Key Revisions to Basic Policies for Novel Coronavirus Disease Control by the Government of Japan

1 State of emergency
· The nationwide state of emergency has been extended until the 31st of May.
· The 13 “designated prefectures under specific cautions” will remain under specific cautions.

2 Evaluation of past measures and the current situation
· The united efforts of the people have achieved certain results as an explosive spread of infection has been avoided with a decrease in newly reported cases. On the other hand, the number of daily new cases reported nationwide remains around 200 and efforts to reduce new infection need to continue for the time being.

3 Measures to be taken
· Through continued collective efforts by the people, newly reported cases need to be reduced to the level where it is possible to prevent the spread of infection through more effective counter-cluster measures and to sufficiently treat patients including severe cases.

4 Pandemic prevention measures according to the situation
· In the designated prefectures under specific cautions, measures including staying home and restricting the use of facilities (self-restraint request of business operations) will continue, with a view to achieving the target of reducing people-to-people contact at least by 70 percent, or ideally 80 percent.
· In the designated prefectures other than those under specific cautions, the request of self-restraint from going out is applied to cases such as travel across prefectures; pubs and restaurants with hospitality services; and places with 3 Cs (closed spaces, crowded places, and close-contact settings).

5 Provision of medical care / Surveillance and information gathering

Medical care
· Patients with mild symptoms will be treated basically at accommodation facilities, in order to secure medical provision system that focuses on preventing patients from developing severe conditions. In this regard, prefectures will work to secure facilities such as hotels with government support.
· In order to secure capacity for outpatients and testing, establishment of “regional outpatients and testing centers”, which conduct tests intensively, is promoted. Efficient testing system will be secured by examining patients at large tents, prefab complexes or drive-through facilities.

Surveillance
“Information grasp and management support system” for speedy information sharing among relevant people on patients etc., will be established as soon as possible, in order to reduce administrative burden of medical institutions and the public health centers. Moreover, the system will be used to efficiently collect and analyze statistic data.
Basic Policies for Novel Coronavirus Disease Control
by the Government of Japan
(Summary)

March 28, 2020 (Revised on May 4, 2020)

On April 7, 2020, the Head of the Novel Coronavirus Response Headquarters declared a state of emergency under Article 32, paragraph 1 of the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response. The period during which emergency measures should be taken under the declaration is 29 days from April 7 to May 6, 2020. Areas where emergency measures should be taken are Saitama, Chiba, Tokyo, Kanagawa, Osaka, Hyogo and Fukuoka Prefectures and on April 16th, targeted areas are expanded to all 47 prefectures (the period during which emergency measures should be taken for these areas is from April 16th to May 6th).

We have since begun seeing some results, with the number of newly reported cases showing a downward trend. However, there are still areas where the delivery of medical care by the health system continues to be stretched, so measures to reduce new infections must continue for the time being. Therefore, on May 4, 2020, the period during which emergency measures should be taken was extended to May 31, 2020, continuing to target all 47 prefectures.

If the emergency measures are deemed no longer necessary, the state of emergency will be released immediately even within the period.

If the number of newly reported cases decreases to a level where the spread of infections can be prevented through effective counter-cluster measures and infected patients, including those with severe symptoms, can be adequately treated, and given that a new lifestyle that prevents the spread of infection is widely accepted, it will be possible to sustainably prevent further infections and maintain socio-economic activities.

Even under the state of emergency, the Government of Japan will work to minimize the impact on social and economic functions, and will not take compulsory measures such as "lockdown" (city blockade) that is being implemented in other countries.

These Basic Policies present unified guidance on measures to be taken by the government, local governments, and the people together to accurately grasp the situation and further advance counter-measures against the novel coronavirus infectious disease.
1. Facts about the current situation of the Novel Coronavirus infectious disease
   In Japan, the routes of transmission for 61% of infected people are unknown (situation up to May 1, known as of May 3, 2020).
   Cases entering from overseas have decreased to a certain extent as a result of border-control measures, but strict measures must continue.
   With regard to trends by prefecture, we have been promoting measures in 13 prefectures, namely Tokyo, Osaka, Hokkaido, Ibaraki, Saitama, Chiba, Kanagawa, Ishikawa, Gifu, Aichi, Kyoto, Hyogo, and Fukuoka, collectively called "Prefectures under Specific Cautions" under these Basic Policies, as prefectures where particular emphasis must be placed in taking measures to prevent the further spread of infections. We have had other prefectures take measures to prevent the spread of infections as well, with all prefectures designated as areas where emergency measures should be taken.
   Since then, we have still been seeing a considerable number of newly reported cases nationwide, and we must maintain our current framework and continue to carry out measures in every prefecture to prevent the spread of infections. However, while actions similar to those taken so far need to continue in the Prefectures under Specific Cautions, other designated prefectures will gradually shift to measures that are more compatible with maintaining socio-economic activities.

2. Overall Policies for Novel Coronavirus Disease Control
   (1) Slow down the speed of infection by containing clusters and reducing chances of contact.
   (2) Minimize incidence of severe cases and death through surveillance and appropriate medical care especially for the elderly.
   (3) Minimize the impact on society and economy through pandemic prevention and economic and employment measures.
   (4) Shift to measures that are more compatible with maintaining socio-economic activities while considering ways to prevent the pandemic from spreading further.

3. Key points in implementing measures against novel coronavirus disease
   (1) Provision and sharing of Information
   Provide the public with accurate information and clear message on the following points in the timely manner, promote awareness-raising to help change people’s behavior and call for calm response.
   - the infection situation and the medical information
   - basic counter-measures against infection
   - need to refrain from leaving home when feeling sick
   - guidelines for visiting medical institutions
   - discrimination against infected persons, close contacts and medical personnel
   - public awareness about a "new lifestyle"
   - 3-Cs (closed spaces, crowded places, and close-contact settings)
   - the fact that the measure of "lockdown" (city blockade) will not be taken
   Provide appropriately and expeditiously related information for Japanese national as well as foreign nationals living or staying in Japan and foreign governments.

   (2) Surveillance and Information gathering
   - Identify suspected disease carrier and conduct tests that the doctor considers
necessary
- Strengthen the testing system by utilizing local and private institutes. Grasp the PCR testing system and make necessary coordination.
- Develop a system for sharing information about patients, etc. as soon as possible. Use the system to gather and analyze statistical data for more effective and efficient measures.
- Develop and operate a system for promptly grasping the situation at each medical institution and use it to coordinate prompt acceptance of patients, etc.
- Develop effective systems through antibody tests, etc. to grasp the infection situation in Japan.
- Continue to develop simple test kits for rapid diagnosis.

(3) Pandemic Prevention
1) Refraining from leaving home (except for going to workplaces, as mentioned later)
   i) The Prefectures under Specific Cautions, in particular, will request cooperation in refraining from leaving home to "reduce the contact among people by 70% at minimum or 80% ideally." (Activities necessary for maintaining daily life and health, such as visiting hospitals, purchasing food, medicine and daily necessities, going to workplaces as necessary, exercising outdoors or taking a walk, are excluded.)

      ii) All designated prefectures will:
- request citizens to refrain as much as possible from moving to other prefectures for reasons such as non-urgent and unnecessary homecoming visits or trips
- discourage citizens from visiting eateries with hospitality services in downtown areas where many clusters have actually emerged
- carefully avoid the "3Cs" while also taking basic measures to prevent infection, such as handwashing and maintaining social distancing between people
- inform residents using the "Ten tips for reducing contact by 80 percent," "New lifestyle practices (examples)," etc. presented by the Expert Meeting

2) Restrictions on holding events
All designated prefectures will make requests not to hold events where clusters could emerge or have gatherings under 3Cs circumstances, especially in cases of nation-wide or large events and gatherings.

3) Restrictions on using facilities (related to restricted events mentioned earlier, excluding schools and other facilities mentioned later)
   i) Prefectures under Specific Cautions will issue requests to follow restrictions on the use of facilities that may cause infections to spread. If such requests are not met and no justifiable reason is given, prefectures will issue further requests and instructions based on the Act, and publicize the fact.
   Additionally, considering the impact of the extended measures on society, the economy, and the lives and health of the citizens, the Governors of each prefecture may make appropriate decisions on opening facilities such as museums, art galleries, libraries and
outdoor parks.
ii) In designated prefectures that are not included in the Prefectures under Specific Cautions, decisions will be made based on the local situation from the viewpoint of preventing the spread of infections and maintaining socio-economic activities.
iii) Business operators and related organizations will take voluntary measures to prevent infection that take into account both sustainable actions for the future and recommendations from the Expert Meeting.

4) Going to workplaces
i) Particularly in Prefectures under Specific Cautions, working in rotations at workplaces that require employees to come to work and teleworking will be strongly encouraged to reduce contact, including aiming for a "70 percent reduction in employees coming to work."
ii) Based on the expectation that all designated prefectures will need sustainable measures in future:
   - Measures to reduce contact with people, including teleworking, staggered work hours, and bicycle commuting, will continue.
   - Workplaces will be encouraged to put thorough measures in place to prevent infections and avoid the 3Cs.
   - Businesses engaged in work essential for ensuring the stability of people's lives and the national economy (examples given in the attachment) as well as businesses supporting such work, must continue operating, depending on the characteristics of the businesses, while taking comprehensive measures to prevent the spread of infections, including measures to avoid the 3Cs.

5) Handling of schools
i) The Ministry of Education, Culture, Sports, Science and Technology will gradually restart school education activities according to the status of infections in each region, and create an environment where students can learn, while placing utmost attention on preventing infections.
ii) The Ministry of Health, Labour and Welfare (MHLW) will provide guiding principles for nursery schools and after-school children's clubs, etc. on the downsizing of childcare and temporary closure of facilities.

6) Border-control measures
The Government will continue to implement entry restrictions, travel warnings, strengthened quarantine, and visa restrictions, from the viewpoint of preventing the flow of infected people into Japan and the spread of infections throughout Japan.

7) Strengthening counter-cluster measures
i) Active epidemiological investigations will be organized to identify individuals who have been in close contact with infected persons, monitor their health conditions, request them to refrain from leaving home, and properly grasp the scale of the spread of infections for appropriate infection control.
ii) Experts will be secured and trained to conduct the counter-cluster measures and strengthen the health center system. Technologies such as apps and social networking systems will also be utilized to promptly introduce a system for efficiently controlling
infections and quickly grasping the infection situation.

8) Other common issues
i) Designated prefectures will take effective emergency measures that consider the characteristics of each area. The measures must be the minimum necessary, and prefectures must carefully explain the details and need for the measures to their residents.

ii) Since sustainable measures will be needed, attention will focus on balancing prevention of the spread of infections and maintaining socio-economic activities.

iii) Prefectures will inform their residents that the emergency measures are different from the "lockdowns" (city blockades) that are being implemented in other countries, and call for a calm response through asking people not to panic-buy food, medicines and daily necessities.

iv) A help desk for business operators will be established, logistics will be secured, and a robust lifeline system will be ensured, etc., in order to support the smooth operation of businesses.

v) Thorough measures to prevent infection will be taken in public transportation and other facilities where many people gather.

(4) Medical care, etc.
i) A hospital treatment system will be secured that focuses on providing medical care to those with severe symptoms
   - Asymptomatic pathogen carriers and patients with mild symptoms who do not require hospitalization will recuperate at lodging facilities, etc.
   - Temporary lodging facilities such as hotels will be secured and managed for this purpose.
   - To secure hospital beds, roles will be divided among medical institutions in each region, such as by designating preferred medical institutions to gather novel coronavirus patients.
   - A system will be set up to coordinate the acceptance and transfer of patients. Medical institutions' information-gathering systems will be utilized so that the institutions can visualize information necessary for coordinating patient acceptance.

ii) An outpatient and testing system will be secured for suspected COVID-19 patients to:
   - Provide outpatient services to suspected COVID-19 patients under proper infection control by having them access Outpatient Services for Returnees and Contact Persons via the Call Centers for Japanese Returnees and Potential Contacts.
   - Secure efficient medical care and testing systems by having institutions established that focus on conducting tests (local outpatient/testing centers), sending medical workers to Outpatient Services for Returnees and Contact Persons, and providing so-called drive-through and walk-through medical care in large tents and prefabricated buildings.
   - If there is risk of patients increasing further, boost the limit of medical services that can be provided, and provide outpatient service at general medical institutions, taking necessary measures to prevent infection.
Under these circumstances, the risk of infection could rise due to people seeking care at medical institutions due to fear of infection. Therefore, if symptoms are mild, people should rest and recuperate at home in principle. If their condition changes, they should consult their doctor before seeking further medical care.

- Designate medical institutions to treat people who may develop severe symptoms as medical institutions that do not provide COVID-19 outpatient services, in principle.

iii) A medical service system will be established for entire regions, including service for patients with diseases other than COVID-19, by:
- Dividing roles among medical institutions in each region.
- Establishing a medical care system using communication devices such as telephones.

iv) Securing medical workers
- Measures will be promoted to prevent temporary leave/leaving of jobs by medical workers, return of potential qualified personnel to the workforce, reallocation of human resources in the medical field, etc.

v) Securing the supply of medical goods
- A secure manufacturing system will be set up for medical supplies, medical equipment, and medical materials to provide them promptly and smoothly to medical institutions that need them.
- In particular, the securing of supplies of personal protective equipment, such as masks for medical institutions that conduct PCR tests and admit patients, will be prioritized.

vi) In-house infections at medical institutions and facilities for the elderly will be thoroughly prevented by:
- Thoroughly avoiding the 3Cs, wearing masks, and disinfecting to prevent workers from becoming sources of infection
- Temporarily prohibiting visitors except for emergency cases in order to prevent infection
- Suspending or restricting temporary use such as daycare services in facilities
- Isolating suspected patients/users immediately and implementing counter-infection measures under the guidance of public health centers.

vii) The spread of infections in medical institutions and facilities will be prevented by:
Implementing measures to prevent infection, such as fully isolating infected patients from non-infected patients.
Prioritizing PCR tests for suspected medical/facility workers and inpatients.

viii) Others
- Preventing infection of outpatients and pregnant women
- Providing medical interpreters for foreigners
- Accelerating clinical research and treatment to verify the effects of therapeutic agents
- Vaccinations will be developed promptly under the coordination of relevant government ministries and agencies, with the goal of commercializing and providing vaccines to the citizens as soon as possible.
(5) Economic and employment measures
   By implementing the measures under the "Emergency Economic Measures for
   Response to COVID-19" (Cabinet decision April 20, 2020), including the
   supplementary budget for FY2020, nationally and locally, the government will work to
   prevent the spread of infections while making every effort to quickly end this situation,
   as well as strive to maintain employment, continue business, and support people's lives.

(6) Other important considerations
   - Consideration for the human rights, response to social issues, etc.
   - Supply of goods and materials necessary for the medical operation
   - Collaboration with related organizations (including local governments, the
     international community, and the research institutions)
   - Maintenance of social functions
   - Measures after the declaration of a state of emergency
Business operators who are required to continue their business during the period of the state of emergency

1. Maintaining Medical System
- We request the continuation of all business by medical personnel not only for treatment of COVID-19 infections, but also for their duties to deal with other severe diseases.
- The abovementioned businesses by medical personnel include hospitals, pharmacies, and other manufacturing and service industries related to all the supplies and services necessary for treatment of patients including importing, manufacturing and sales of pharmaceuticals and medical equipment, blood collection for blood donations, and providing meals to inpatients.

2. Continuing to protect those in need
- We request the continuation of all life support businesses for people who need assistance, especially the elderly and the people with disabilities, including housing and support for them.
- The abovementioned life support businesses include all manufacturing and service industries related to the goods and services necessary for the lives of the elderly and the people with disability, such as management of facilities for nursing care and for people with disability, as well as providing meals to residents of the facilities.

3. Securing stable lives of the people
- We request the continuation of all concerned businesses which provide essential services for those who stay at home to lead minimum necessary lives.
  (1) Infrastructure operation (electricity, gas, oil, petrochemical, LP gas, water and sewage, telecommunications and data centers, etc.)
  (2) Food and beverage supply (agriculture, forestry, fishery, importing, manufacturing, processing, distribution, and online shopping of food and beverage, etc.)
  (3) Supply of daily necessities (importing, manufacturing, processing, distribution and online shopping of household goods, etc.)
  (4) Canteens, restaurants, coffee shops, home delivery and take-out, retailers of daily necessities (department stores, supermarkets, convenience stores, drugstores, hardware stores etc.)
  (5) Maintenance of household goods (plumber, electrician, etc.)
  (6) Services related to daily necessities (hotel and accommodation, public bath, barber shop and hairdressers’ salons, laundry, veterinary, etc.)
  (7) Waste disposal services (collection, transportation, and disposal of waste, etc.)
  (8) Ceremonial affairs (operators engaged in cremation and post-mortem treatment of bodies)
  (9) Media (TV, radio, newspapers, internet related business, etc.)
  (10) Services for individuals (webcast, remote education, facilities and services related to
maintenance of the internet environment, maintenance services of private vehicles, etc.)

4. Maintaining the stability of the society
- With a view to maintaining the stability of the society, we request the continuation of the businesses, at their minimum level, who provide essential services to maintain corporate activities during the period of a state of emergency.
(1) Financial services (banks, credit banks and credit unions, securities, insurance, credit cards, and other settlement services etc.)
(2) Logistics and transportation services (railways, buses, taxis, trucks, maritime transportation and port management, aviation and airport management, postal services, etc.)
(3) Maintenance of manufacturing and service industries necessary for national defense (aircraft, submarines, etc.)
(4) Services necessary to maintain corporate activities and security (maintenance and security of building, etc.)
(5) Social infrastructure necessary for safety and security (management of public goods such as of rivers and roads, public works, waste disposal, hazardous goods management based on respective law, etc.)
(6) Administrative services (police, fire fighting, other administrative services)
(7) Childcare services (daycare centers, etc.)

5. Others
- Among medical and manufacturing industries, we request the continuation of the following business operators in consideration of infection prevention: operators who are difficult to stop production line due to the characteristics of the equipment (such as blast furnaces and semiconductor factories); and operators who produce essentials (including important items in supply chains) for protection of the people who need medical care and support, as well as for maintenance of social infrastructure. We also request the continuation of the business operators who sustain medical care, the lives of the people, and maintenance of the national economy.
1. Introduction

2. Evaluation of the infection situation in each prefecture
(1) How to determine the regions to which the declaration of a state of emergency applies
- Although the declaration of a state of emergency is currently applicable in all the prefectures, the Government will make comprehensive decisions especially when determining the applicable regions through discussions in the Basic Action Policy Advisory Committee, in light of factors such as the infection situation (epidemiological situation), the systems for delivering medical care (medical situation), and the infection situation in neighboring prefectures.

(2) Evaluation of the infection situation and the systems for delivering medical care in each prefecture
(i) Infection situation (epidemiological situation)
   ➢ As of May 2, the cumulative number of infections is 14,839.
   ➢ The trend in the number of new infections in the past three weeks shows that the increase in the number of new infections is certainly slowing down.
   ➢ The total number of new infections in the past week was over 100 only in Tokyo, Hokkaido, Osaka, and Kanagawa.
   ➢ Newly infected patients have not been confirmed in Iwate, Akita, Tottori, Nagasaki, and Miyazaki for the past two weeks and in Mie, Tokushima, Kagawa, Ehime, Oita, and Kagoshima for the past week.
   ➢ The effective reproduction number announced on May 1 was below 1 both nationwide and in Tokyo.
   ➢ As the number of PCR tests has been stably increasing, the positive rate in the PCR test and other tests is lowering.
   ➢ The behavior modification of citizens has proven successful, resulting in a nationwide decrease in the number of new infections.
(ii) Systems for delivering medical care
   ➢ As patients with severe symptoms stay in hospital for a long time, there is a time lag before the actual number of patients (the number of patients by onset of symptoms) decreases, even if the number of newly reported infections starts decreasing. In this context, the burden placed on medical institutions is still just under the limit.
   ➢ Each prefectural government is building systems to deliver medical care and working to prepare lodging facilities for patients with mild symptoms. As of April 30, 13,000 rooms are available.

(3) General overview
- The current framework under the declaration of a state of emergency should continue for the time being.
- On the other hand, the Government must not force citizens to make sacrifices in their lives more than is necessary. This expert meeting will conduct an analysis in light of the latest infection situation and other
factors in about one or two weeks.

3. Evaluation of PCR tests and other tests

(1) Analysis of the number of PCR tests and other tests and the positive rate
- A comparison of the number of PCR tests and other tests and the positive rates among countries shows that the number of PCR tests and other tests per 100,000 of the population in Japan is clearly less than in other countries (Fig. 1). On the other hand, the positive rate in Japan is significantly lower than in Italy, Singapore, the U.S., Spain, France, and the U.K. (Fig. 2). Thus, we believe that it is not the case that Japan is unable to identify as many potentially infected patients as these countries.

Fig. 1 Comparison of the number of PCR tests and other tests among countries and regions *1

Fig. 2 Comparison of the positive rates among countries and regions *2

- The number of fatalities due to COVID-19 per 100,000 of the population in Japan is one-tenth or less of the numbers in Western countries (Fig. 3).
Because the number of CT scanners per population in Japan is higher than that in other countries, CT scanners are actively used to diagnose pneumonia, in addition to diagnosing pathogens, through the PCR test or other test. The number of overlooked cases is small in severe cases, death cases and other such cases.

Because the average hospitalization period is about two to three weeks and patients with severe symptoms stay in hospital for a longer time, unfortunately, it seems that it will take some time until the number of fatalities clearly starts decreasing in Japan (Fig. 4).

- The time-dependent change in the number of PCR tests and other tests conducted per day shows a gradual increase in the number of tests at private laboratories, universities and medical institutions, although the number depends on the day of the week.
- The time-dependent change in the positive rate in the PCR tests and other tests shows a decreasing trend since the state of emergency was declared (Fig. 5).

![Trend in the PCR positive rate and the number of tests](image)

*Counter-Cluster Measures Team, MHLW (Source: Test Team)

- It is important to further increase the number of PCR tests and other tests for earlier diagnosis and proper medical treatment.

(2) Future measures
- As the sample collection, sample transportation, and testing capabilities are being enhanced, the system in which tests were only possible by going through public health centers is gradually being eliminated.

- The Government should implement a system to test potential patients quickly and reliably, including those with mild symptoms when doctors deem it necessary, through the following measures:
  (i) Enhancement of the systems of public health centers and public health institutes
  (ii) Activation of prefectural coordination headquarters
  (iii) Increase in regional outpatient facilities and test centers
  (iv) Reliable procurement of infection protective equipment, sample collection kits, and test kits
  (v) Training of sample collectors and quality control of PCR tests and other tests
  (vi) Surveillance of the PCR test and other test systems and monitoring and announcement of the number of tests and the positive rate

- It is also necessary to develop quick antigen diagnosis kits to complement PCR tests and other tests and a high-quality test implementation system.

4. Specific recommendations on future behavior modification
(1) New lifestyle to prevent the spread of the infection
- In the attached sheet, we provide examples of practices we encourage citizens to adopt in their future daily lives, to help them understand the specific behaviors in their new lifestyle.
(2) Points to be noted about the guidelines for preventing the spread of infection in each industry

- To prevent the infection from spreading at the same time as conducting socio-economic activities, it is especially necessary for businesses to consider and implement specific infection prevention measures in the scenes in which they provide each of their services.

- Because the risk of infection varies in each case, we would like each industry to create guidelines or other policies to prevent the infection from spreading and implement them by trial and error, using their ingenuity.

- Businesses should evaluate risks according to the content of the services they provide, considering factors such as the movements of employees, customers and other parties, and how they come into contact with each other.

- It is basically important to thoroughly implement measures to prevent the spread of infection, such as organizing visitors, installing disinfection facilities, using masks, ventilating and disinfecting facilities, and imposing restrictions on those with symptoms.

5. How to determine whether to relax measures

- Each prefectoral government should gradually increase the socio-economic activity level in light of the
factors in their region, such as the infection situation and the securing of systems for delivering medical care.

- Each prefectural government should evaluate the situation in their region at certain intervals, including on the trends in the number of new infections and other data and the status of the systems for delivering medical care, and they should be prepared to quickly respond, for example, if the infection starts spreading again.

6. Conclusion

- As the measures are extended, while preventing the spread of the infection remains the top priority, we must also find ways to permit socio-economic activities. The Government must build systems to examine the issue while taking into account the impact that continuing the measures in the long term will have on the lives of citizens, the economy and society in general.
Example of practicing "New Lifestyle"

### (1) Basic infection prevention measures for each person

#### Three basics for preventing infection:
  - Keep a distance of two meters as much as possible, or at least one meter, between two persons
  - Chose outside rather than inside if you are to play
  - Avoid standing right in front of each other during conversation as much as possible
  - Wear a mask when you go out or talk inside even without any symptoms
  - Wash your hands and face first when you get back home, followed by changing clothes and showering as soon as possible
  - Carefully wash your hands with water and a soap for approximately 30 seconds (also possibly with hand sanitizer)

- Pay more attention to your health, especially when meeting those who may have a high risk of serious symptoms, such as the elderly or people with chronic diseases.

#### Infection prevention related to traveling
- Refrain from traveling to and from where the infection is prevailing
- Refrain from traveling upcountry or for leisure. Business trips only when it is unavoidable
- Keep a record of the people you meet and the time of meeting in case you get infected
- Carefully follow how the infection is prevailing locally

### (2) Basic lifestyle for daily life

- Wash and sanitize hands frequently
- Make sure to observe coughing etiquette (by covering your mouth)
- Ventilate frequently
- Keep physical distance
- Avoid gatherings in crowded places, close contact settings and closed spaces
- Check your health condition and measure body temperature every morning
- Do not force yourself to go out, and stay home if you have symptoms of fever or cold

### (3) Lifestyle for each scene of daily life

#### Shopping
- Use online shopping
- Shop by yourself or in a small group, at off-peak hours
- Use electronic payment
- Plan your shopping in advance and shop quickly
- Refrain from touching displays like samples
- Keep a distance while lining up at the cashier

#### Public Transports
- Refrain from chatting
- Avoid peak-hours
- Also take a walk or use bikes

#### Leisure, Sports etc.
- Select places like parks at off-peak time
- Refer to videos for home muscle training or yoga
- Jog in a small group
- Keep a distance as etiquette when passing others
- Utilize booking systems for leisure
- Do not stay long in small rooms
- Keep a distance or stay online for singing or cheering others

#### Meals
- Take away or delivery
- Enjoy meals at outside spaces
- Serve individually, avoid sharing plates
- Do not sit face-to-face, rather besides
- Concentrate on eating, refrain from chatting
- Avoid serving alcohol, sharing glasses or sake cups

#### Family ceremonial occasions
- Avoid banquets or meetings with large numbers
- Decline participation when you have symptoms of fever of cold

### (4) New working style

- Work remotely and rotate commuting shifts
- Keeping a distance while commuting during different working hours
- Open and widen working spaces
- Use online meetings
- Exchange business cards online
- Wear a mask and ventilate venues in case of a face-to-face meeting

※ Infection prevention guidelines for each business sectors will be prepared by relevant organizations.
Summary

1. Introduction

2. Infection situation

- Nationwide, the number of newly infected patients per day, which was close to 700 around April 10, has most recently decreased to around 200. (The cumulative number of infections was approximately 14,000 as of April 29.)

  We are beginning to see results from the set of measures taken, with the number of new infections showing a downward trend. However, compared to the rapid speed at which the infections increased after March 20, the rate of decline is slow. Furthermore, the movement of people from metropolitan areas has spread infections to rural areas, and the speed at which infections are decreasing in rural areas is slower than that in Tokyo.

- The number of newly infected patients per day in Tokyo was approaching 250 on April 9, but has fallen to less than 100 recently and is on a downward trend. Although the rate of decline in Tokyo is faster than that shown in nationwide data, it is still slow compared to the speed at which it increased.

  The number of infections arising from restaurant businesses with accompanying services and operating at night is decreasing, while outbreaks in medical institutions and welfare facilities as well as infections within families are increasing.

- As described above, citizens are changing their behavior, which is producing results, and the number of new infections is clearly showing a downward trend nationwide. However, we are still seeing a considerable number of new infections, and the level of new infections has not decreased to that of early to mid-March when the number of infections began rising.

- While the number of PCR and other tests being conducted is limited compared to other countries, some question why it can be said that the number of infections is decreasing. Since we have been conducting PCR and other tests mainly when doctors decide it is necessary, or for those who have been in close contact with an infected person, the total number of infected persons is not known. However, with the number of cases testing positive decreasing nationwide while the number of tests conducted gradually rises, and the doubling time becoming longer in places such as Tokyo, there is no doubt that the number of new infections is on a downward trend.

- Regarding the impact on delivery of medical care by the health system, even with the number of new
infections on a downward trend, patients with severe symptoms requiring mechanical ventilators tend to stay in hospital for a long time and their numbers are not showing a tendency to fall. Therefore, the load on medical institutions due to hospitalized patients is expected to continue for some time, and the situation of an over-stretched medical system will likely ease only gradually compared to the slowing rate of new infections.

Thus, it is suggested that the measures in place need to continue for the time being to maintain the decreasing trend in new infections until the future spread of infections becomes unlikely. Moreover, it is also important to quickly improve the delivery of medical care.

3. State of behavior modification

➢ We are currently using "contact frequency" to evaluate the "modification of contact behavior" that can reduce the number of new infections.

➢ In regions such as Tokyo (Shibuya station) and Osaka (Namba station), the achievement status differs from one age group to another. Namely, the contact frequency among young people in their teens and twenties, who have been affected by closures of educational institutions such as universities, decreased by more than 80%. Daytime contact frequency of people in their thirties is expected to have fallen by the amount corresponding to the spread of teleworking, but has not reached 80 percent.

Movement across prefectures has decreased by 30 to 50 percent in many areas. As long as commuting to city centers continues, the degree of decline in contact frequency among the productive population will be small.

4. Future outlook

(1) Expected duration of measures needed in the future

➢ There are some good signs towards developing treatment, including early diagnosis and prevention of severe symptoms. However, considering the infection situation in other countries and the response needed, continuous measures are needed in line with the state of domestic infections.

(2) Need for measures in response to the regional spread

➢ Under the current state of emergency, unprecedented measures are in place including self-restraint from going out and closure of certain businesses. These measures have shifted the number of new infections in Japan toward a general downward trend.

➢ However, if infections begin to spread once again regionally or nationwide, the systems for delivering medical care could face renewed pressure. Thus, the current framework should continue for the time being. As the infection situation differs by region:

(i) In regions where the infection situation is severe, it will be necessary to continue the "request for
thorough behavior modification" in general until the number of new infections decreases to a certain level.

(ii) In regions where the number of new infections is limited and the measures can be relaxed to a certain degree, transition to a new lifestyle that prevents the spread of infections will be needed to prepare for the long haul, as infections could spread once again.

(3) Considerations for regions continuing to require a "request for thorough behavior modification"

- Lengthening the measures brings with it concerns about serious negative effects on the lives of citizens and "voluntary-restraint fatigue." Since it is necessary to ask citizens to make a sustained effort to halt the spread of infections, we need to consider gradually easing some of the restrictions, especially for some activities for which there is a social need and for which the risk of infection can be sufficiently reduced by various means. For example, we must examine the handling of schools and parks.

(4) How to determine whether to continue or ease "requests for thorough behavior modification"

- Under the condition that infection is limited to a certain extent (epidemiological situation) and the systems for delivering medical care are secure (medical situation), a comprehensive decision will be made that takes the following factors into account.

(i) Infection situation (epidemiological situation)

- The number of newly infected patients, etc. (newly infected patients, doubling time, percentage of infected patients whose transmission route has not been identified) are at a sufficiently low level.
- PCR and other tests that are necessary can be performed promptly.

(ii) Systems for delivering medical care

- A system is established for sharing roles among medical institutions and coordinating patient acceptance.
- A system has been developed for promptly grasping and sharing the operational status of hospital beds (including the states of patients and availability of hospital beds).
- Lodging facilities have been secured for patients with mild symptoms.

5. Future measures

- In regions where the number of new infections is limited and the measures can be relaxed to a certain degree, a new lifestyle must be established as a long-haul measure against the novel coronavirus disease to avoid another wave of infections. We must bear in mind that when another wave occurs, a "request for thorough behavior modification" will be needed again.
(1) Popularizing a new lifestyle to prevent the spread of infections

- For a society where we live together with the novel coronavirus, it is essential that we strive to avoid the "3Cs" and continue basic measures to prevent infection such as handwashing and keeping physical distance.
- It is important to reduce contact while working and in the workplace through teleworking, staggering commuting hours, video conferencing, etc., in addition to basic measures to prevent infection.
- Cautionary measures, including cancellations and postponement, will be necessary for nationwide and large-scale events.

(2) Promoting measures for efficient counter-cluster measures

- With the rapid increase in infections, the counter-cluster approach is becoming difficult. Assuming that the number of infections will decrease to a certain level, we must work on the following in order to enable more efficient active epidemiological investigations and prevent a sudden increase in infections.

  (i) Provide full support for public health centers, including more efficient infection-control activities.
  (ii) Expand and train human resources engaged in active epidemiological investigations.
  (iii) Utilize ICT to detect those who have been in close contact with infected people and to monitor their health conditions (e.g. close-contact tracking app).

(3) Expanding systems for delivering medical care

- The primary goal is to avoid collapse of the healthcare system, which would result in the loss, due to an increase in infections, of lives that would normally be saved, by:

  (i) Securing the sharing of functions among medical institutions (such as designating priority medical institutions) and coordination of functions within prefectures, coordinating patient transfers, securing lodging facilities for patients with mild symptoms, etc.
  (ii) Establishing a system that can respond to a sudden increase in infections while ensuring that treatment of patients with other diseases is not greatly impacted.

(4) Expanding PCR and other tests

- When considering easing the "request for thorough behavior modification" to a certain extent, it is important to improve the ability to detect infected patients early. We need to make every effort to allow use of a more convenient test (such as rapid diagnostic test kits) in the medical field.
(5) Vaccinations, medications, etc.

- Vaccinations, treatment methods, medications, and severity markers must be developed as soon as possible.

(6) Handling of schools

- As of April 22, 95% of elementary and junior high schools and 97% of high schools are temporarily closed nationwide. However, considering the importance of securing learning opportunities for students and the fact that this infectious disease requires ongoing measures, we need to examine ways to restart school activities while reducing the risk of infections and their spread at school as much as possible.

(7) Response regarding social issues

- As the measures are extended, while preventing the spread of infection is the top priority, we must also find ways to permit socio-economic activities. The Government must examine the issue while taking into account the impact of continuing measures for the long term on the lives of citizens, the economy and society in general. Additionally, we must keep an eye on the social issues that must be dealt with at the same time.

  - The impact on mental health, violence from spouses, and child abuse as a result of having to refrain from going out for long periods
  - Bankruptcy, unemployment, and suicide due to business closures, etc.
  - Discrimination and harmful rumors against infected patients, their families, medical workers, etc.
  - The lives of elderly people living alone, single-parent households, etc.
  - Maintaining the health of and securing care services for elderly people
  - Spreading awareness about proper infection prevention in cremation, etc.

6. Conclusion

- Thanks to the cooperation and understanding of citizens towards behavior modification, the number of new infections is gradually decreasing. However, the medical system remains stretched. We will collect and analyze the latest data and will announce the details of necessary measures again in a few days' time.
Outlook for Novel Coronavirus Disease Control (Projection)

- Until (1) there is a prospect for preventing severe symptoms with early diagnosis and development of treatment methods, or (2) effective vaccination is developed, it is necessary to prioritize preventing the spread of infections while balancing this with socio-economic activities.
- In regions where infections are limited and necessary medical care is secured, counter-infection measures can be relaxed to a certain degree, transition to a "new lifestyle" designed to prevent the spread of infections will be promoted, and the appearance of new infections will be controlled to a certain level with efficient counter-cluster measures. At the same time, it will be pursued to enhance the capacity of medical care systems. If infections begin to spread once again, a "request for thorough behavior modification" will be made.
Future Policy for Novel Coronavirus Disease Control

for Behavior Modification
- In regions where the number of new infections is limited, the "request for thorough behavior modification" will be relaxed, and a "new lifestyle" will be popularized and continued. If another outbreak does occur, a "request for thorough behavior modification" will be made (while considering the following points).
  - Schools: it is important to secure learning opportunities by restarting school activities while reducing risks.
  - Parks: it is also necessary to consider how to manage parks.

The following points are required in the "new lifestyle"
- Securing the 3Cs, physical distance and basic measures to prevent infection (e.g. wearing masks, washing hands).
- Establishing guidelines for business operation based on the framework presented by the expert meeting.

Switch to a "new lifestyle"

for Efficient Counter-Cluster Measures
- Full support for public health centers.
- Early implementation of contact tracing by utilizing ICT.

for Medical System
- Develop systems for better coordination to share functions among medical institutions and secure lodging facilities, etc.
- Establish a system that can respond to a sudden increase in infections.
- Visualize the situations of delivering medical care in each prefecture.
- Expand the capacity of PCR and other tests.

Enhance the capacity of counter-cluster measures

for Development of Treatment, etc.
- Treatment methods, medications, vaccines, and severity markers.
- Early diagnosis and treatments by rapid diagnostic test kits to prevent severe symptoms.
# 10 tips for reducing contact by 80%

Under the state of emergency, anyone is at risk of becoming infected or infecting others. Take a look at your everyday life again to protect yourself and people around you from the novel coronavirus.

<table>
<thead>
<tr>
<th>1</th>
<th>Family reunion via video chat without visiting hometown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Go to supermarkets alone or in small groups at less crowded times</td>
</tr>
<tr>
<td>3</td>
<td>Enjoy jogging in small group in less crowded parks at less crowded times</td>
</tr>
<tr>
<td>4</td>
<td>Do non-urgent shopping online</td>
</tr>
<tr>
<td>5</td>
<td>Enjoy drinking with friends online</td>
</tr>
<tr>
<td>6</td>
<td>Use remote medical services</td>
</tr>
<tr>
<td>7</td>
<td>Use videos at home for workouts, yoga, etc.</td>
</tr>
<tr>
<td>8</td>
<td>Use takeout or delivery for food</td>
</tr>
<tr>
<td>9</td>
<td>Work from home</td>
</tr>
<tr>
<td>10</td>
<td>Wear a mask when talking</td>
</tr>
</tbody>
</table>

### Avoid the Three Cs
1. Closed spaces with poor ventilation
2. Crowded places with many people
3. Close-contact settings involving close-range conversations

Washing hands, coughing etiquette, airing and health monitoring are also important.
Updates on COVID-19 in Japan

May 8th, 2020
Ministry of Health, Labour and Welfare
### Hospitalization and discharge

**As of 6PM, May 7, 2020**

#### [Domestic cases]

<table>
<thead>
<tr>
<th>PCR tested positive</th>
<th>Currently in hospital</th>
<th>Already discharged from hospital</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>15,547 (+95)</td>
<td>11,434 (-339)</td>
<td>5,906 (+760)</td>
<td>557 (+6)</td>
</tr>
</tbody>
</table>

From severe to moderate/mild symptoms 81

#### [Cases at the Cruise ship]

<table>
<thead>
<tr>
<th>PCR tested positive (in hospital in Japan)</th>
<th>Currently in hospital</th>
<th>Already discharged from hospital</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>672</td>
<td>8</td>
<td>651</td>
<td>13</td>
</tr>
</tbody>
</table>

From severe to moderate/mild symptoms 33

#### [Total]

<table>
<thead>
<tr>
<th>PCR tested positive (in hospital in Japan)</th>
<th>Currently in hospital</th>
<th>Already discharged from hospital</th>
<th>Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,219 (+95)</td>
<td>11,442 (-339)</td>
<td>6,557 (+760)</td>
<td>570 (+6)</td>
</tr>
</tbody>
</table>

From severe to moderate/mild symptoms 107

The number in parentheses indicates the change from the previous day.
The trend of No. of confirmed cases

As of 6PM, May 7, 2020

Cumulative No. of confirmed cases: 15,547
Cumulative No. of death cases: 557
As of 6PM, May 7, 2020

Total Number of PCT Test Positive:
15,382 people
Cases by age

As of 6PM, May 7, 2020

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Under 10</th>
<th>10's</th>
<th>20's</th>
<th>30's</th>
<th>40's</th>
<th>50's</th>
<th>60's</th>
<th>70's</th>
<th>Over 80</th>
<th>Under Investigation</th>
<th>Not Known</th>
<th>Not Disclosed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.6</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
<td>0.3</td>
<td>0.6</td>
<td>2.5</td>
<td>6.8</td>
<td>14.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Death Rate (%)
Number of Patients who need ventilator in Japan

Number of Patients requiring ventilator

Number of Patients with ECMO installed

Source: "Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations (As of May 4), Expert Meeting on the Novel Coronavirus Disease Control"
Number of Deaths in each country and region

Deaths per 100,000 people

Total Deaths

Source: “Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations (As of May 4), Expert Meeting on the Novel Coronavirus Disease Control"
〇 Capacity to conduct PCR tests for novel corona virus has been increasing.
〇 As of now, more PCR test capacity is secured than the actual number of conducted tests.

Total number of tested cases: 306,667 (2/18-5/6)
Number of PCR Tests Conducted in each country and region

Source: "Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations (As of May 4), Expert Meeting on the Novel Coronavirus Disease Control"
PCR Test Positive Rate in each country and region

Source: "Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations (As of May 4), Expert Meeting on the Novel Coronavirus Disease Control"
PCR Test Positive Rate and Number of PCR Tests Conducted

PCR Test Positive Rate (%) vs. Number of Test Conducted

PCR Test is set to be covered by National Health Insurance (March 6)

Source: "Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations (As of May 4), Expert Meeting on the Novel Coronavirus Disease Control"
Shift to a system that carry out tests which doctors consider necessary, promptly and reliably for suspected patients, including mildly ill patients.

1. Strengthen the system of public health centers and local public health institutes, and reduce their labor burden

2. Revitalize the prefectural coordination headquarters

3. Further establishment of regional outpatient/inspection center

4. Secure personal protective equipment, sample collection kits, and inspection kits

5. Conduct training of sample collector and quality control of PCR testing at newly introducing organizations

6. Ascertaining the PCR test system, and monitor and announce the number of tests and positive rate

Furthermore, the government is urgently required to develop a rapid antigen diagnosis kit and high quality test implementation system
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