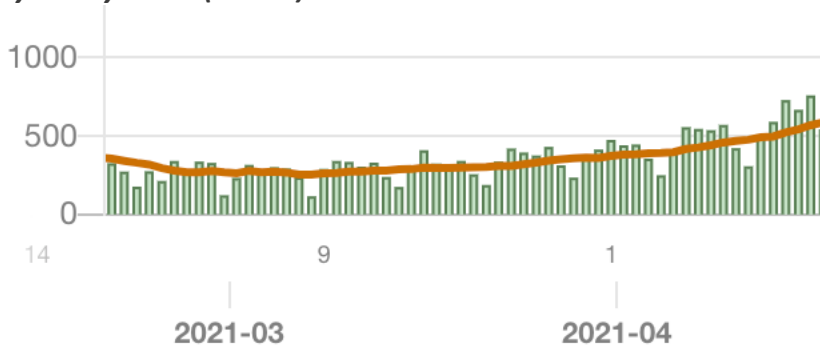
nationwide, though absolute numbers remain small, with average number of deaths less than 40 persons per day over the last week. For a country of nearly 126 million people, 29% of whom are elderly, the mortality rate remains strikingly low.



**Mortality (Nationwide)**

### Current Situation in Tokyo & the Kanto Region

**Tokyo daily cases (R 1.17)**

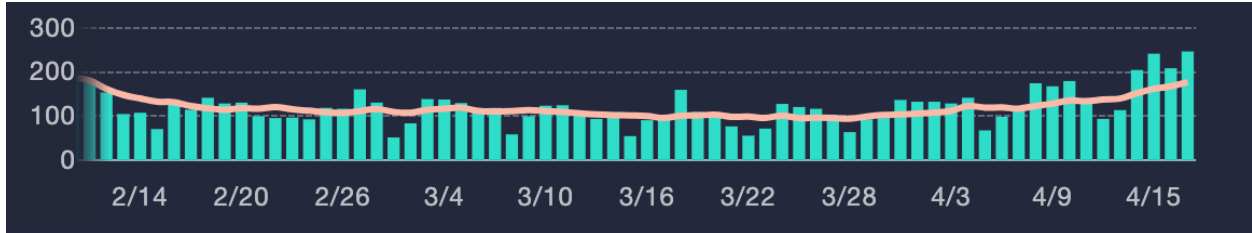


The situation in Tokyo regarding spread of infection remains relatively calm, with Tokyo's statistics mirroring national statistics. While a mild growth trend is noted, with a slightly larger uptick recently seen,  $R_{\text{eff}}$  statistics have remained markedly flat over the last week, continuing to hover just over 1.1. Observing these trends alone, it is perhaps somewhat surprising that the Tokyo Metropolitan Government and neighboring prefectures have decided to increase *manbō* restrictions on businesses. However, now that genomic surveillance has been increased, the Kanto area continues to identify larger numbers of viral variants, having a larger incidence of newly identified variant cases than Osaka. In an effort to avoid a sudden and sharp uptick in cases as was seen in Osaka on March 23, 2021, Tokyo Metropolitan Government

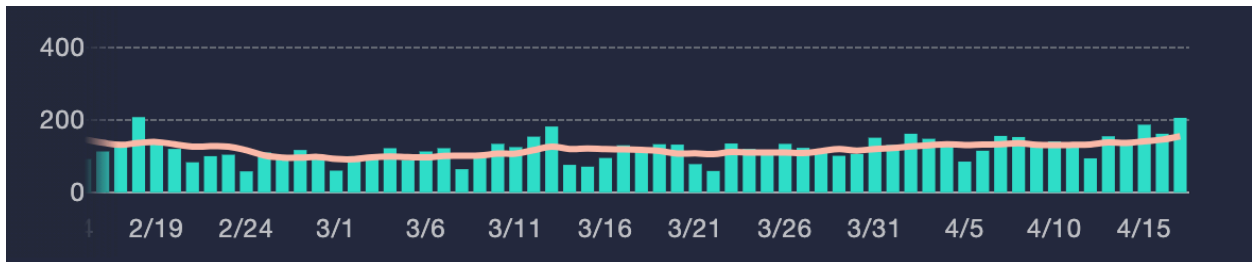
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may be taking into account these peripheral data, contributing to the decision for strengthening restrictions.

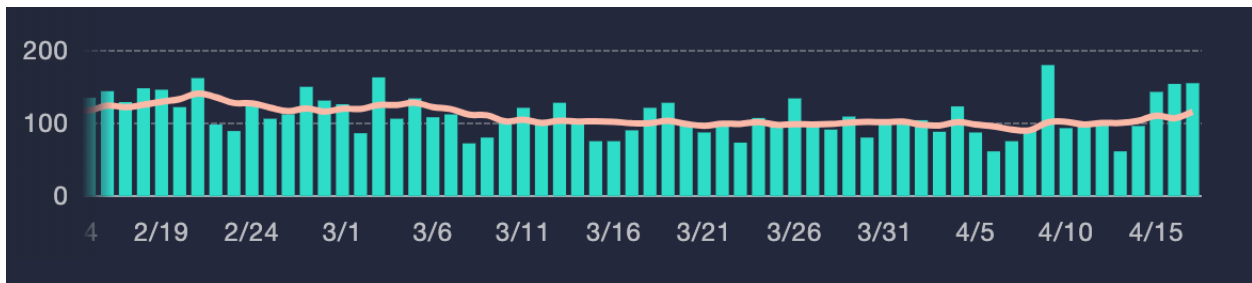
### *Kanagawa prefecture (R 1.21)*



### *Saitama prefecture (R 1.13)*



### *Chiba prefecture (R 1.09)*



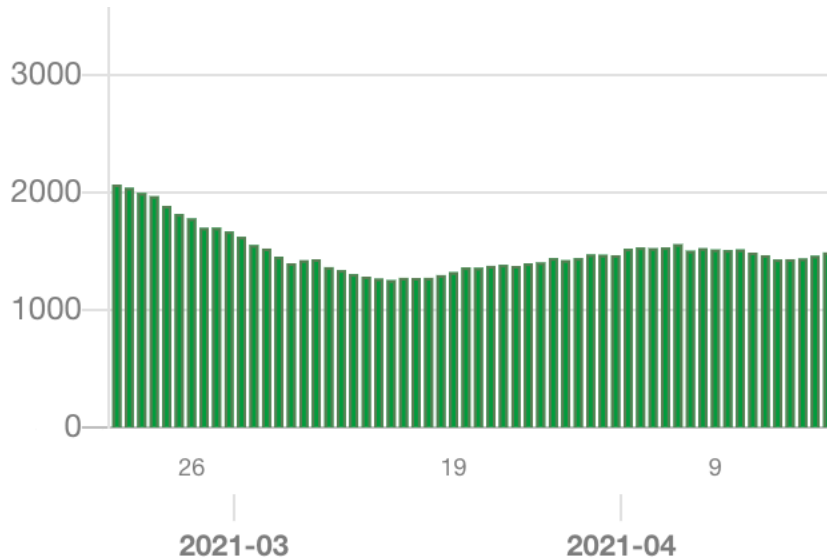
### **Hospital Care and Testing in Tokyo**

Hospitals in Tokyo remain well-staffed and well-equipped at the current time. Further pullbacks in routine medical and healthcare services have not been identified, though the Tokyo Metropolitan Government's COVID website notes, "The provision of non-COVID health care is under pressure." Hospital capacity available for COVID 19 patients in Tokyo remains unchanged at 5048 routine care beds and 332 critical care beds. 3,290 beds remain available in hotels for patients who require admission to limit contagion. Number of hospitalized patients in the Tokyo area remains flat at around 1500 persons, indicating a rough balance between new admissions and uneventful discharges of recovered patients. COVID deaths in Tokyo hospital remains low at about 5 per day for the last week, reflecting a mortality rate of *just 0.3%*, startlingly low among hospitalized patients when compared to global statistics where rates of

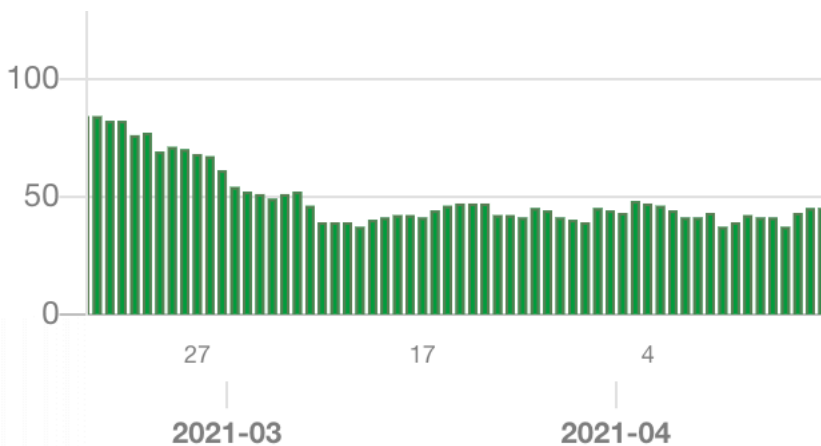
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death are reported at an average of about 10% (Macedo A et al. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7920817/>)

### *Number of hospital patients (Tokyo)*



### *Number of critically ill patients (Tokyo)*



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### ***COVID-19 Vaccination in Japan***

Vaccination of elderly persons in Japan began nationwide on April 12, and was uneventful in its first week, with a total of 15,000 elderly persons having received vaccination by Sun April 18. There is some discrepancy between this figure and official data, however, suggesting that more seniors may have already received their first dose than is being captured by electronic VAR systems. As supply of vaccine increases, further vaccination sites are being opened to include more elderly persons, as well as those elderly who may not have been demographically prioritized in the first week. Vaccination for 3 million non-hospital-based healthcare workers (HCWs) is also beginning, with scheduling occurring at the discretion of individual municipalities (ex. May 2 in Chuo Ward, where HCWs and elderly will be scheduled simultaneously). Minister Kono notes that Japan plans to procure enough doses for all adults in Japan (16 or older) by the end of September; previous goals noted by PM Suga were to obtain this amount by the end of June. This probably pushes back a realistic population-level vaccination goals to winter 2021-2022.

NOTE: There is, as expected, a large amount of variability in vaccine scheduling and availability from ward to ward, and prefecture to prefecture. For details of vaccination in your community, please refer to your ward office website or inquire at your ward office public health desk. Note that several ward websites offer automated page translation, and Google Chrome browser offers in-app translation functionality as well.

### ***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

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