

21th Webinar Congress of IARM in Pécs, Hungary in 2020

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

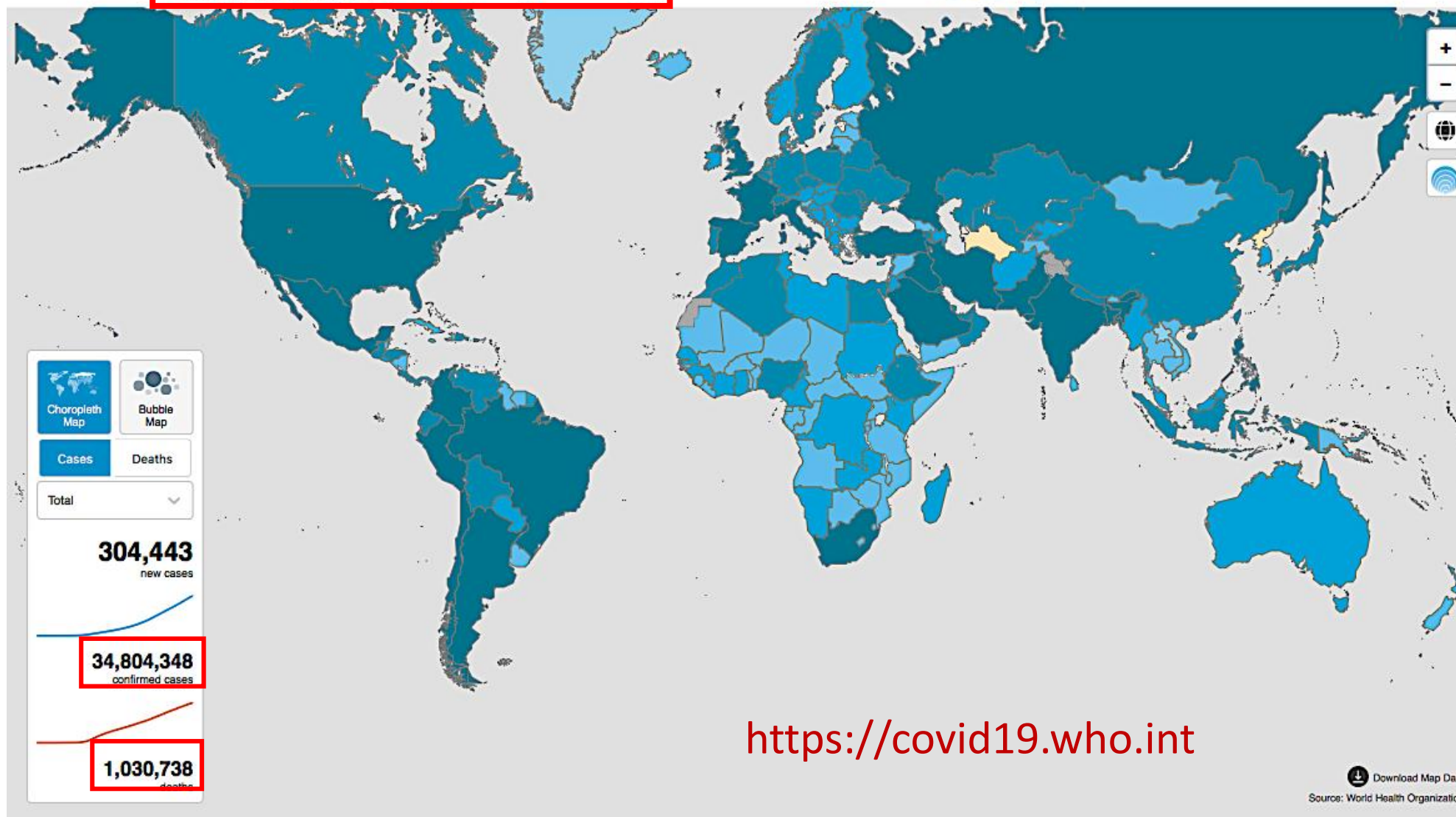
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Japanese Association of Rural Medicine (JARM)
JA Toride Medical Center, Ibaraki, Japan

October 29, 2020

WHO Coronavirus Disease (COVID-19) Dashboard

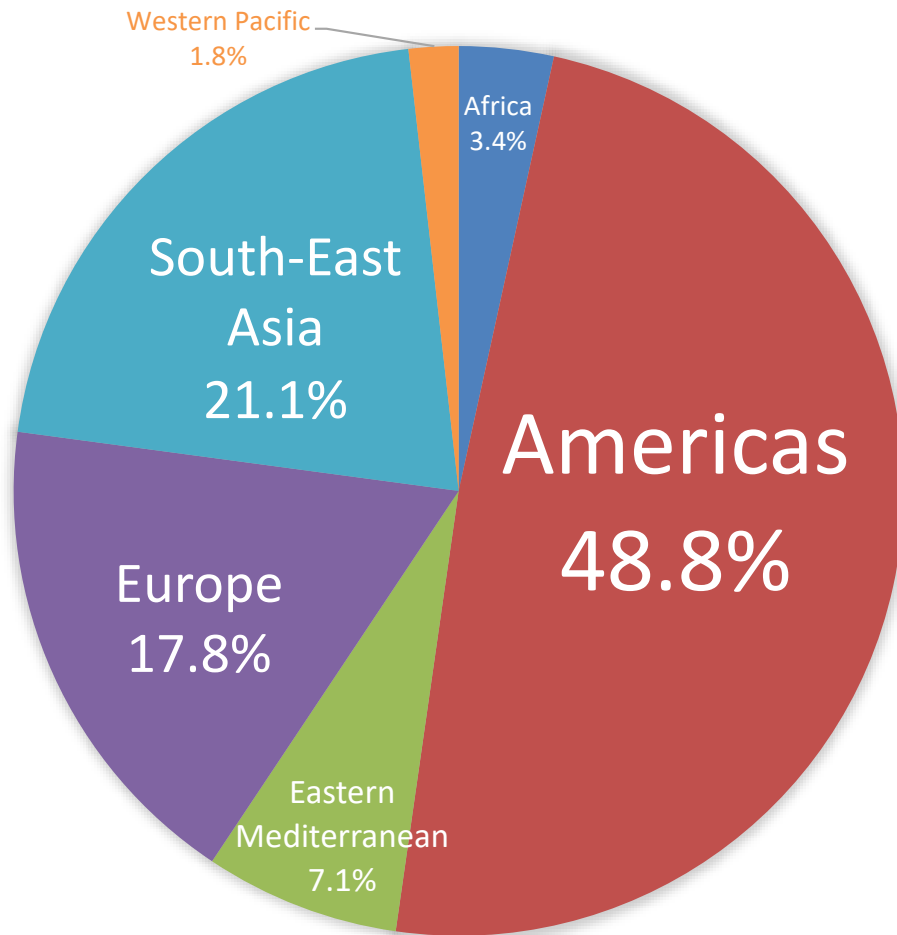
Data last updated: 2020/10/4, 3:38pm CEST

[Overview](#)[Data Table](#)[Explore](#)<https://covid19.who.int>

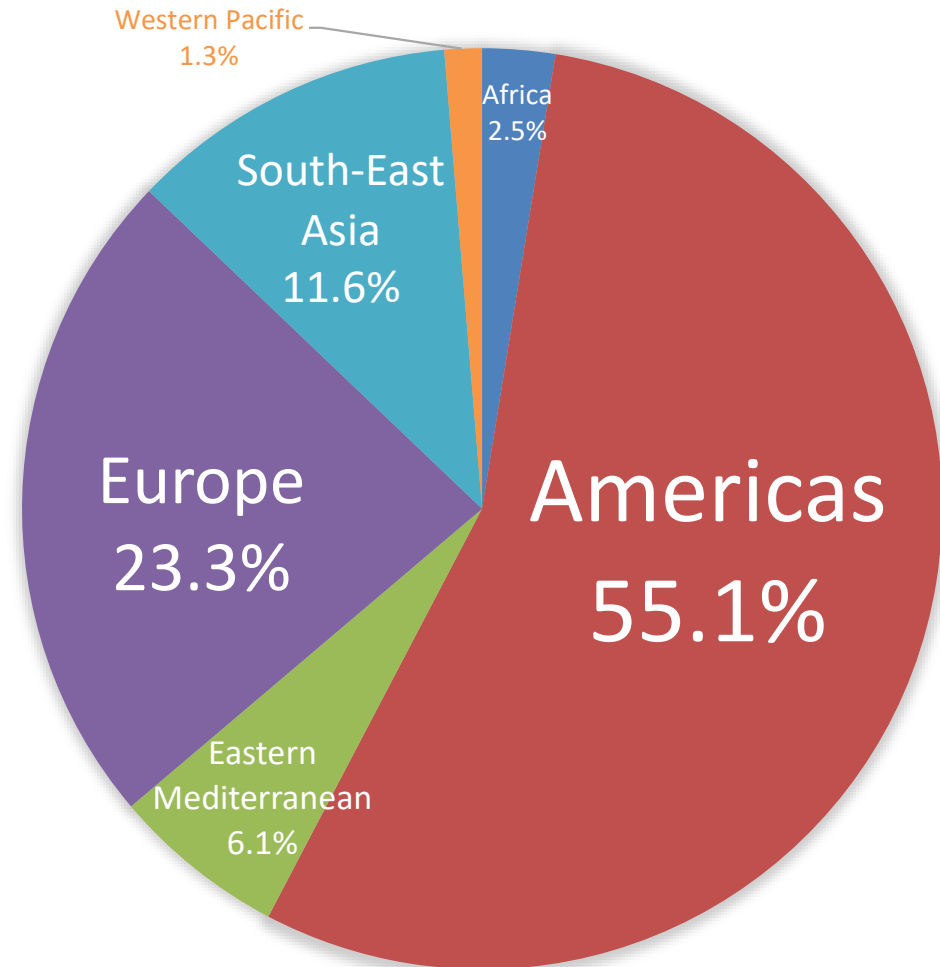
Globally, as of **3:38pm CEST, 4 October 2020**, there have been **34,804,348 confirmed cases** of COVID-19, including **1,030,738 deaths**, reported to WHO.

Confirmed COVID-19 Patients reported by WHO as of **October 4**, 2020

Total cases: **34,804,348**

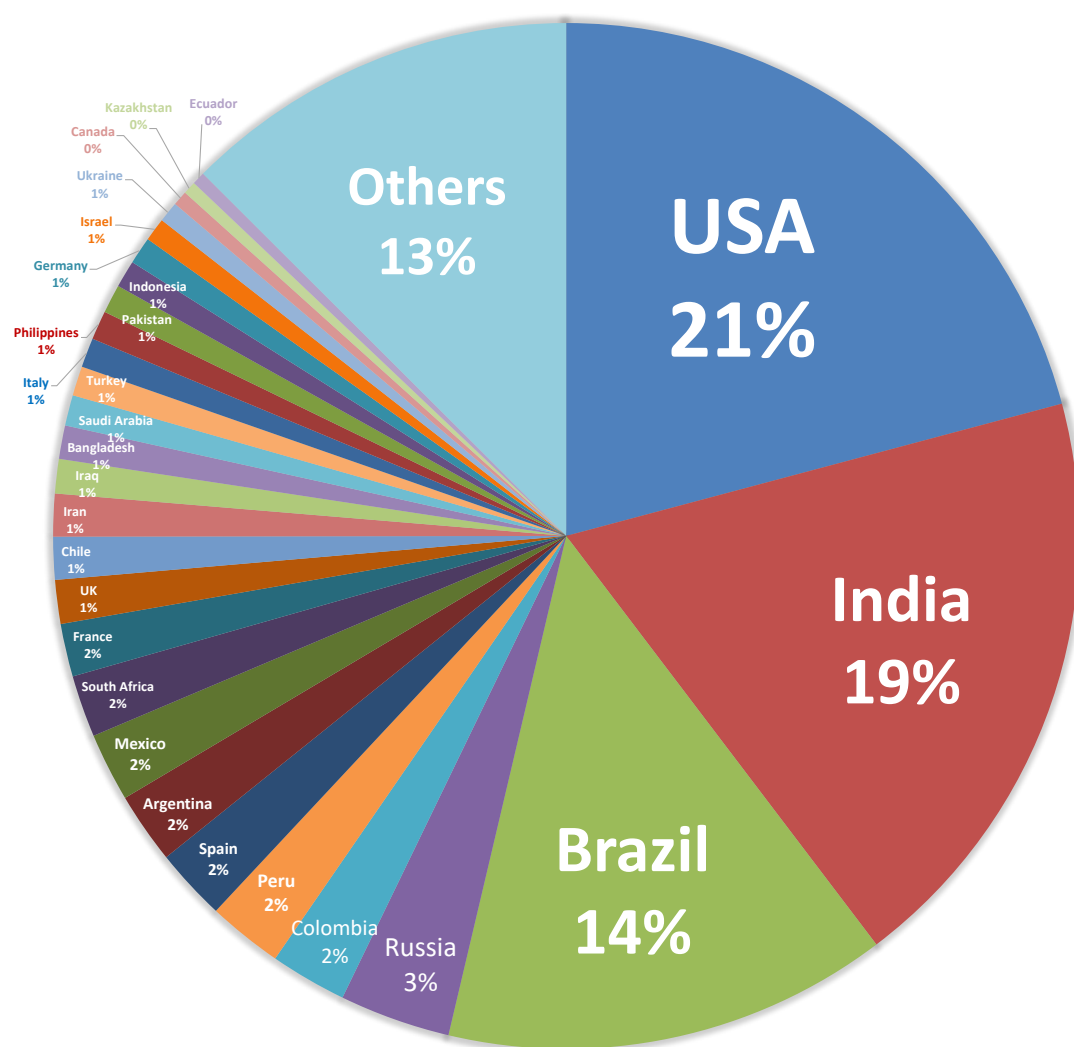


Total deaths: **1,030,738**

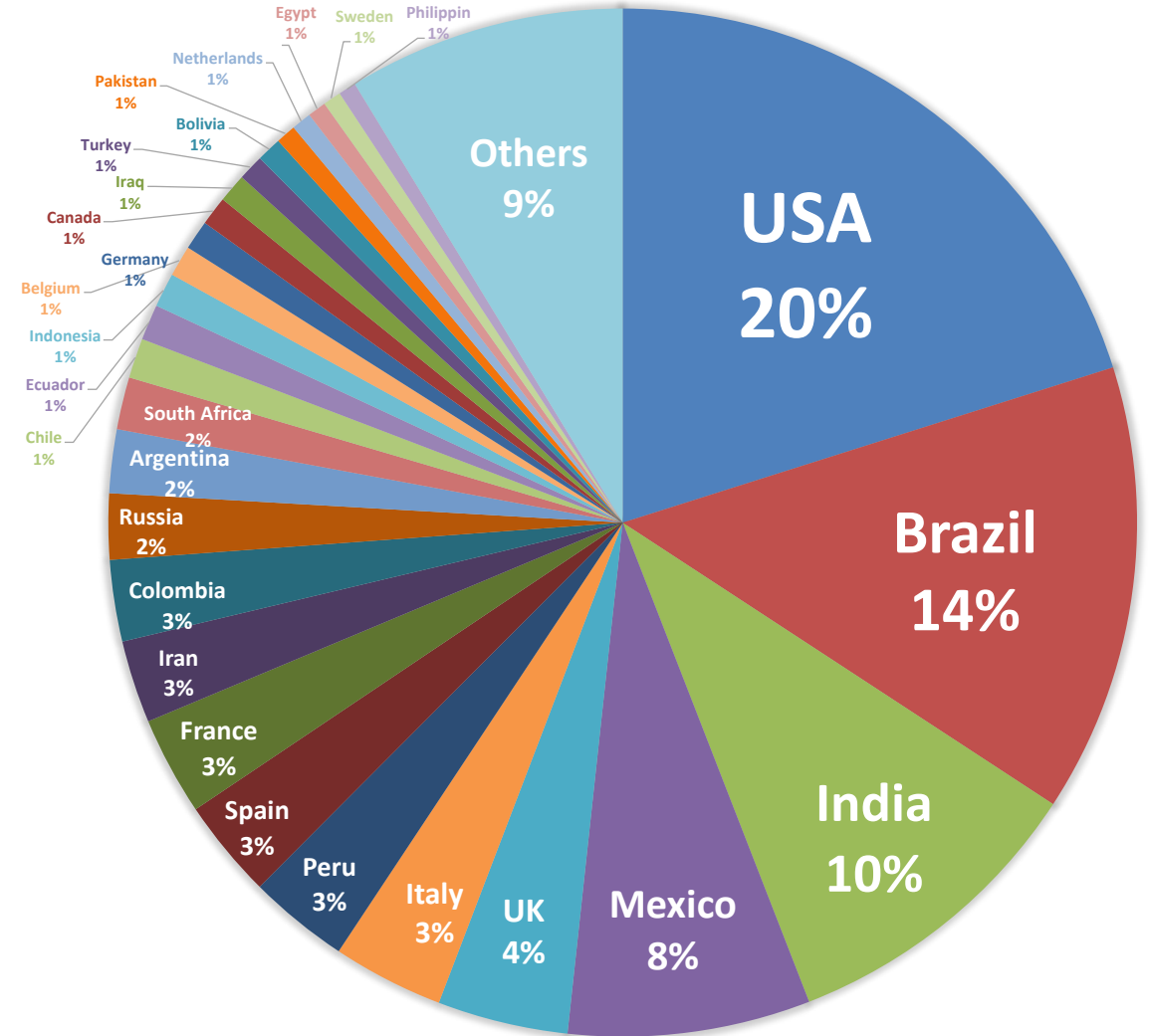


Confirmed COVID-19 Patients reported by WHO until **October 4, 2020**

Total cases: **34,804,348**

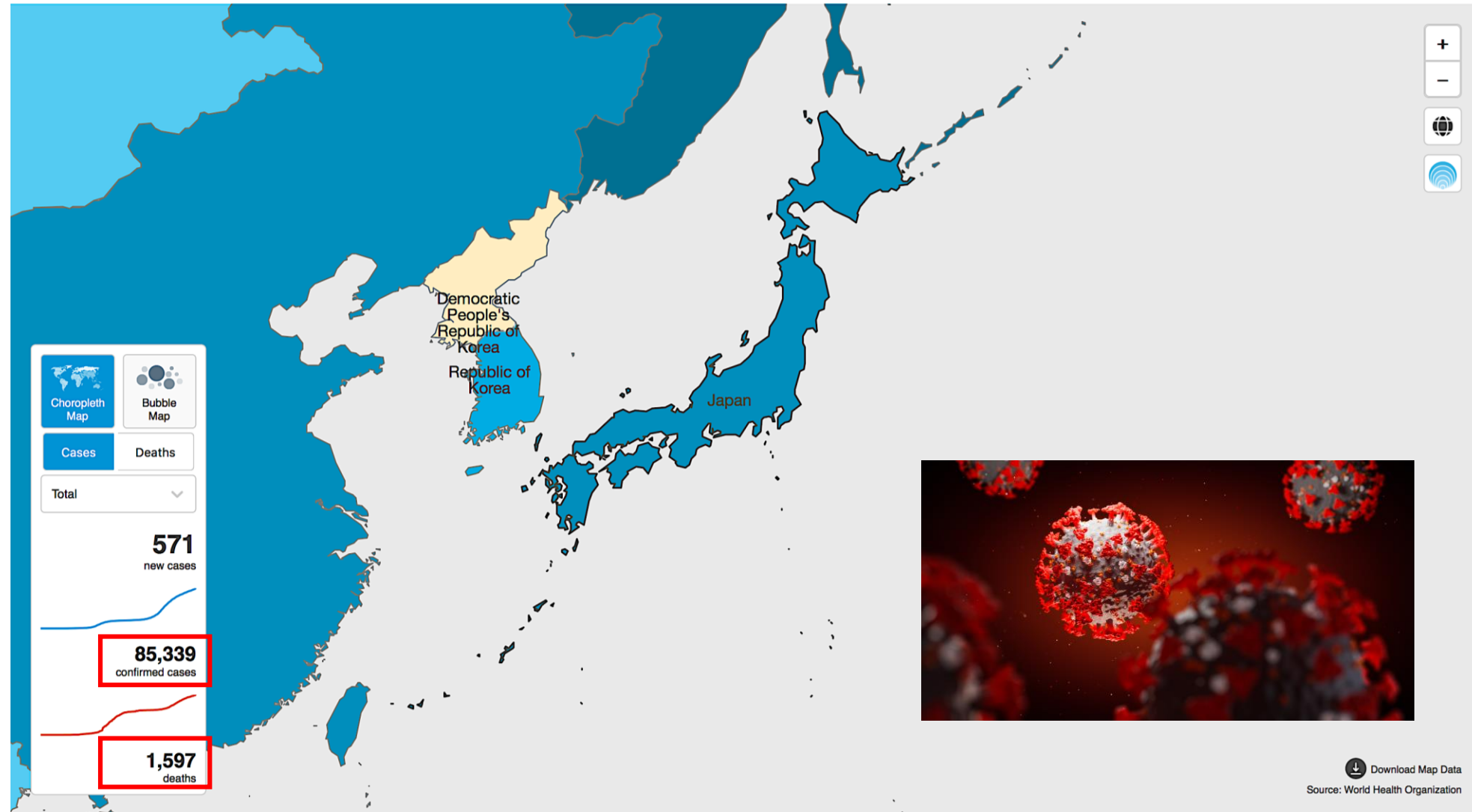


Total deaths: **1,030,738**



Global >  Japan

Data last updated: 2020/10/4, 3:38pm CEST

[Overview](#)[Data Table](#)[Explore](#)

In **Japan**, from **Jan 3** to **3:38pm CEST, 4 October 2020**, there have been **85,339 confirmed cases** of COVID-19 with **1,597 deaths**.

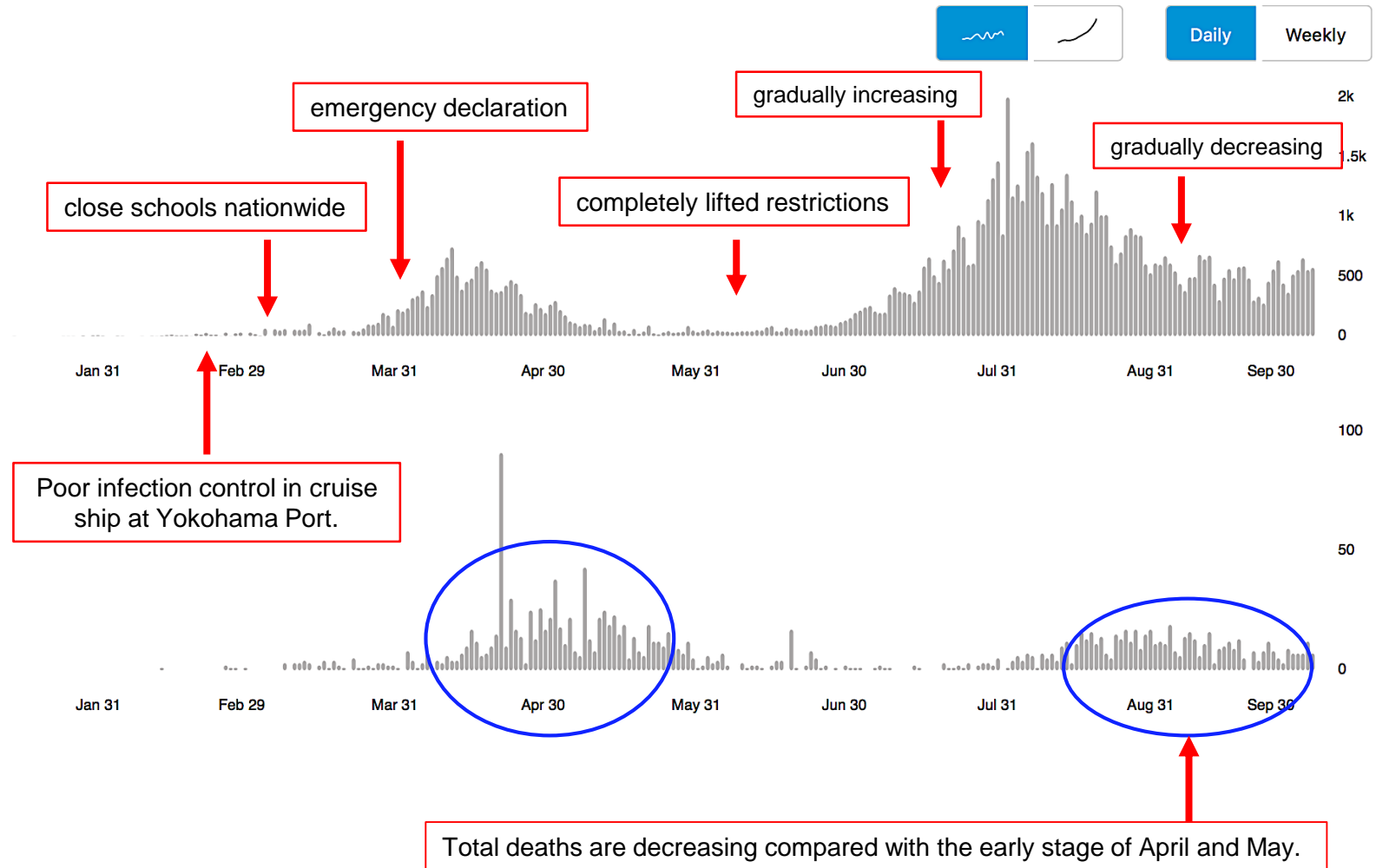
In **Japan**, from **Jan 3** to **3:38pm CEST, 4 October 2020**, there have been **85,339 confirmed cases** of COVID-19 with **1,597 deaths**.

Japan Situation

85,339
confirmed cases

1,597
deaths

Source: World Health Organization



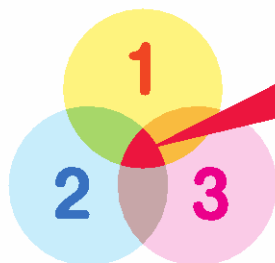
Important notice for preventing COVID-19 outbreaks.

Avoid the “Three Cs”!

1. **Closed spaces** with poor ventilation.
2. **Crowded places** with many people nearby.
3. **Close-contact settings** such as close-range conversations.



One of the key measures against COVID-19 is to prevent occurrence of clusters.
Keep these “Three Cs” from overlapping in daily life.



The risk of occurrence of clusters is particularly high when the “Three Cs” overlap!

In addition to the “Three Cs,” items used by multiple people should be cleaned with disinfectant.



Stop the spread of COVID-19

How to Avoid the 3Cs

- Please avoid the **3Cs** (**Closed spaces, Crowded places, Close-contact settings**) in addition to coughing etiquette and hand washing to stop the spread of COVID-19.
- Even if the 3Cs do not overlap, we should aim for **“Zero C”** to reduce risks.
- In open spaces, be mindful of other Cs. Avoid speaking loudly and stay away from crowds.



Japan's Mysterious Pandemic Success: Why the COVID-19 Total Cases and Total Deaths in Japan are Unexpectedly Very Few Compared with Europe and USA

(Shintani S. Annals of Infectious Disease and Epidemiology, 2020, Volume 5, Issue 2 , Article 1056)

1. COVID-19 has the characteristic of having a strong infectious capacity **before the onset** or **in the asymptomatic stage**. In consideration of this characteristic and to prevent the infection from asymptomatic infected persons, the only way is **to take standard precautions in daily life**, assuming that all others around oneself are infected. For this reason, **the Japanese life style**, such as personal contact and public health culture may eventually work effectively and result in a difference in the number of patients than the West.
2. First, in Japan, **when returning home from the outside, we first take off our shoes at the front door, then change into the home clothes** which means we do not bring objects from outside into our homes. In addition, after the rise of COVID-19, washing hands and gargling have become another standard custom.
3. **Second**, compared to Western countries, **Japanese culture does not consist of bodily contact**, such as hugging, kissing or shaking hands. Wearing a mask has become a custom of Japan and has become a standard precaution, not just for COVID-19, but for protection against any pathogens.
4. **Third**, that Japanese people are **very hygienic** with a high degree of interest in public health. Also, **the medical insurance system** has been the standard, makes it easier to have access to hospitals and has a high medical degree.

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Currently, the following 4 causes are being considered.

1. The **Japanese lifestyle** is suitable for infection prevention.
2. **BCG vaccination** produces antibodies to prevent infection.
3. It has a gene that is resistant to infection in **Japanese HLA**.
4. There is a history of mild coronavirus infection in the past, and many Japanese have **acquired cross-immunity**.

**Japanese Association of Medical Sciences has recommended the next messages
for the COVID-19 pandemic in Japan on April 26, 2020**

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 (SaO₂).
 - ①The **severely** infected patients with SaO₂ level (**below 90%**) should be admitted **to ICU**.
 - ②The **moderately** infected patients with SaO₂ level (**91% to 94%**) should be admitted **to hospital**.
 - ③The **slightly** infected patients with SaO₂ level (**above 95%**) should be admitted **to specific hotel**.
 - ④The **asymptomatic** patients with corona virus infection **should stay home**.
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**.

Continued

5. "Remdesivir" has already been approved in the United States and Japan. However, medicines that an effect is expected more should be approved as soon as possible (insurance coverage), such as "Avigan (Favipiravir)", "Ivermectin (Ivermectin)", "Karetra (Ritonavir)", "Actemra (Tocilizumab)" "Nafamostat Mesilate", Olvesco (Ciclesonide)", and Dexamethasone. Most of them are made in Japan.
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

1. COVID-19 Pandemic has involved almost of the countries in the World. But, the total cases and total deaths are markedly different from each country. There are **fewer** people with COVID-19 infections and deaths in Asian countries including Japan, and **more** in Americas, Europe, and India.
2. COVID-19 has the characteristic of having a strong infectious capacity **before the onset or in the asymptomatic stage**. In consideration of this characteristic and to prevent the infection from asymptomatic infected persons, the only way is **to take standard precautions in daily life**.
3. 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.
4. 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 my society, JARM).
5. I wish to express my deepest sympathy to the people affected by the COVID-19 pandemic. Now, we all need to work together to help end the COVID-19 pandemic.