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## Abstract

### **Current status and measures to cope with COVID-19 pandemic in Japan**

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### **Introduction**

First of all, I wish to express my deepest sympathy to the people affected by the COVID-19 pandemic all over the world. Now, according to WHO reports, the confirmed cases are **29,119,433** and confirmed deaths are **925,965** in the world, and **75,958** and **1,451** in Japan, respectively as of **September 15, 2020**.

### **Japanese Government's Response to COVID-19**

The Japanese government's response to COVID-19 was slow in dealing with the cruise ship during February. It was decided to temporarily close schools nationwide since March 2, but an emergency declaration was issued on April 7. Still, it wasn't the strict lockdown that China and European countries had imposed. The Japanese government issued a self-restraint request and expected that the number of pedestrians would be reduced by 80%. In Japan, strict restrictions and regulations were not imposed in comparison of those in the West. On June 19, the Japanese government almost completely lifted restrictions on traffic, the coming and going of people, restaurants, and shops. As expected, from the beginning of July, the patients have gradually increased again. However, from the end of August, the patients are gradually decreasing. Total deaths are decreasing compared with the early stage of April and May.

**On April 26, 2020, the Japanese Association of Medical Sciences advised the Prime Minister on "specific corona measures" on behalf of 136**

**medical societies nationwide (including JARM).**

1. Establish the system of so-called "fever outpatient" administration regardless of practitioner or hospital.
2. Expanding the system for rapid PCR testing and COVID-19 virus Antigen and Antibody testing is important and necessary to diagnose the disease.
3. The number of patients is too high. Therefore, infected patients should be separated according to the level of arterial oxygen saturation (SaO<sub>2</sub>).
4. Regardless of whether it is a medical practitioner or a hospital, supplementary protection kits for the performance of work are supplemented, which is also necessary for the protection of medical personnel and the prevention of nosocomial infections.
5. Medicines that an effect is expected more should be approved as soon as possible (insurance coverage).
6. Eventually, early introduction of COVID-19 vaccine (by the winter of this year).
7. Back up support for responding medical staff (normally reduction of work duties, risk allowance, industrial accident compensation, etc.).
8. Remediating social stigma for healthcare of workers responding to COVID-19 and of their families.
9. Public support for the income and expenditure aggravation accompanied with the normal duties reduction of the medical institution corresponding to the COVID-19.

**Conclusion**

In accordance to the particular Japanese lifestyle such as daily hygiene and interpersonal contact between others, which are standard precaution and have helped to prevent asymptomatic transmissions of COVID-19.