

(Provisional translation)

**Basic Policies for Novel Coronavirus Disease Control  
by the Government of Japan  
(Summary)**

**March 28, 2020 (Revised on May 14, 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 16<sup>th</sup>, targeted areas are expanded to all 47 prefectures (the period during which emergency measures should be taken for these areas is from April 16<sup>th</sup> to May 6<sup>th</sup>).

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.

Subsequently, on May 14, 2020, changes in the infection situation were analyzed and assessed, and a comprehensive decision was made based on the approach described below to change the areas where emergency measures should be taken to Hokkaido, Saitama, Chiba, Tokyo, Kanagawa, Kyoto, Osaka, and Hyogo.

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 it 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**

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.

In early May, we had still been seeing a considerable number of newly reported cases nationwide, and we had to maintain the framework thus far and continue to carry out measures in every prefecture to prevent the spread of infections.

Since then, the number of newly reported cases has decreased nationwide, with the number of patients with severe symptoms also showing a downward trend. Additionally, progress is made in securing hospital beds and the overstretched situation of the medical service system is beginning to improve.

The areas where emergency measures should be taken are decided comprehensively, focusing on the three points below:

### (1) Infection situation (epidemiological situation)

Whether or not there is no sign of an explosive spread of infection, and whether or not the number of newly reported cases is at a level where counter-cluster measures can be taken sufficiently.

### (2) Medical service system

Whether or not a medical service system has been established to respond sufficiently even if infected patients, particularly those with severe symptoms, increase.

### (3) Surveillance system

Whether or not a system has been set up to detect early trends of the infection spreading and to respond immediately.

Even when it is confirmed that is no longer necessary to carry out emergency measures, a comprehensive judgment shall be made based on the above criteria. For the infection situation, the criteria is whether the number of newly reported cases has decreased to a level where counter-cluster measures can be taken sufficiently, as well as the cumulative number of infections reducing to around 0.5 infections per 100,000 people in the most recent week. For the medical service system, a continuing decrease in the number of patients with severe symptoms, the situation for hospital beds, and the securing of a system to respond to a sudden increase in patients, shall be considered. For the surveillance system, a system must be established to conduct PCR tests demanded by doctors without delay. Hokkaido, Saitama, Chiba, Tokyo, Kanagawa, Kyoto, Osaka, and Hyogo had more than 0.5 cumulative infections per 100,000 people in the most recent week, and as "Prefectures under Specific Cautions," in these prefectures it is necessary to progress measures to prevent the spread of the infection.

Based on the above, the remaining 39 prefectures will not be considered areas where emergency measures should be taken, but even in these prefecture the basic measures to prevent the spread of the infection shall continue to be thoroughly implemented.

A comprehensive decision will be made if the infection increases again and concerns about it spreading leads to an area being designated one where emergency measures should be taken.

## **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) Gradually increase the level of socio-economic activities, taking into account the infection situation, the securing of medical service systems, etc. in the area. As there are movements of people, pay attention to the situation of spread of infection in areas that are socially/economically connected, such as neighboring prefectures.
- (5) If the declaration of state of emergency is lifted in all prefectures, transition gradually until the new lifestyle is well-established in the society and economy as a whole. If spread of infection is observed again, strong measures to prevent the spread of infection must be taken promptly.

## **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
- the medical service system and test system
- basic counter-measures against infection, including keeping distance, wearing a mask and washing hands
- 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. Introduce new testing technology promptly in the medical field. Promote the utilization of private testing institutes. Grasp the PCR testing system and make necessary coordination.
- Build a framework for effective surveillance, such as surveys on antibody prevalence.
- 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 support the development of simple test kits for rapid diagnosis. Establish a domestic supply system.

### **(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 clusters have emerged
- carefully avoid the "3Cs" while also taking basic measures to prevent infection
- inform residents using the "Ten tips" "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 they shall 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, working in rotations, 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) Measures in prefectures not subject to emergency measures

- i) Sustainable measures are expected to be needed. Under the declaration of the state of emergency, easing and lifting, such as of requests for self-restraint, should be carried out carefully.
  - Spread awareness among residents about establishing the "new lifestyle" for preventing the spread of infections, including continuing the basic infection prevention measures.
  - Promote avoiding movements of people between prefectures with relatively higher risk. Avoid going to places with "3Cs."
  - Have organizers of nationwide, large-scale events (larger than a certain scale) demonstrate caution by cancelling or postponing them.
  - Promote measures to reduce contact between people, including teleworking, staggered work hours, and bicycle commuting.
- ii) Monitor the infection situation and provide residents with information properly.

#### 7) 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.

#### 8) 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.
- iii) Create more effective counter-cluster measures, while gaining an understanding of the people with regards to apps for confirming contacts developed by smartphone developers, and also while paying close attention to personal information protection and privacy.

#### 9) 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 they shall 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. Use information communication devices to monitor the health status of those who recover at home for reasons such as childcare.
  - 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.
- By around the summer, consider outpatient care that takes into account the winter flu season.

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
- Aiming for a smooth supply of Remdesivir
- 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.

Expert Meeting on the Novel Coronavirus Disease Control  
Analysis of the Response to the Novel Coronavirus (COVID-19) and Recommendations  
(May 14, 2020)  
Summary

**1. Introduction**

**2. Evaluation of the infection situation, etc.**

(1) Infection situation (epidemiological situation)

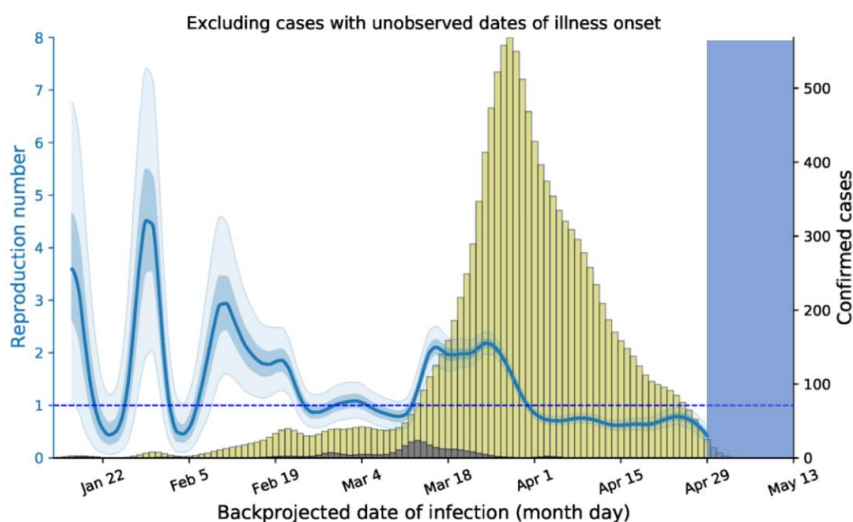
(i) Situation in each prefecture

- The number of new infections has been steadily decreasing.
- The number of new infections remains at 200 per week in Tokyo, and that in Hokkaido, Kanagawa, Osaka, and Saitama remains at 50 and more. Meanwhile, no newly infected patients have been confirmed in nine prefectures for the past three weeks or longer, in five prefectures for the past two weeks, and in 14 prefectures for the past week.

(ii) Trend in the effective reproduction number

- The nationwide effective reproduction number has remained below 1 since around early April. The estimated nationwide figure on April 28 was 0.6.
- The effective reproduction number has continued to be below 1 and is on a downward trend, as the number is 0.4 in Hokkaido, 0.3 in five prefectures in the Kanto region (Tokyo, Chiba, Saitama, Kanagawa, and Ibaraki), and 0.7 in three prefectures in the Kinki region (Osaka, Kyoto, and Hyogo).

[Nationwide effective reproduction number]



(2) Systems for delivering medical care

- As of May 1, the prefectures had coordinated with medical institutions to secure 31,077 beds, and 14,781 of those beds have already been specifically assigned in these institutions.
- A decreasing trend in the numbers of both hospitalized patients and patients with severe symptoms has been confirmed.

### (3) General Overview

- The situation continues to require caution in such prefectures as Tokyo, Hokkaido, and Osaka, while in the other prefectures, the number of new infections, etc. has dropped to the level before late March, when the outbreak began to expand.
- Regarding systems for delivering medical care, a sufficient number of beds for patients who need hospitalization have been secured, while the numbers of both hospitalized patients and patients with severe symptoms have been on a downward trend.

### **3. How to determine whether to lift the state-of-emergency measures**

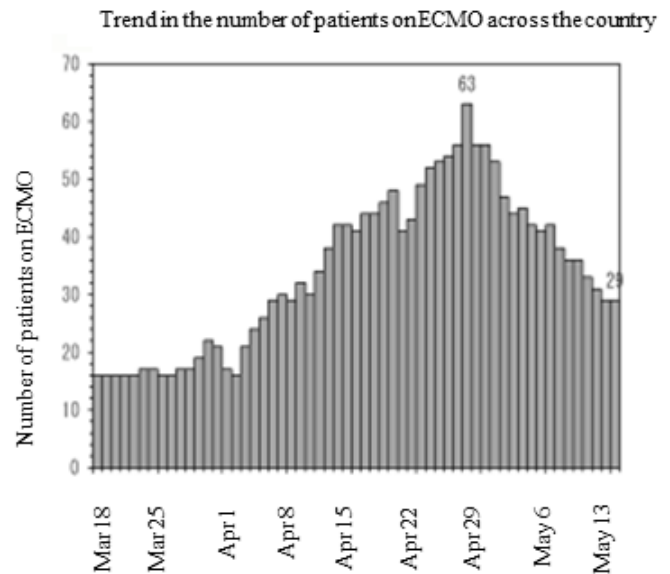
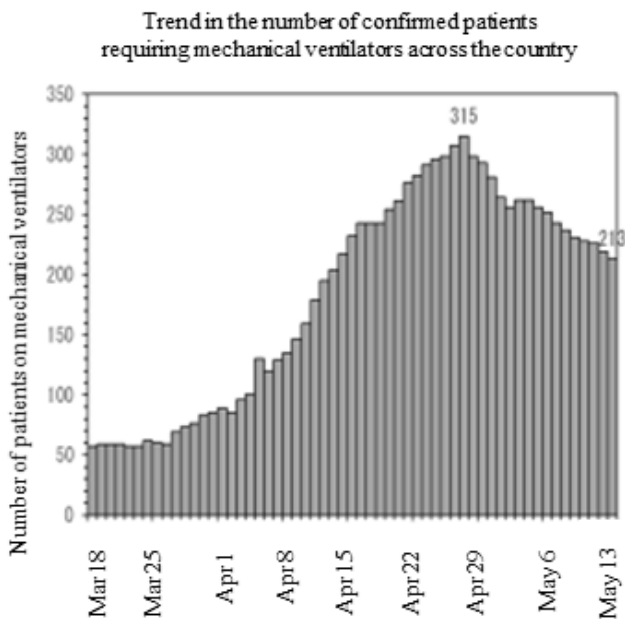
- The state of emergency declared on April 7 was aimed at: (i) in order to prevent an explosive spread of infection, preventing the collapse of medical services and thereby decreasing the numbers of patients with severe symptoms and deaths; (ii) improving systems, including expanding the medical system; (iii) reducing the number of new infections to the extent where it is possible to control the disease through counter-cluster measures; (iv) restraining movement from urban areas to other regions to prevent an extensive spread of the infection; and (v) expecting close coordination and leadership from prefectural governors.
- A judgment will be made on withdrawing the "request for thorough behavior modification" depending on whether the above objectives (i) to (v) are met. Comprehensive decisions will be made based on such factors as (i) the infection situation (epidemiological situation); (ii) systems for delivering medical care (medical situation); and (iii) the establishment of testing systems.
- Criteria will be stricter than those in other countries, from the viewpoint of keeping the number of deaths low. (For comparison, the seven-day cumulative number of newly infected patients per 100,000 people must be 50 or below in Germany, while the three-day average number of newly hospitalized patients per 100,000 people must be 2 or below in the State of New York, USA.)

#### (1) Infection situation (epidemiological situation)

- Comprehensive decisions will be made mainly based on (i) and (ii) below:
  - (i) The number of new infections: a downward trend can be confirmed
  - (ii) The cumulative number of reported new infections per 100,000 people in the past week: approximately below 0.5
    - The above number is the level at which it was possible to provide a more meticulous response to new patients and clusters of patients. In the case of Tokyo, the number is the level of new infections in early and mid- March, which is before the current spread of the infection.
    - In cases of cluster infections with identified transmission routes, decisions can be made while excluding the impact of such infections, as long as the influence of the infections on neighboring areas is found to be limited.
- The infection situation in neighboring prefectures and those with massive movement of people, such as metropolitan areas, will be taken into account.

(2) Systems for delivering medical care (medical situation)

- It is indispensable to ensure the systems in place prevent the collapse of medical services even if the number of infections rises.
  - (i) A downward trend in the number of patients with severe symptoms (the numbers of those hospitalized in ICUs and those on ECMO or mechanical ventilators)
  - (ii) Systems with the capacity to deal with a rapid increase in patients in the future have been secured



(3) Improvement of testing systems

- The ability to appropriately identify the trend in new infections will be developed, while testing systems will be established.
- Trend in the number of PCR and other tests
  - It is guaranteed that a certain minimum number of tests will be conducted.
  - The ratio of positive samples is not considerably high.

**4. How to determine whether to reimpose a state of emergency and the need for monitoring**

- As the risk of outbreak occurring again will remain for the time being, it is necessary to continue to be cautious and strengthen the outbreak surveillance system and response capabilities in preparation for a new rise in infections.

(1) How to determine whether to reimpose a state of emergency

- State-of-emergency measures have a huge impact of the lives of citizens, so it is important to keep the spread of infection below the level that would require such measures as much as possible. A swift and necessary response is crucial if the infection shows signs of spreading again.

- Close attention will be paid to the outbreak of cluster infections.
- The government needs to promptly designate areas where the state-of-emergency measures should be imposed if it makes a comprehensive decision that such areas are in the following situations.

(i) Infection situation

- Comprehensive decisions will be made based on the following indices:
  - i. The cumulative number of reported infections per 100,000 people in the past week;
  - ii. Doubling time; and
  - iii. The ratio of cases with unidentified transmission routes.
- Indices for reference include the effective reproduction number and trends in the number of PCR and other tests.

(ii) Medical situation

- Attention will be paid to whether the following indices of i. and ii. are approaching their peak levels, considering the importance of preventing the collapse of the systems for delivering medical care:
  - i. The trend in the number of patients with severe symptoms; and
  - ii. The trend in the number of hospitalized patients.

(2) Need to monitor the infection situation, etc.

- In light of the potential for the infection to begin spreading again, each prefecture will sufficiently monitor the infection situation, etc.

**5. Basic principles for balancing socio-economic activities with preventing the spread of the infection**

- Some other countries curbed the growth in the number of infections by such measures as lockdown, but reintroduced strong measures following reports of clusters of patients after easing restrictions.
- Experience with counter-cluster measures to date has revealed settings with a high risk of infection and reconfirmed that it is possible to prevent the spread of the infection if everyone follows the basics of preventing infection, shown in (i) and (ii) below:
  - (i) Thoroughly avoiding settings that can accelerate the spread of the infection (settings with a chain of cluster infections); and
  - (ii) Practicing basic measures against infection, which consist of maintaining physical distancing, wearing masks, and washing hands.
- To balance socio-economic activities with preventing the spread of the infection, it is important to implement focused measures of gradually raising the level of socio-economic activities while thoroughly avoiding the above settings with a high risk of infection.
- In addition to measures to prevent infection, it is essential for citizens to properly practice the "new lifestyle" (see the Annex) in their daily lives to prevent the spread of the infection.
- Even in cases where regions are excluded from the state-of-emergency measures, meticulous

and gradual measures will be taken according to the regional risk assessment (regional category).

(1) Basic policies for measures to transition from the classification of Prefectures under Specific Cautions, etc.

(i) Citizens' lives

- The response to this infection is expected to take a long time.

➤ Continue basic measures against infection

➤ Continually practice the "new lifestyle" in daily life

- Avoid traveling from Prefectures under Specific Cautions, etc. and refrain from traveling to such prefectures, etc. as much as possible, and especially avoid settings with the "3Cs."

(ii) Business activities

- We have called for each industry to create guidelines, etc. to prevent the spread of the infection and implement them in each workplace.

- It is necessary to proactively create a safe and secure working environment for workers.

- Efforts will be promoted to reduce people-to-people contact, such as staggered working hours and commuting by bicycle, in addition to the promotion of working remotely (teleworking).

- It is necessary to continually call for organizers of nationwide and large-scale events, etc. to take the especially cautious measures of canceling or postponing them unless they cannot address risks sufficiently.

- Although there is no clear evidence for how many people should be allowed to attend an event, possible options for the time being include holding events, etc. with up to 100 participants and at up to 50% capacity.

(2) Necessity for responses based on the regional risk assessment (regional category)

- Each prefecture will be classified under the following three categories according to the local infection situation and in light of the principles for the areas subject to the state of emergency and regional classifications in the recommendations, dated April 1. Appropriate measures against infection will be taken in each region.

(i) Prefectures under Specific Cautions

It is necessary to tightly contain the number of new infections by "thorough behavior modification" (ideally 80% reduction in people-to-people contact in these prefectures).

(ii) Prefectures under advisory for expanding infections

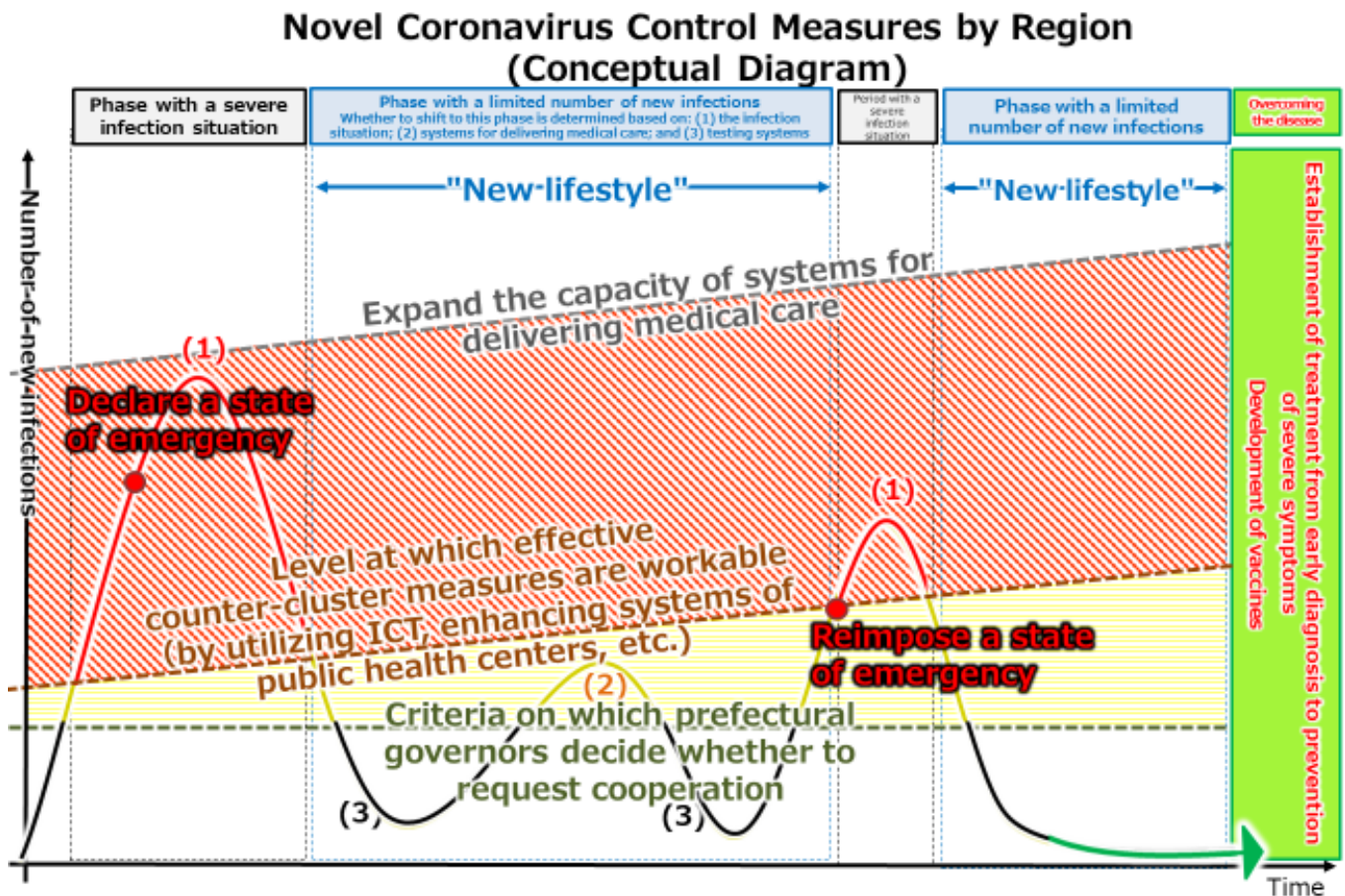
Criteria will be set in advance for deciding whether to step up measures against infection. The designation of these prefectures will be judged, for example, by the number of new infections, etc. at around half the levels set in the criteria for designating Prefectures under Specific Cautions. While monitoring of the infection situation and thorough practicing of the "new lifestyle" are put in place, measures necessary for preventing further spread of the infection will be taken promptly and appropriately when required.

(iii) Prefectures under observation for infections

It is important to continually monitor the infection situation and to continue to practice the "new lifestyle" to prevent the infection from spreading. Traveling across prefectures under

observation for infections and organizing events with a relatively small number of participants are possible only on condition that basic measures are taken against infection.

- (3) Prejudice and discrimination that hinders the balance between socio-economic activities and preventing the spread of the infection
- The central and local governments should make efforts to disseminate accurate knowledge on the disease to eradicate malicious prejudice and discrimination, and take appropriate measures to prevent human rights violations.



## 6. Measures to prevent the spread of the infection and the collapse of medical services

- (1) Improvements to the systems of public health centers
- It is necessary to improve the systems of public health centers so that they can perform their duties smoothly in cases of a rising number of infections.
- A major challenge has been identified in quick and reliable information sharing among public health centers, medical institutions, prefectures, the government, and other entities. A pilot use of HER-SYS (Health Center Real-time Information-sharing System on COVID-19), an information-gathering and managing support system for swiftly sharing such data as patient information among parties concerned, will start in the coming days. The system needs to be put in place across the country as soon as possible and is expected to be utilized for more efficient and effective measures.



## (2) Strengthening counter-cluster measures

- Efforts will be made to publish necessary data, including information on the main types of facilities where clusters of patients have emerged.
- In order for each person to spontaneously grasp the infection situation and modify their behavior, it is important to grasp the frequency of contact with others and potential contact with those testing positive. As such, consideration to introduce a contact tracing application will be expedited.

## (3) Improving systems for testing pathogens

- It is important to establish local systems for properly conducting various tests, including PCR and other tests as well as antigen tests. This requires such measures as promoting efficient testing systems.
- The criteria for calculating the positive rate in PCR and other tests vary from one prefecture to another, making it impossible to report a uniform, national positive rate. Hence, it is important to enable comparison of the situation in each prefecture by refining the framework for reporting test results.

## (4) Securing systems for delivering medical care

- Thorough preparations are necessary, as it is expected that the infection will spread again.

## (5) Situation surrounding medicine, etc.

### (i) Therapeutic medications, etc.

- It is necessary to develop vaccines, therapeutic medications, etc. as quickly as possible so that people can truly feel secure about leading their daily lives.
- Remdesivir was approved as a therapeutic drug under exceptional measures, with growing expectations that such initiatives as clinical trials and observational studies of other drugs will proceed.

### (ii) Antigen tests

- The antigen test approved on May 13 has the following characteristics:
  - i. It can quickly determine whether those tested are infected or not;
  - ii. It does not require any special equipment or reagent, or transportation of samples; and
  - iii. It requires at certain minimum amount of viruses to detect antigens.
- The test is expected to be conducted mainly on symptomatic patients, and necessary testing systems should be secured along with those for PCR tests.
- It is important to secure systems to allow a wide range of medical institutions to conduct antigen tests, and it is necessary to establish these systems along with reporting systems to appropriately gather information on conducted tests.
- At the same time, efforts should be made to expand PCR and other tests.

## **7. Conclusion**

- No new infections have been confirmed in more than half of all the prefectures (28 prefectures) in the past week.

- It is necessary to continue paying close attention to the emergence of cluster infections as well.
- To balance socio-economic activities with preventing the spread of infection when a long-term response is expected, it is necessary to gradually raise the level of socio-economic activities, and it is important to follow the basics of preventing infection by such methods as thoroughly avoiding settings with a chain of cluster infections and practicing basic measures against infection.
- The government is called on to devise sufficient financial support measures for businesses when it has no alternative but to request their cooperation in restricting the use of their facilities for the time being.

# Example of practicing "New Lifestyle"

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

### Three basics for preventing infection:

#### ① Keeping physical distance, ② wearing a mask, ③ washing hands

- 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 taking a shower 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

### 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

### Public Transports

- Refrain from chatting
- Avoid peak-hours
- Take a walk or ride a bike if possible

### 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 pouring drinks for others, sharing glasses or sake cups

### Family ceremonial occasions

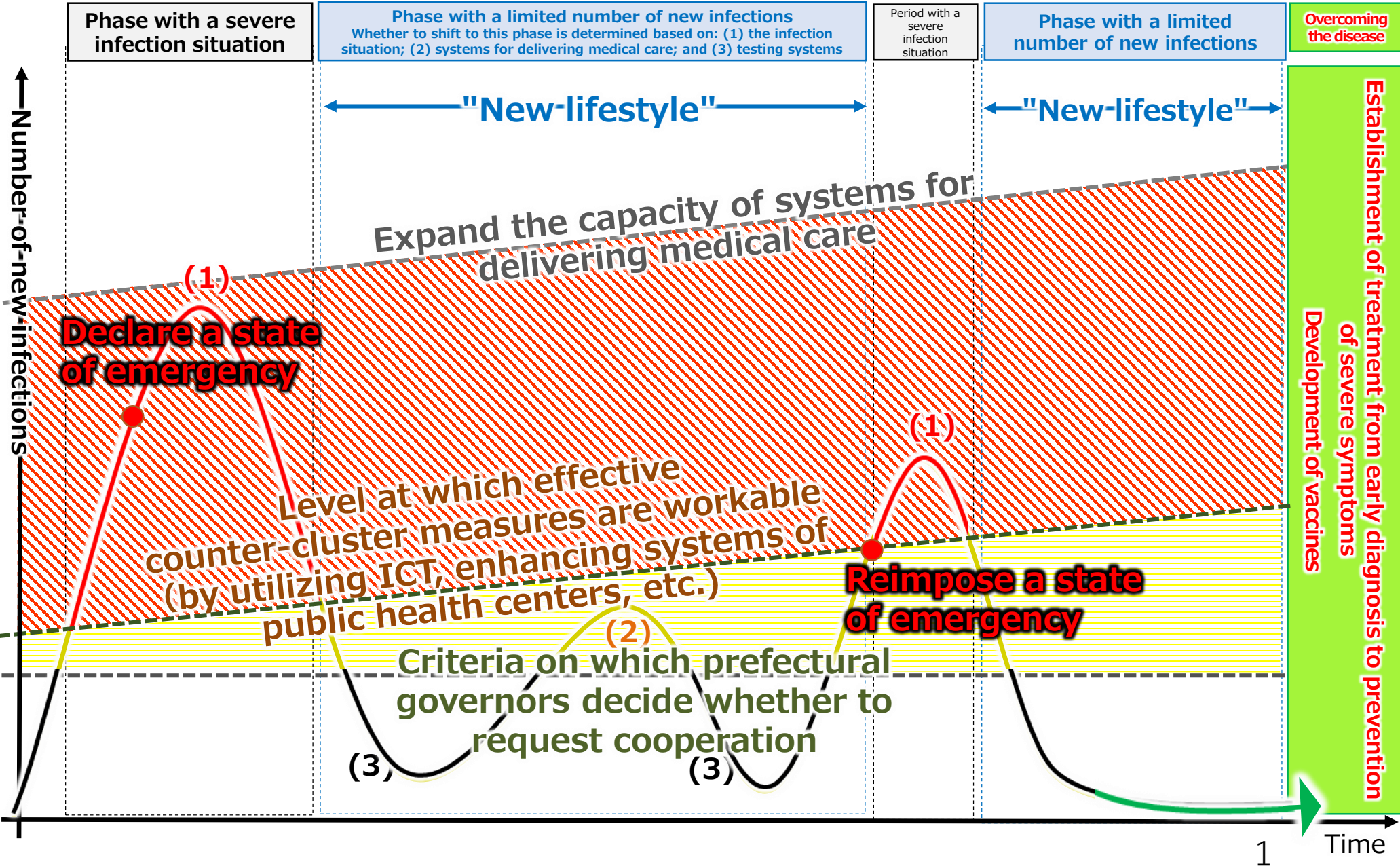
- Avoid banquets or meetings with large numbers
- Decline participation when you have symptoms of fever or cold

## (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.

# Novel Coronavirus Control Measures by Region (Conceptual Diagram)



# Guidelines for Lifting State of Emergency

(a decision will be comprehensively made based on the following conditions)

## 1 Infection situation

(1) Number of newly reported cases should show  
**a decreasing trend on a weekly basis**

(2) Cumulative number of reported cases in the most  
recent week should be:  
 **$\leq$  roughly 0.5 persons per 100,000 people**

If such number is  $\leq$  roughly 1 person,

- Monitor a decreasing trend
- Observe the situation of
  - Specific clusters
  - Infections in medical institutions
  - Cases with an unidentified route of transmission

(3) Infection situation in the **integrated larger zone  
for daily lives and economic activities**  
(i.e. situations in **adjacent prefectures**)

## 2 Medical service system

(1) Persistent decrease in patients with  
severe symptoms

(2) Hospital-beds situation

(3) Established system to respond to a  
sudden increase in patients

## 3 Surveillance system

System for conducting PCR tests required  
by doctors without delay

# Responses of prefectures after the partial lifting of the state of emergency

	Non-essential outings		large-scale events	Places with 3Cs, facilities where clusters emerged (eateries with hospitality service, live houses, karaoke, sport gyms, etc.)	Request for businesses to stay closed, etc.
	crossing prefectures	Places with 3Cs			
Designated Prefectures under Specific Cautions (8)	×	×	×	×	Decisions made by Governors  (voluntary measures based on a guideline set by each industry)
Designated prefectures (0)	×	×	△ up to about 50 people	× to △ (Governors decide)	
Lifted prefectures (39)	△ <ul style="list-style-type: none"> <li>Not to/from prefectures under a state of emergency</li> <li>Between lifted prefectures, with discretion until May 31</li> </ul>	×	△ Up to about 100 for indoors and 200 for outdoors	× to △ (Governors decide)	

# Updates on COVID-19 in Japan



May 18<sup>th</sup>, 2020

Ministry of Health, Labour and Welfare

# Today's points

1. Epidemiological Update
2. Recent Policy Update
3. Factors considered upon relaxation of the State-of-Emergency Measures
4. Scope for future
5. Antigen Testing
6. Development of Potential Medications



# 1. Epidemiological Update

- The cumulative number of infections is 16,305. (May 17<sup>th</sup>)
- The trend in the number of new infections is certainly slowing down.

# Confirmed cases in Japan

As of 0AM, May 18, 2020

	PCR tested	PCR tested Positive	Need Inpatient treatment		Discharge or end of medical treatment	Death	Under confirmation
				Critically Ill			
Domestic cases (excluding returnees by Chartered flights)	211,757 (+1,730)	16,132 (+28)	3,667 (-120)	228 (-2)	11,547 (+149)	749 (+5)	169 (-14)
Airport quarantine	34,490 (+657)	158	156	0	2	0	0
Returnees by chartered flights	829	15	0	0	15	0	0
<b>Total</b>	<b>247,076</b> <b>(+2,387)</b>	<b>16,305</b> <b>(+28)</b>	<b>3,823</b> <b>(-120)</b>	<b>228</b> <b>(-2)</b>	<b>11,564</b> <b>(+149)</b>	<b>749</b> <b>(+5)</b>	<b>169</b> <b>(-14)</b>

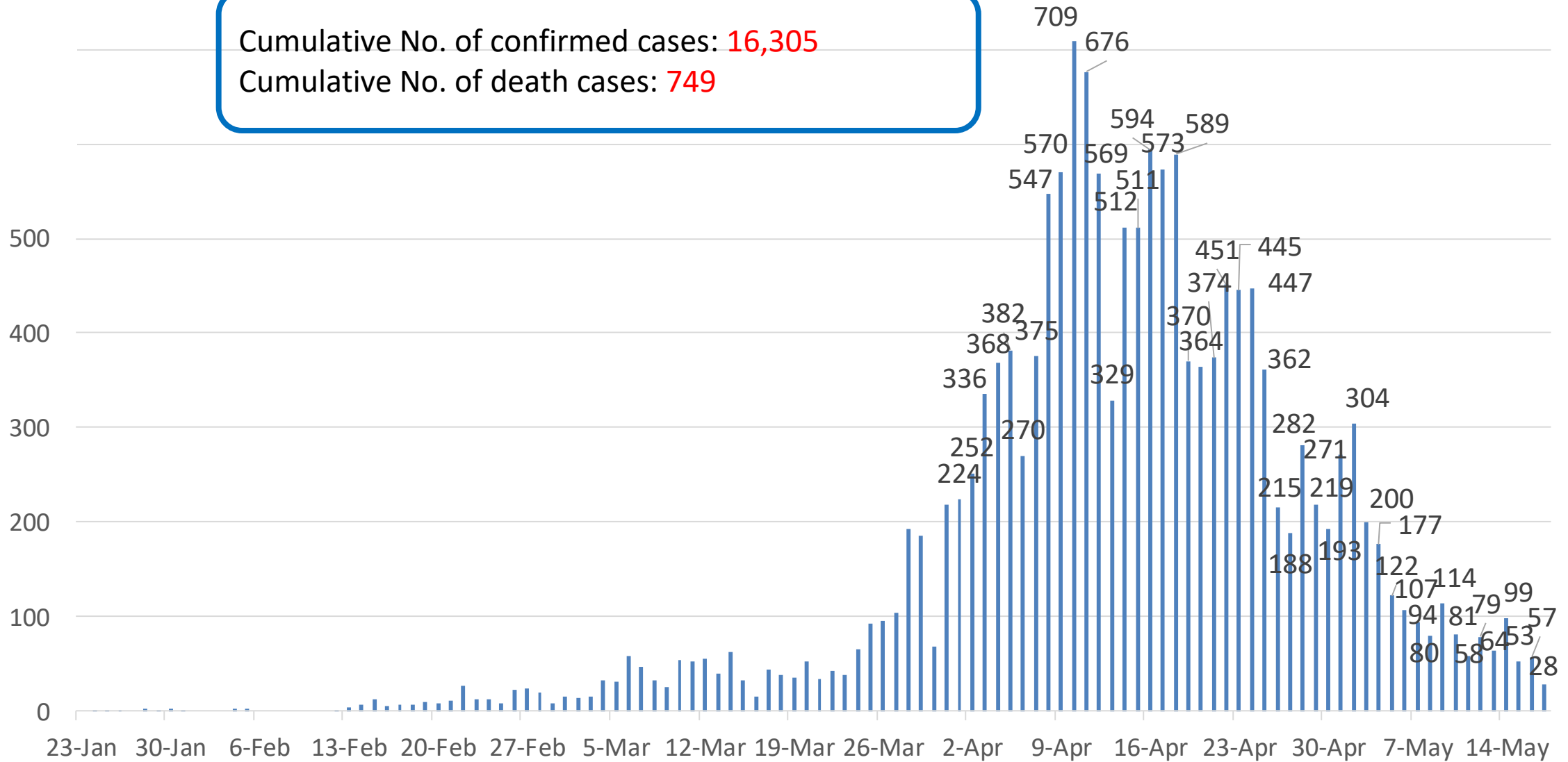
The number in parentheses indicates the change from the previous day.

# The trend of No. of confirmed cases

As of 0 AM, May 18, 2020

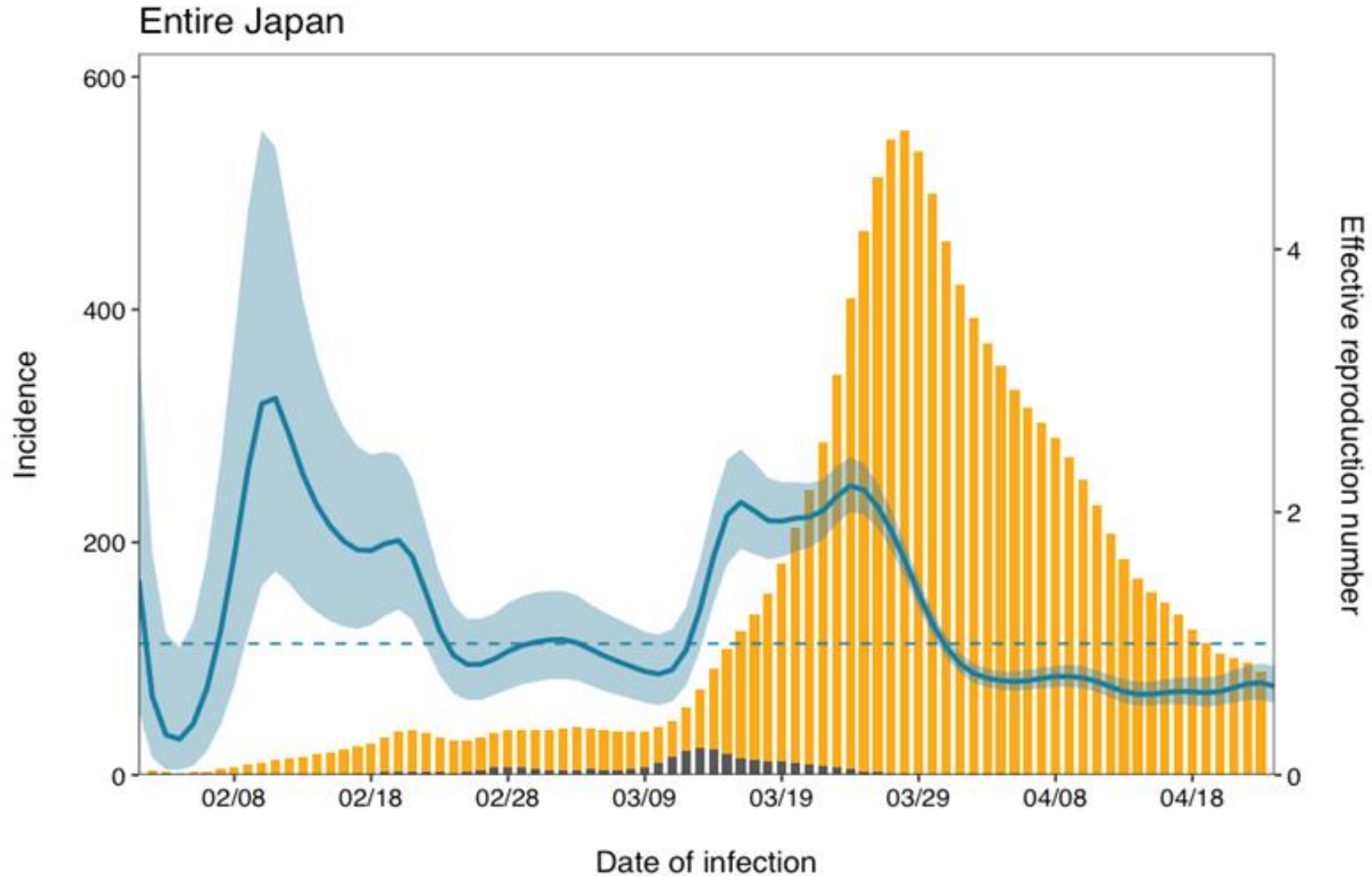
Cumulative No. of confirmed cases: 16,305

Cumulative No. of death cases: 749



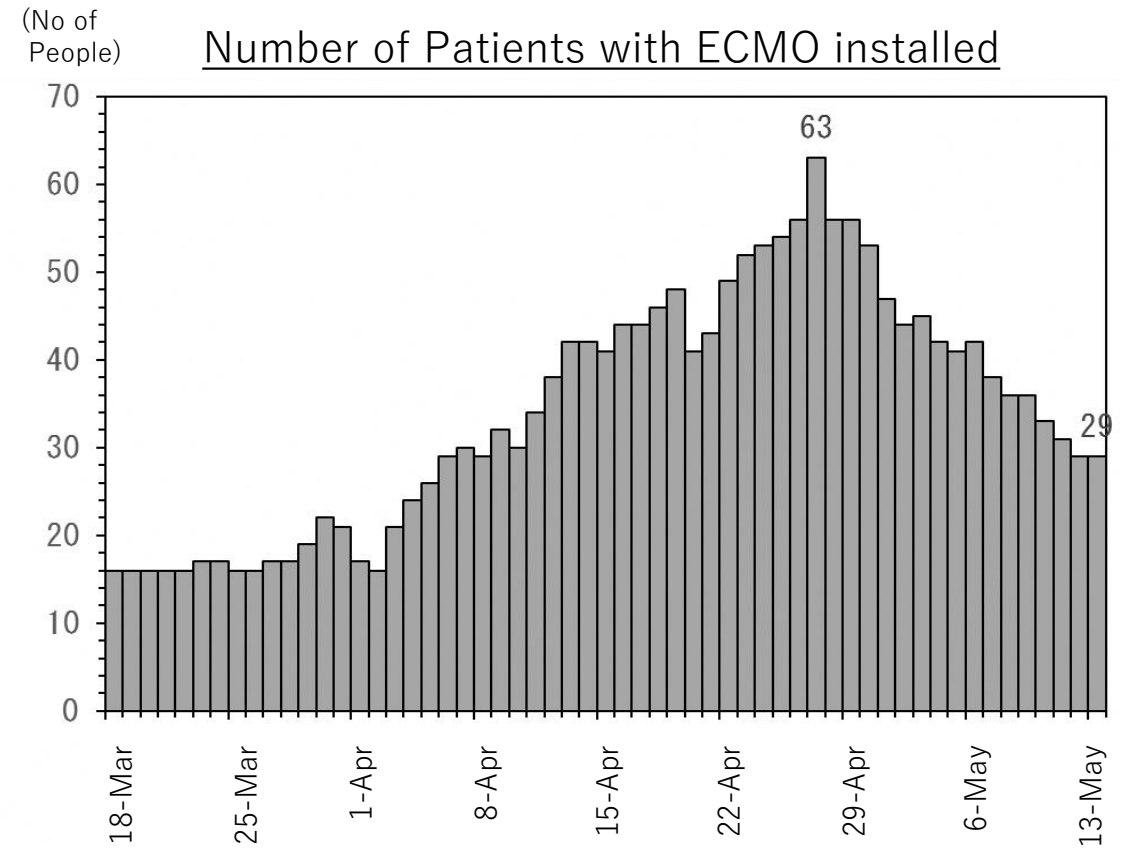
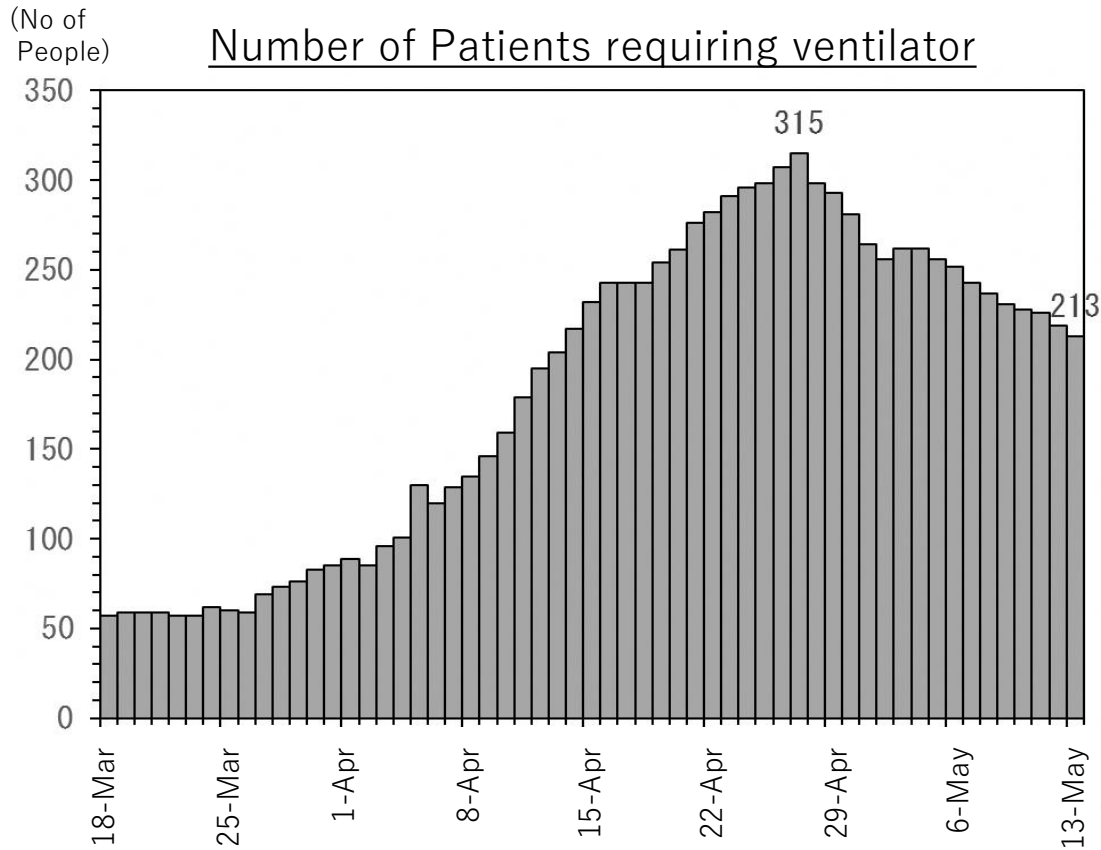
# Effective Reproduction Number

(<1 since the beginning of April)



# Number of Patients who need ventilator in Japan

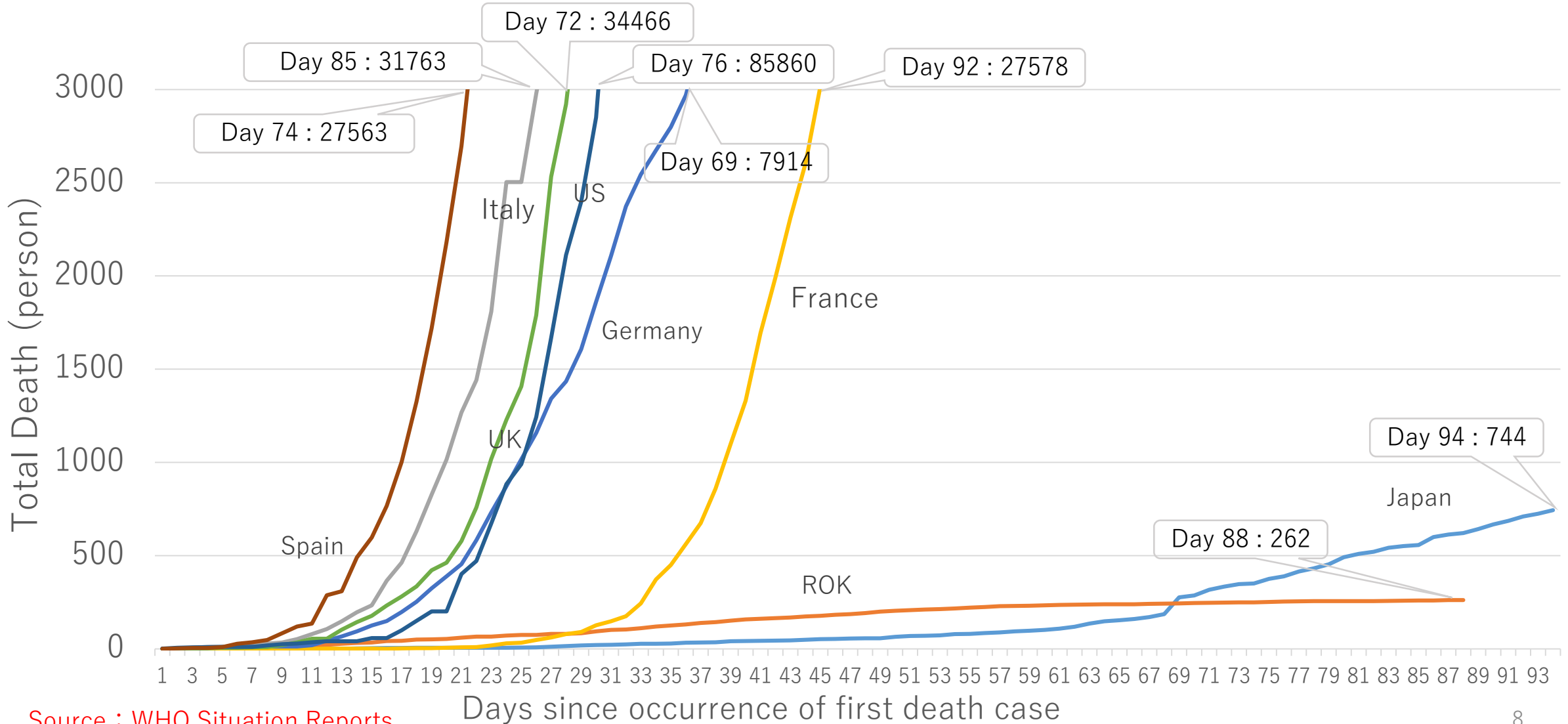
Both numbers are decreasing.



# The trend of death cases in several countries

As of **May 17, 2020**

- Slow increase of death cases
- Burden on local health system is not overwhelming so far



Source : WHO Situation Reports

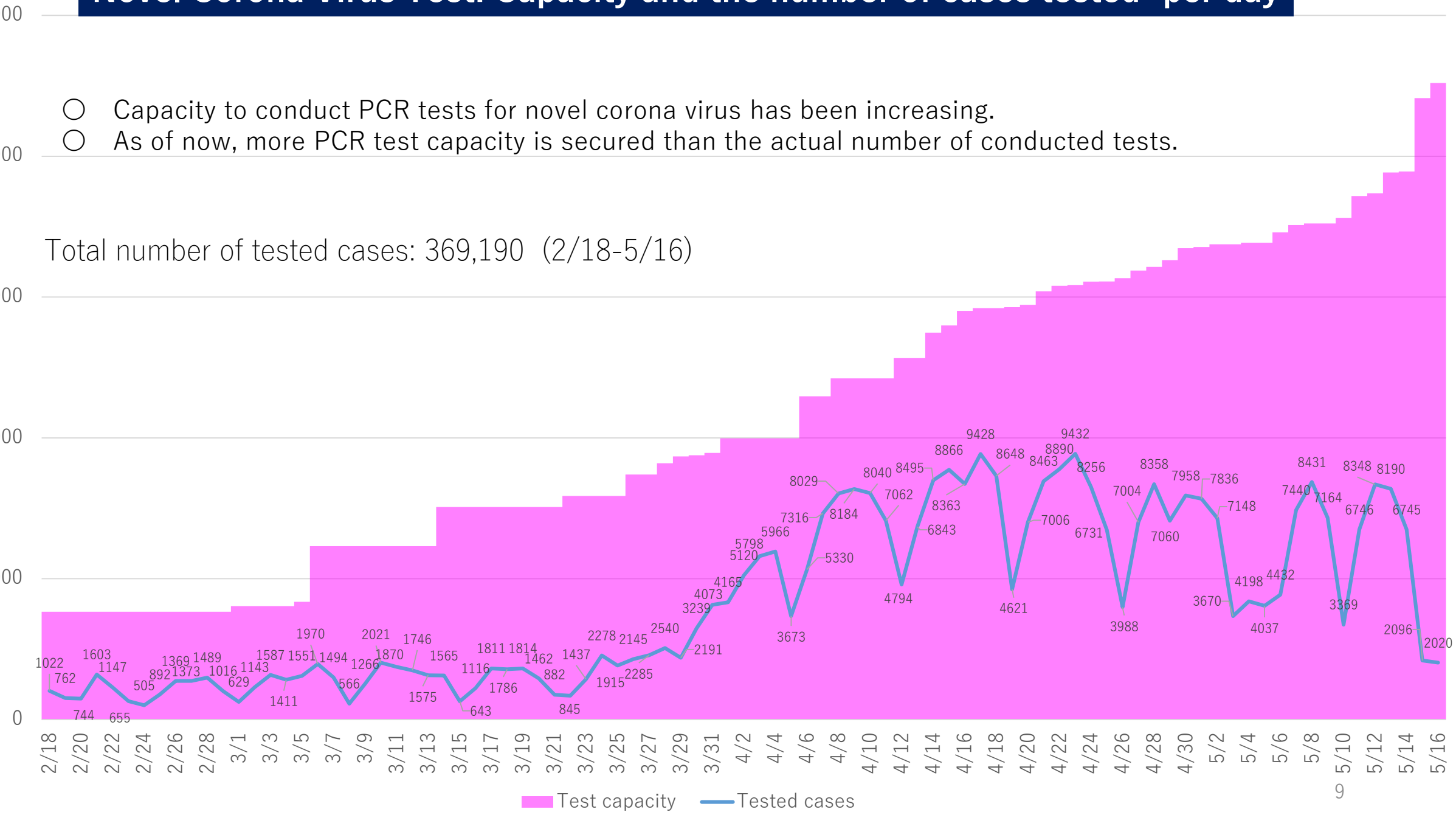
As of 22 April, Japan changed the method of reporting deaths, which now includes both the number of ( i ) deceased cases with complete data matching and verification; and ( ii ) deceased cases whose data matching and verification are in progress.

# Novel Corona Virus Test: Capacity and the number of cases tested per day

- Capacity to conduct PCR tests for novel corona virus has been increasing.
- As of now, more PCR test capacity is secured than the actual number of conducted tests.

Total number of tested cases: 369,190 (2/18-5/16)

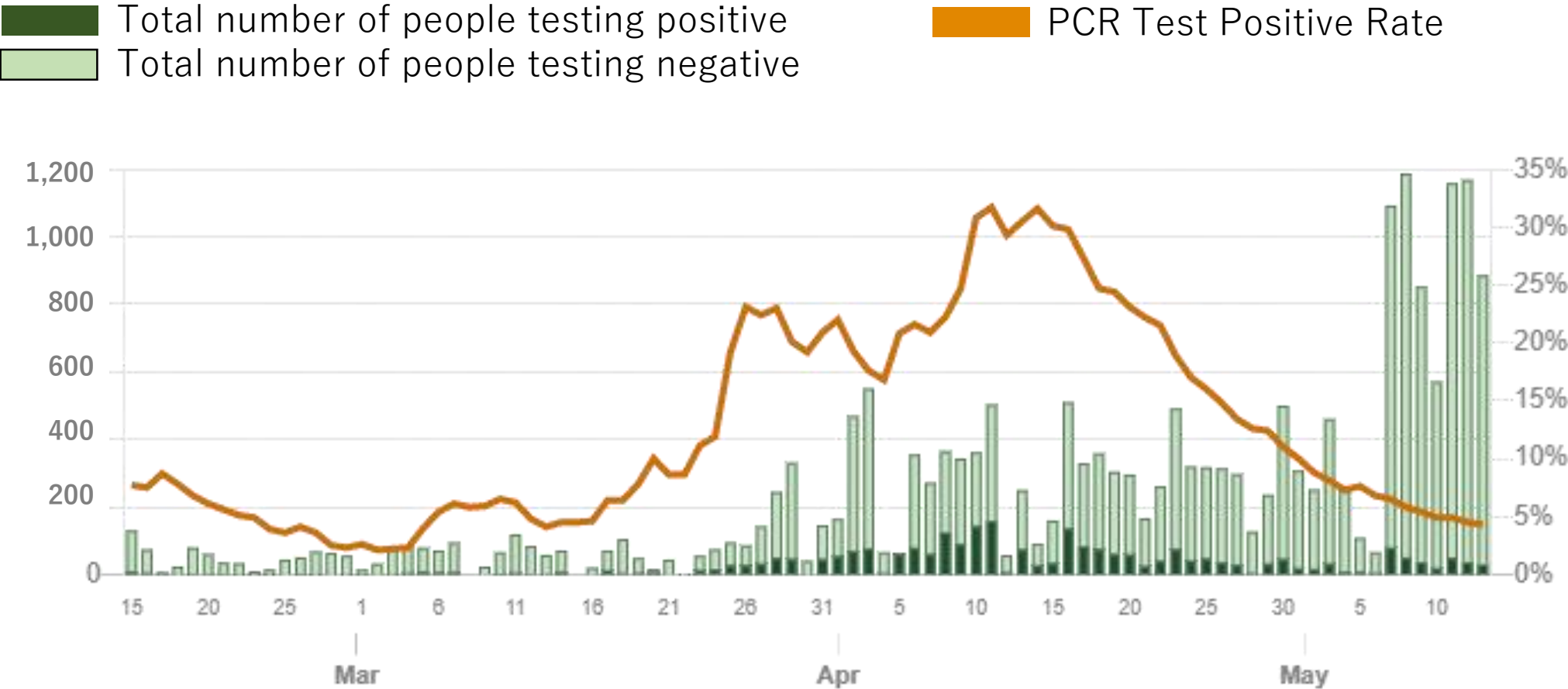
Tested cases / per day



■ Test capacity    — Tested cases

# PCR Test Positive Rate and Number of PCR Tests Conducted in Tokyo

PCR Test Positive Rate: 4.3% (as of May 13).



Source: "Tokyo COVID-19 Information (As of May 14), prepared by Tokyo Metropolitan Government



## 2. Recent Policy Update

- The state of emergency has been announced initially on the 7th April was upgraded to a nationwide measure on the 16th April.
- On 4th May, the nationwide state of emergency was extended until the 31st of May. The 13 “designated prefectures under specific cautions” remained under specific cautions.
- On 7<sup>th</sup> May, the use of Remdesivir as a treatment for severe COVID-19 patients under an expedited process
- On 13<sup>th</sup> May, Antigen Testing Kits approved
- On 14<sup>th</sup> May, it is decided 8 prefectures to remain under “specific cautions”, whilst other regions will be released from the state of emergency.

# 3. Factors considered upon relaxation of State-of-emergency measures

The decision is based on comprehensive understanding of

- ① Epidemiological trend
- ② Medical Capacity
- ③ Surveillance System

In addition to above,

- We emphasize the readiness to relax the State-of-Emergency Measures even in during the planned state of emergency period, should there be enough evidence to suggest the safe lifting of the measures.
- We value the independent initiatives lead by the governing bodies of the each regions, taking into account the importance of considering risks and involved in across region movement of people.

# ① Epidemiological Trend

- number of recent cases
  - The number of new cases remains lower than that of week prior, and present a decreasing trend
  - The number of new weekly cases per 100,000 below 0.5 (equivalent of situation in March before the fulminant expansion of COVID in Japan)
- doubling time
- the rate of community infection without known contact

## (1) Prevalence (Epidemiological situation)

		A	B	C	D	E	F
		Population	Cumulative positive cases within the proximate week	Cases per 100,000 population ( $A/(B/10)$ )	Cumulative positive cases within the week before	Ratio of the proximate week to the week before (B/D)	Ratio of the cases where the infection routes are unknown
Point in time		2019.10.1	-5/10 (1W)	-5/10 (1W)	-5/3 (1W)		-5/8 (1W)
Unit		number of people (in thousand)	number of people	--	number of people	--	--
Area	Tokyo Metropolis	13,921	200	1.437	648	0.31	61%
	Fukuoka Prefecture	5,104	6	0.118	25	0.24	14%
	Whole Country	126,167	608	0.048	1,466	0.41	35%

### [Notes]

A: Population Estimates (Table 4. Population by Sex and Sex ratio for Prefectures - Total population, Japanese population, October 1, 2019)

B,D: Cumulative cases at the day of report. The number of positive cases reported from the prefectural government (PG) were adjusted by the Ministry of Health, Labour and Welfare (MHLW) using information on PG websites.

## ② Medical Capacity

- Enough resources are secured in case of increase in number of patients, especially patients in severe conditions.
- In order to visualize the demand and the supply real time various electronic system has been put in place.  
availability of beds, ventilators and ECMOs, severe patients log

## (2) Medical Service Capacity

		G	H	I	J	K	L	P	Q	R
		Hospitalized patients / determined hospitalization	Severe cases amongst	Hospitalized patients / determined hospitalization	Severe cases amongst	Patients treated at accommodation facilities		Secured available beds	Expected available beds to be secured	Secured accommodation facilities for treatment
Point in time		5/7		4/28		5/7	4/28	5/1	5/1	5/1
Unit		number of people	number of people	number of people	number of people	number of people	number of people	number of beds	number of beds	number of rooms
Area	Tokyo Metropolis	1,511	93	1,832	93	149	198	3,300	4,000	2,865
	Fukuoka Prefecture	138	13	217	21	65	88	430	1,800	826
	Whole Country	4,449	341	5,627	381	869	862	16,144	31,427	16,113

[Notes]

G,I: Determined hospitalizations are cases where the hospitals the patients will be hospitalized is determined and the patients will be hospitalized within a day.

H,J: Severe cases are the case where the patients are administered to intensive care units (ICUs), on ventilators or on extracorporeal membrane oxygenation (ECMO).

P: The beds PGs have coordinated to medical facilities and secured at the point in time for use at the peak of COVID-19 spread.  
The number of Tokyo Motropolis is from the report of 5/11. (The number on 5/1 is 2000.)

Q: The beds PGs expect in time for use at the peak of COVID-19 spread. The number may change over time.

R: The rooms PGs have assessed that are available for administration of patients and reported to MHLW.  
They may be used as accommodations for staffs, storage or doctor's or nurse's waiting room.  
(The number may decrease over time, when the actual number has become available.)

## ③ Testing System

- Development of resource and infrastructure to detect and take action at the earliest signs of relapsing number of cases has been put to the utmost importance.
- In order to help the above, antigen testing kit has been approved

### (3) Testing Capacity

		S	T	U	V	W
		PCR test performed in the proximate week	PCR test performed in the week before	Ratio of the proximate week to the week before (S/T)	(Reference) Positive cases of the weeks	
Point in time		-5/6 (1W)	-4/29 (1W)		-5/6 (1W)	-4/29 (1W)
Unit		number of tests	number of tests	--	number of people	number of people
Area	Tokyo Metropolis	8,842	11,398	0.78	638	682
	Fukuoka Prefecture	1,589	2,405	0.66	12	76
	Whole Country	40,159	51,899	0.77	1,355	2,020

[Notes]

S: Enumerated the numbers from the following two sources:

(1) The number of tests performed at Regional Institutes of Health or Public Health Centers, reported by PGs.

(2) The numbers of tests performed at private testing firms, universities and medical facilities under the requests of MHLW. The figures are based on the report obtained at the time, in which some facilities may have not reported the number yet. Number of PCR tests performed tend to decrease on weekends and holidays. The week of 5/6 was amid a long consecutive holidays, hence the number may have greatly decreased.



## 4. Scope for the future

- Adoption of “New lifestyle” to prevent the spread of the infection
- Providing clear guidelines to each industries.
- Shift to a system that carry out tests which doctors consider necessary, promptly and reliably for suspected patients, including mildly ill patients.

# 5. Antigen Testing

- We have approved antigen testing on the 13<sup>th</sup> May
- We consider the advantage of Antigen Testing to be;
  - Low incidence of false positive
  - Short diagnostic time required (<30mins)
  - Resource of potentially 200,000 per week.
- We expect it to be useful in definitive diagnosis in population where pre-test probability is high.  
(ex Pt with known exposure, nosocomial settings, suspected new cluster)
- However, due to the higher incidence of false negative, we plan to conduct PCR test for definitive diagnosis for negative cases

# Antigen Test Kit

\* Developer: Fujirebio Inc.

## COVID-19 Rapid diagnosis test kit (antigen assay kit)

Collect nasopharynx swab from a patient, drip solution with specimen to the cartridge and wait for approx. 30 minutes.

Check if the indicator line has appeared to determine the presence of the virus.

(Basis)



Detect the presence of an antigen, a protein specific to novel coronavirus (n-CoV), with an n-CoV specific antibody

## Features

- Light weight, compact sized (palmtop sized)
- Instant test result at the site in a short time (approx. 30 min.)
  - \* Takes 4-6 hours in the PCR test
- Can be applied to definitive diagnosis for positive symptomatic patients, despite the lower sensitivity compared to the PCR test
  - \* PCR test is required for Definitive diagnosis for negative cases

## Note:

This kit was Developed by the industry-academia collaboration.

(AMED (Japan Agency for Medical Research and Development) research group "Research on development of diagnostic tests for the novel coronavirus disease (COVID-19)" group (Principal researcher: Tadaki Suzuki, Director, Department of Pathology, National Institute of Infectious Diseases))

# Development of Potential Medications for COVID-19

“Development of Clinical Remediation for Severe cases” Research Group (Health and Labor Sciences Research Grant)  
(N. Ohmagari: Director, Disease Control and Prevention Center, National Center for Global Health and Medicine)

## 1. Observational Studies: **Avigan<sup>®</sup> (favipiravir)**, **Kaletra<sup>®</sup> (lopinavir/ritonavir)**, **Veklury<sup>®</sup> (remdesivir)**. (Initiated on Feb. 22<sup>nd</sup>)

- Started administration to patients who needs in several medical facilities
- Expanding medical facilities participating, while monitoring the safety

\* Observational study: Series of studies analyzing data on clinical outcome of a treatment with an off-label application of a medication. Will go through Ethical Committees of medical facilities, and the consent of the patients will be obtained.

## 2. Global Joint Investigator Initiated Clinical Trial: **Veklury<sup>®</sup> (remdesivir)** (Initiated on Mar. 23<sup>rd</sup>)

- Carried out investigator initiated study of remdesivir
- Remdesivir was approved on May 7<sup>th</sup>.

## 3. Specified Clinical Trial: **Alvesco<sup>®</sup> (ciclesonid)** (initiated on Mar. 27<sup>th</sup>)

- Started specified clinical trials of ciclesonid for mild to asymptomatic patients

\* Specified clinical trials: Clinical trials “of non-approved or off-label use of medications” or “which are funded by the manufacturer of the item to be studied,” where the case above fall in to the former type.

“Clinical Development of Favipiravir” Research Group  
(AMED commission research expenses)(Y. Yuzawa: Hospital Director, Fujita Health University Hospital)

## 1. Specified Clinical Trial: **Avigan<sup>®</sup> (favipiravir)** (initiated on Mar. 2<sup>nd</sup>)

- Started specified clinical trials of favipiravir for mild to asymptomatic patients

## 2. Observational Studies: **Alvesco<sup>®</sup> (ciclesonid)** (Initiated on Mar. 16<sup>th</sup>), **Futhan<sup>®</sup> (nafamostat)** (Initiated on Apr. 1<sup>st</sup>)

- Running observational study of ciclesonid and nafamostat, including the collection of the past records of use in medical facilities.