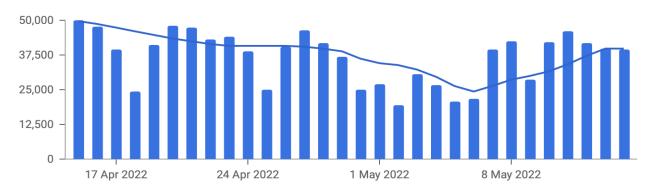
Situation report - COVID19; Japan, 17th May 2022

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Current Situation - Japan

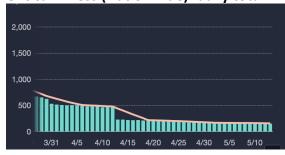
Japan - daily Infections (past 30 days)



National Reproduction Rate – (R 1.15)



Critical Illness (Nationwide)- daily total



Mortality (Nationwide) - daily total



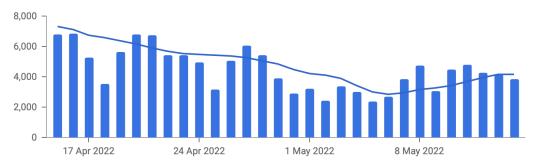
Case numbers appear to have increased sharply over the past week, though a proportion of this rise is likely due to diagnostic and reporting delay over the golden week holiday period. A similar pattern of under-reporting during holidays followed by overreporting during the week following has been observed on multiple occasions in the past, most recently over the 2021-22 end of year holiday period. However, this artificial fluctuation may conceal at least some genuine increase in contagion. The true underlying trend should become apparent in days to come.

So far there has not been any appreciable increase in mortality or critical illness and the government has not raised the COVID response alert level or issues any other warnings, though has advised that the daily limit on international arrivals will double from 10,000 to 20,000 in June.

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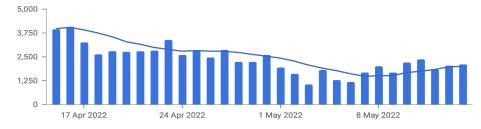
Tokyo and the surrounding Kanto region

Tokyo daily infections, past 30 days (R 1.11)

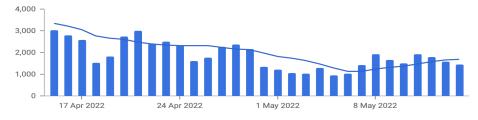


Case numbers in Tokyo and the wider Kanto region reflect the national trend, with an apparent steep drop in cases to a nadir on the 6th of May (the last day of the golden week holiday), followed by a rebound. As with the country as a whole, this is most likely to be due to reporting delay over public holidays, perhaps with leisure travel and holiday behaviours causing some genuine increase in infections.

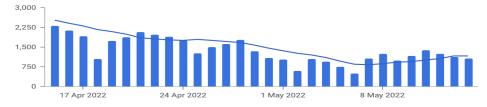
Kanagawa daily infections, past 30 days (R 1.06)



Saitama daily infections, past 30 days (R 1.12)



Chiba daily infections, past 30 days (R 1.10)

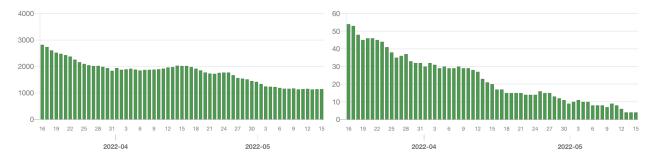


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Hospital Care and Testing in Tokyo

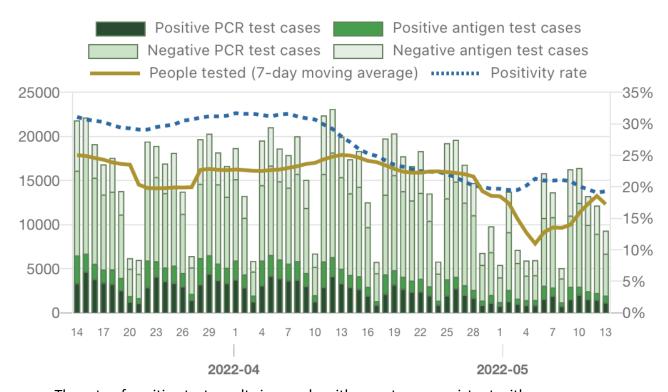
Number of hospital patients

Number of critically ill patients



Hospital bed occupancy is largely static and is now at 15.4% (1116 of 7229 beds in use). Intensive care occupancy has however, fallen to 0.8% (4 out of 510) of beds being occupied at present. Numbers of regular ward and intensive care beds allocated for COVID 19 care have still not been reduced.

Testing for COVID 19



The rate of positive test results in people with symptoms consistent with a new onset COVID 19 infection has been relatively static at just below 20% over the past three weeks, suggesting that the SARS-CoV2 virus will continue to circulate at an appreciable level for some weeks to come.

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Regional Situation

The increase in cases seen in Kyushu and suspected to be a result of dissemination of the BA2 omicron sub-variant appears to have peaked. However, geographically disparate rural areas are still experiencing local surges in case numbers.

Tokushima, in Shikoku, currently has the highest relative reproduction rate in the country after daily infections more than doubled (R 1.2) in a short time:



Toyama, on the Japan sea coast of Honshu, has reported a similar increase in contagion (R 1.19):

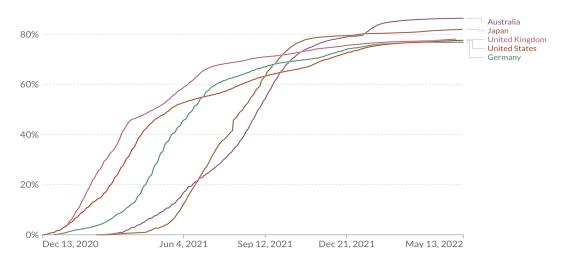


In both instances, absolute case numbers remain relatively low and there does not appear to be any immediate threat to local medical infrastructure.

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COVID 19 Vaccinations in Japan

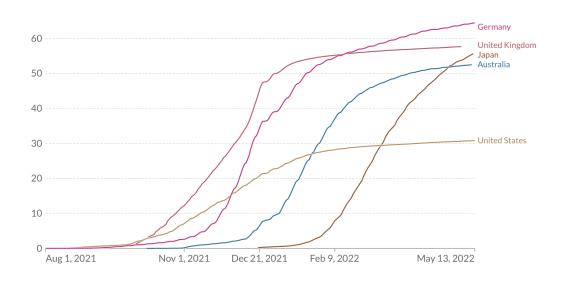
Vaccine doses administered (cumulative, nationwide, percentages)



4th dose (second booster) vaccinations will commence from the end of this month. They will be provided to people aged 18 or above who have pre-existing medical conditions or are obese and will be offered universally to all those over 60. The minimum interval between 3rd and 4th vaccines has been set at 5 months and as before, health authority issued vouchers (mostly yet to be released) will be required.

Uptake of 3rd dose (first booster) vaccines has reached 88.4% in people over 65 and 56.4% across the population. Only 14.9% of children aged 5-11 have had at least one vaccine as uptake in this age cohort remains low.

Booster (3rd) vaccine doses administered (cumulative, nationwide, percentages)



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References and Resources

Reported Caseload Graphs and data sourced from MHLW as reported by Toyo

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