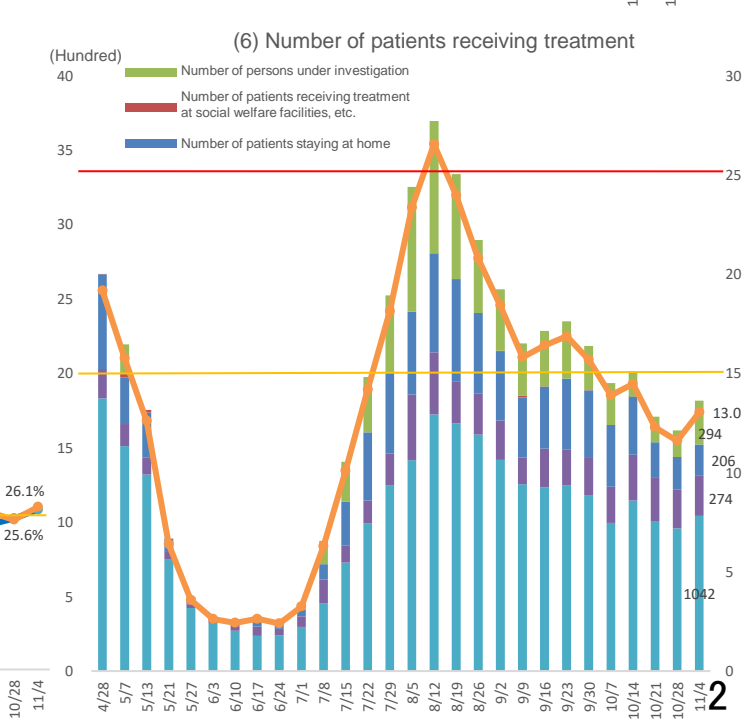
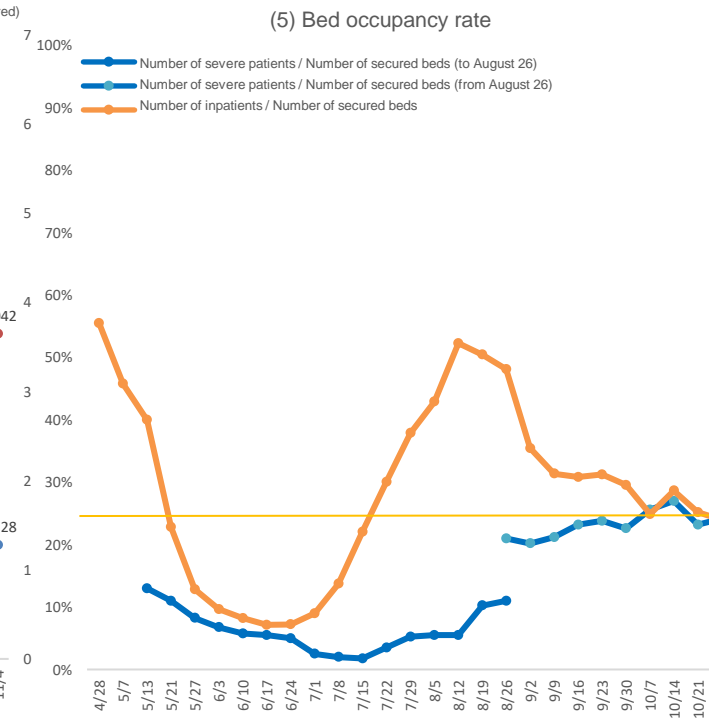
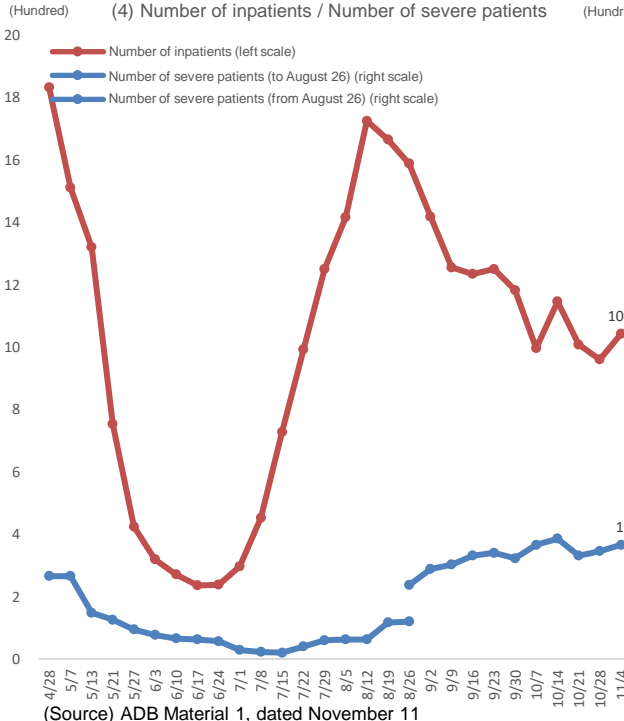
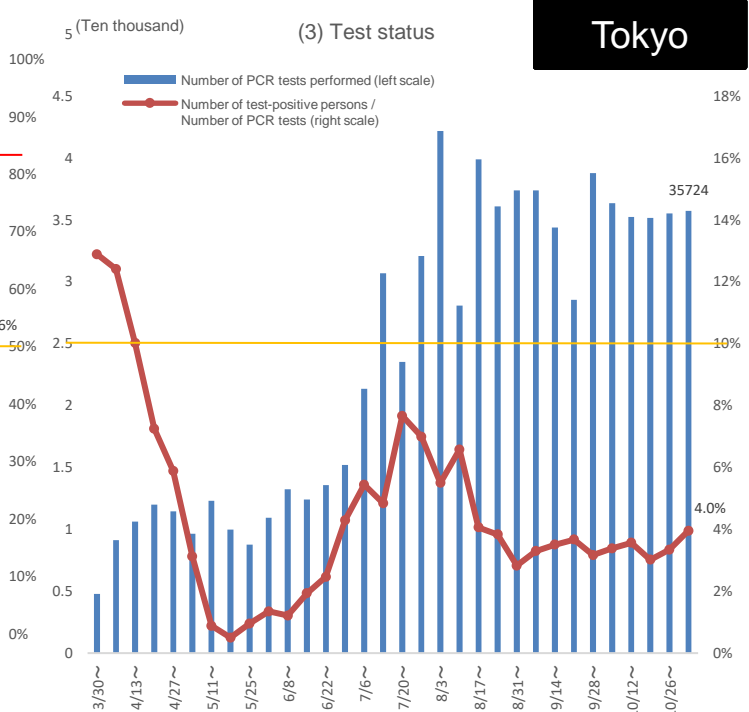
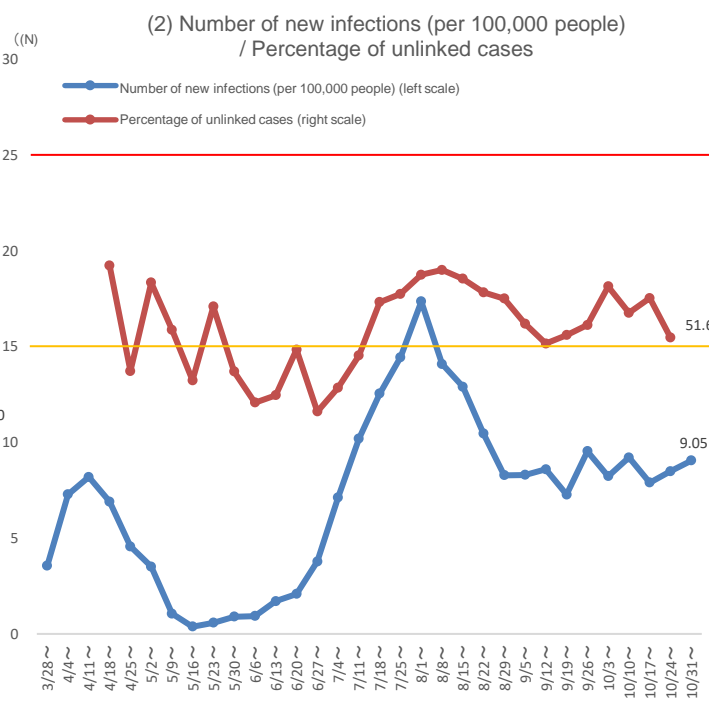
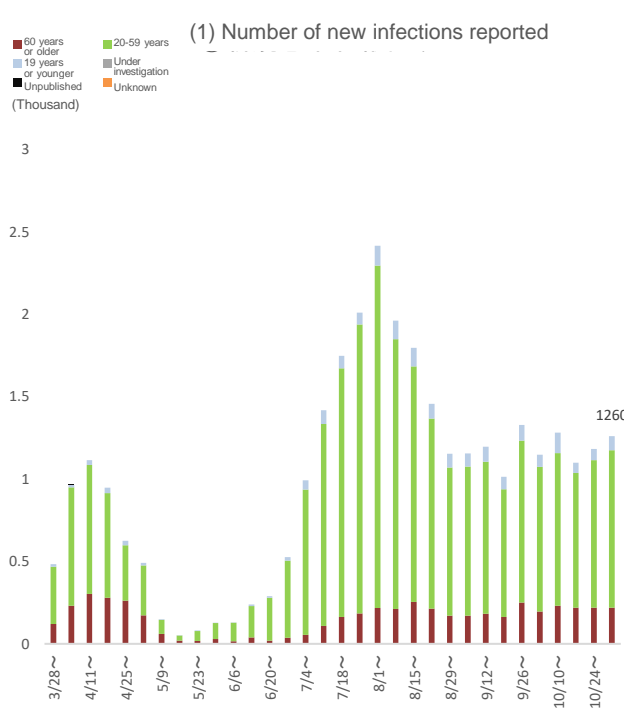
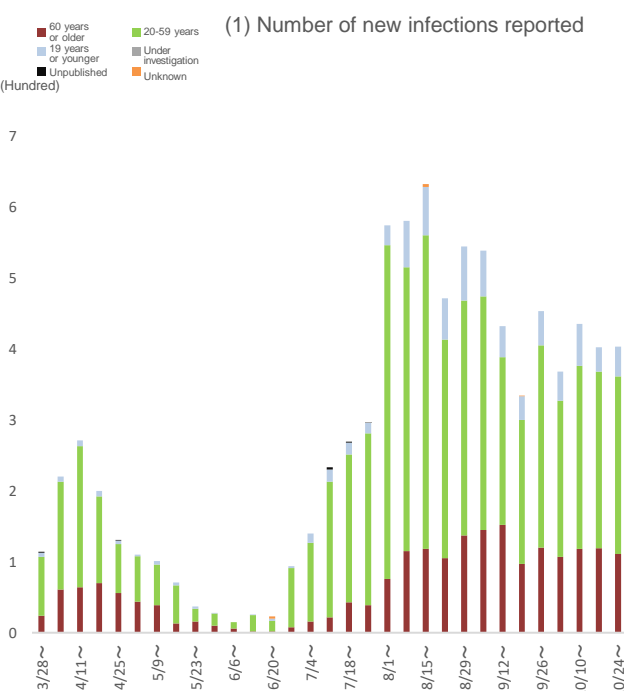


(Source) ADB Material 1, dated November 11

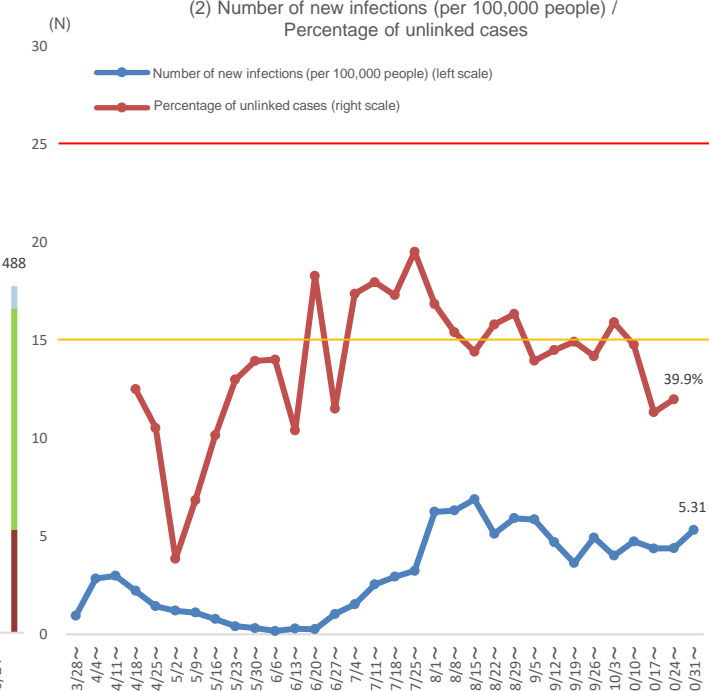


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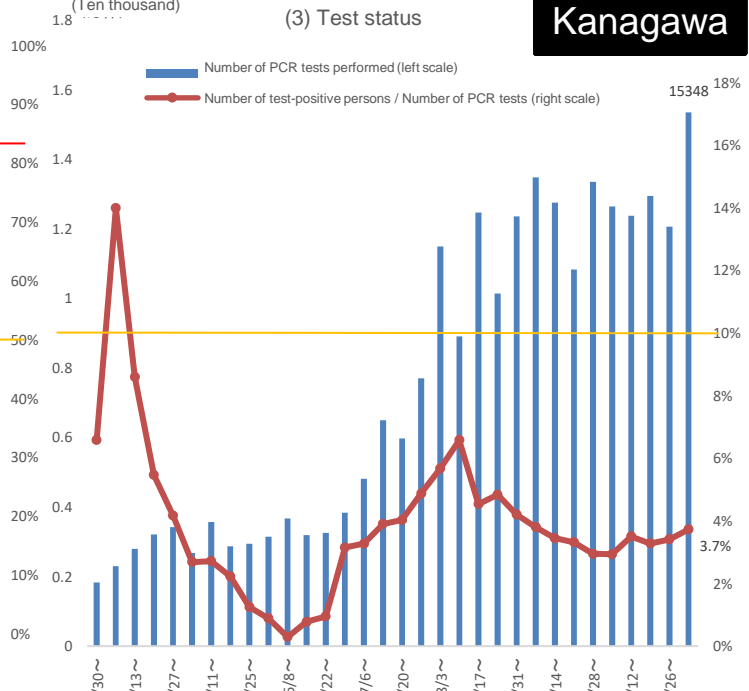
(1) Number of new infections reported



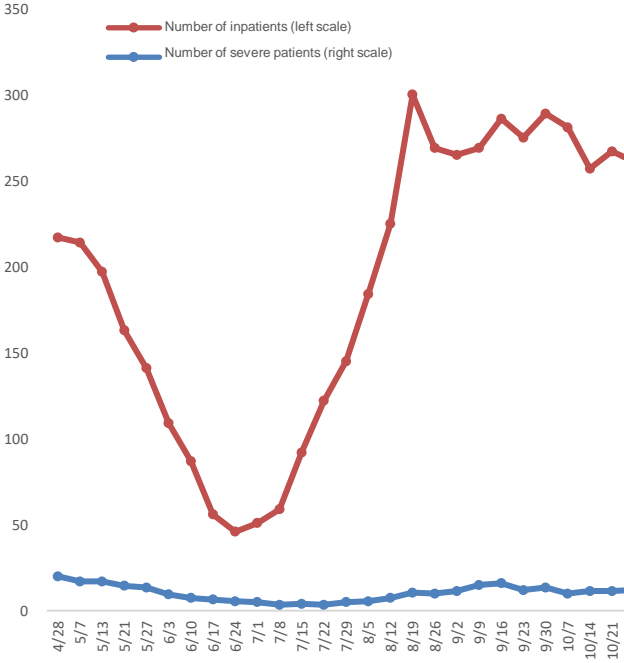
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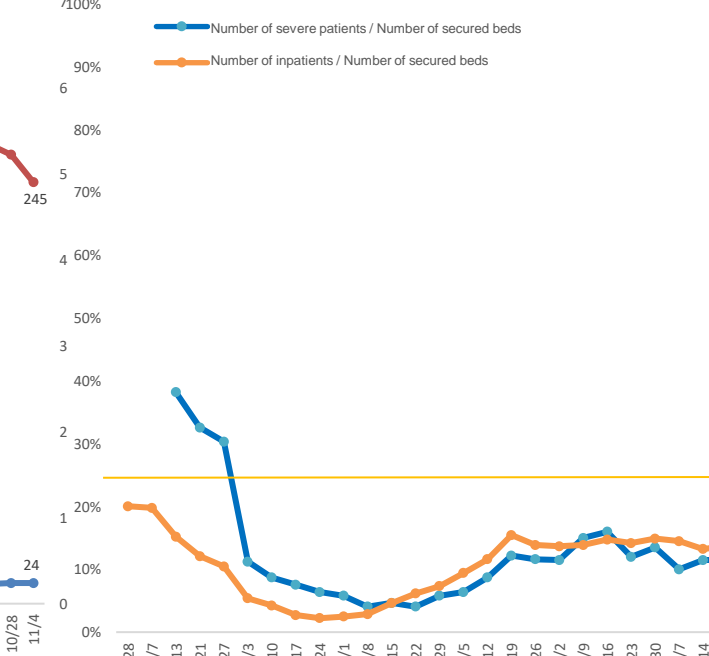
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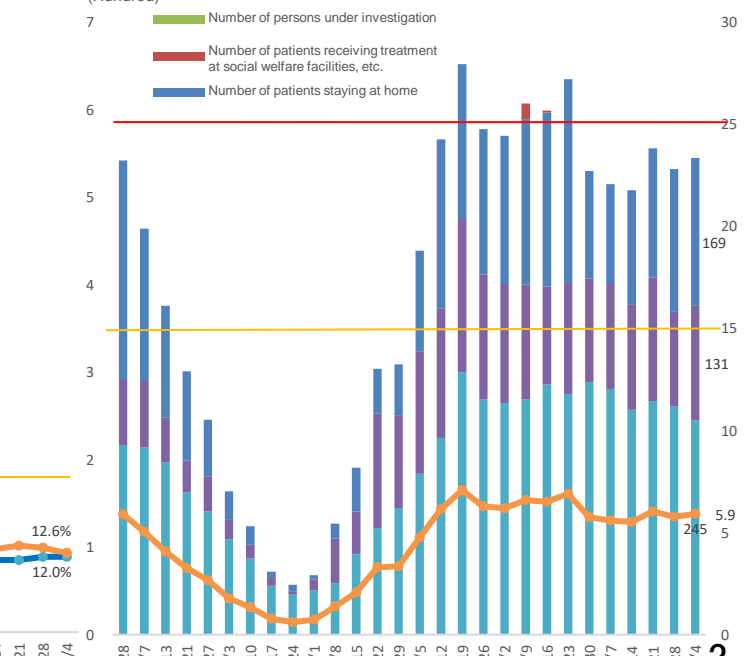
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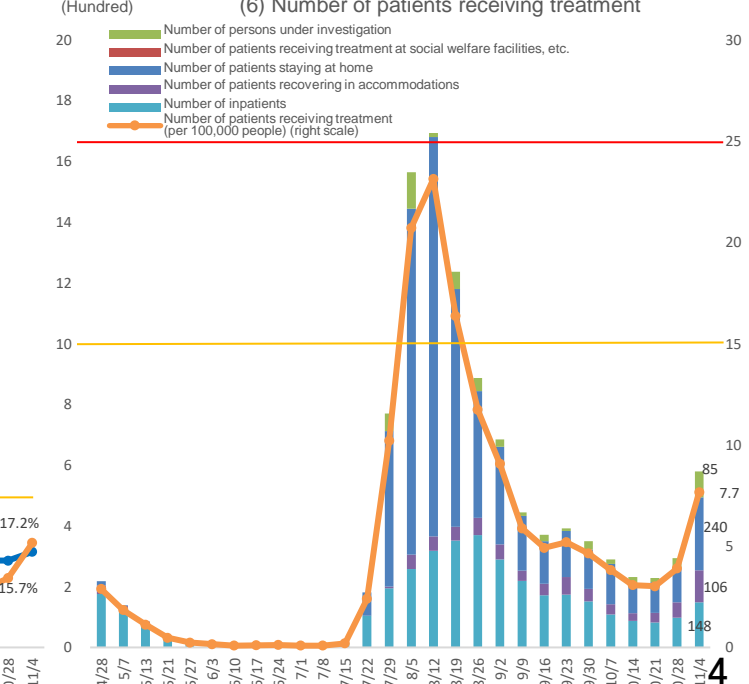
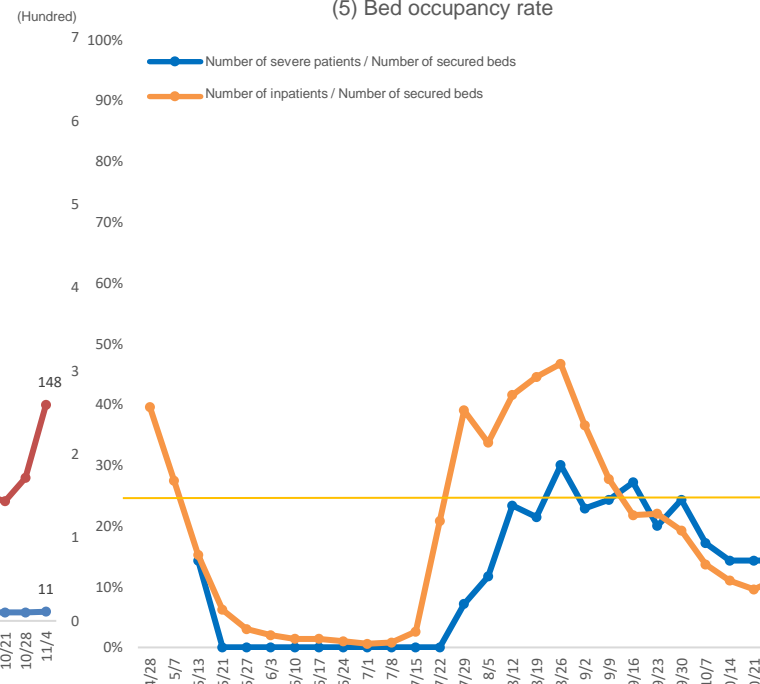
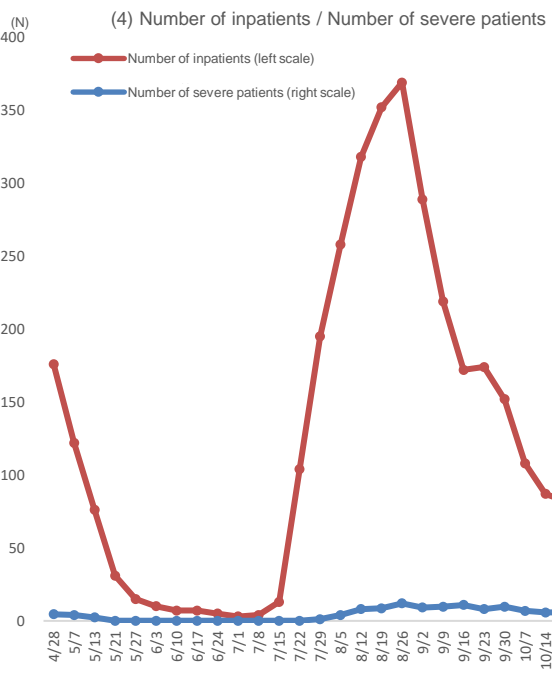
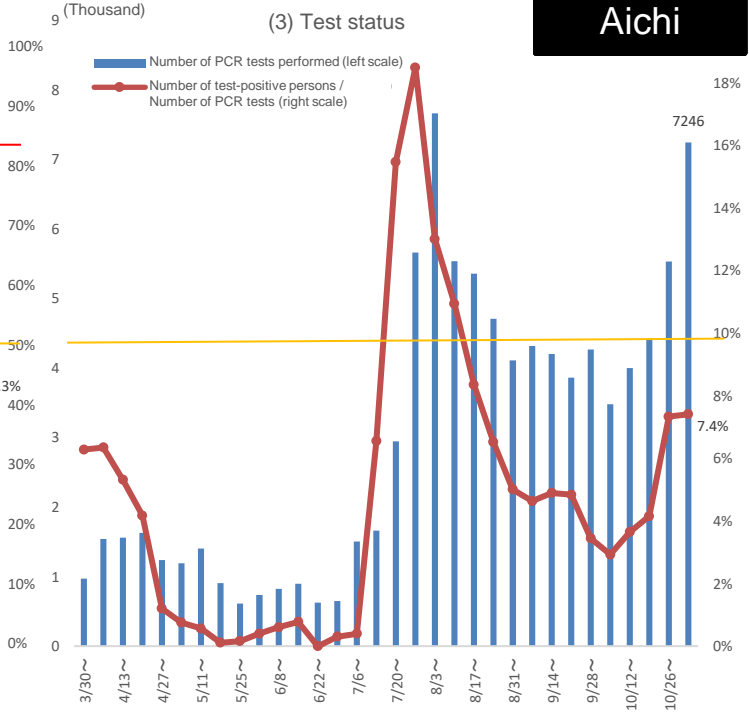
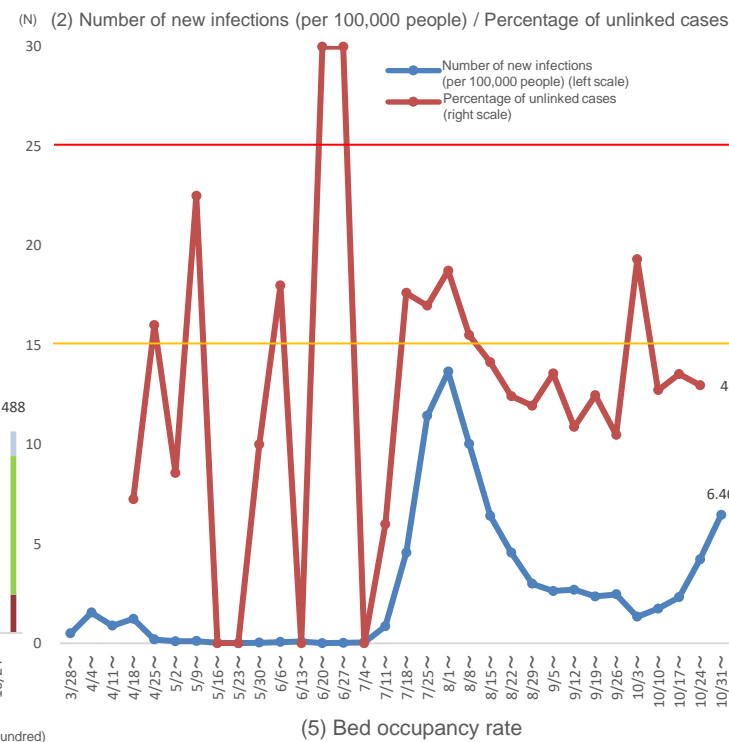
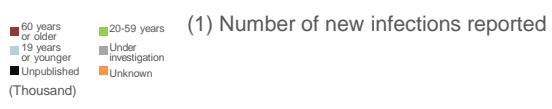
(5) Bed occupancy rate



(6) Number of patients receiving treatment

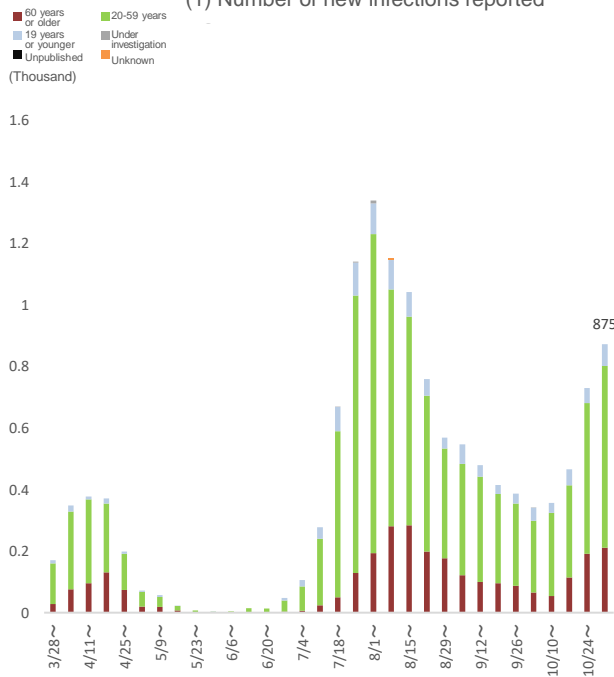


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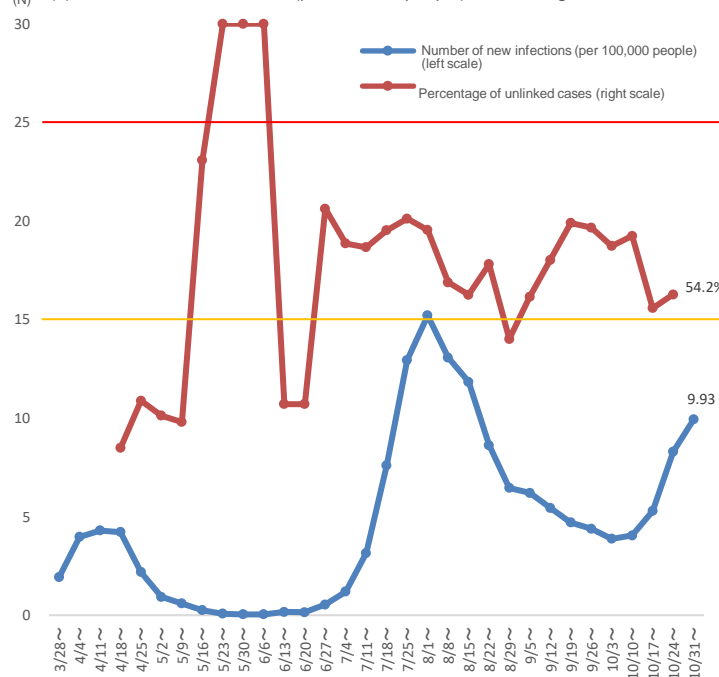


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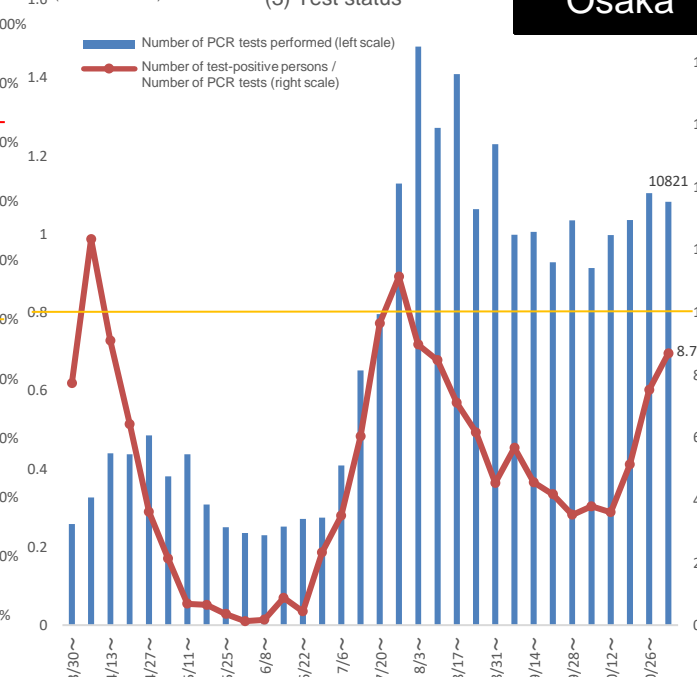
(1) Number of new infections reported



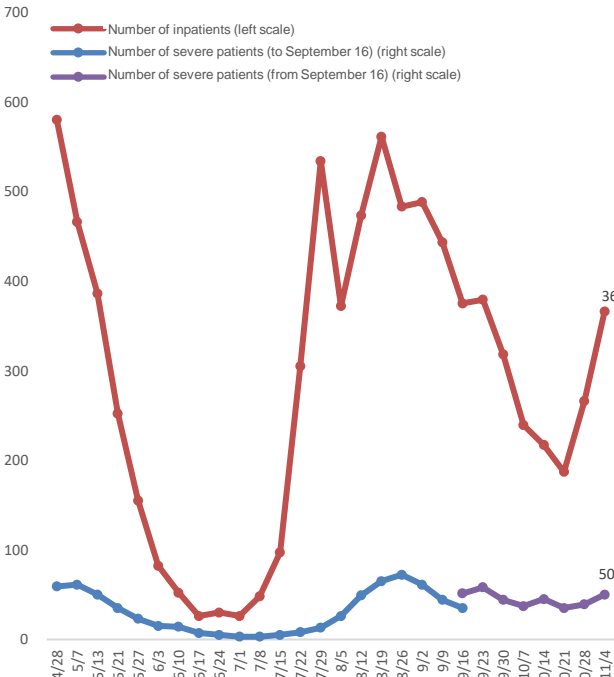
(2) Number of new infections (per 100,000 people) / Percentage of unlinked cases



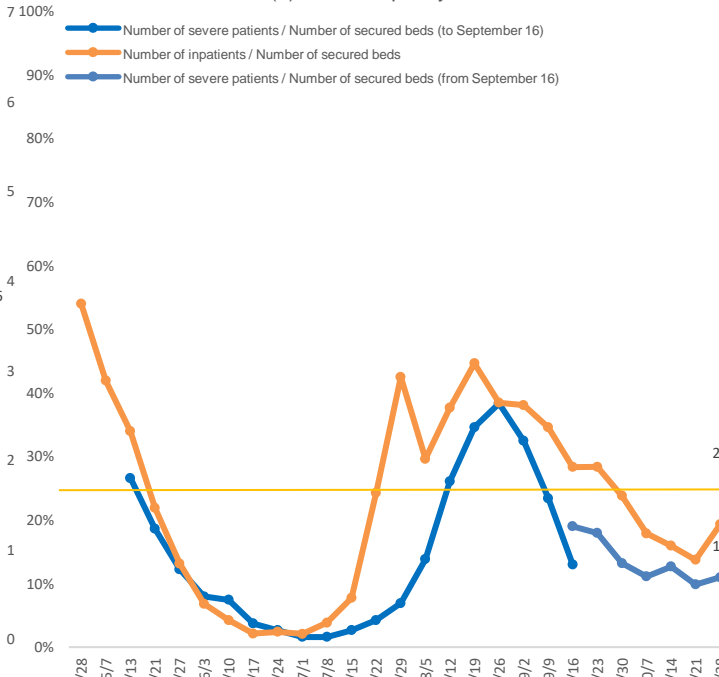
(3) Test status



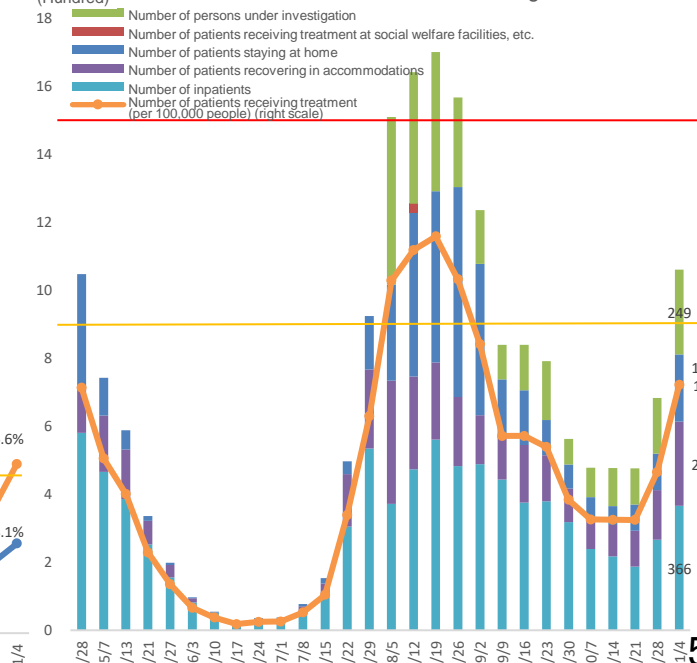
(4) Number of inpatients / Number of severe patients



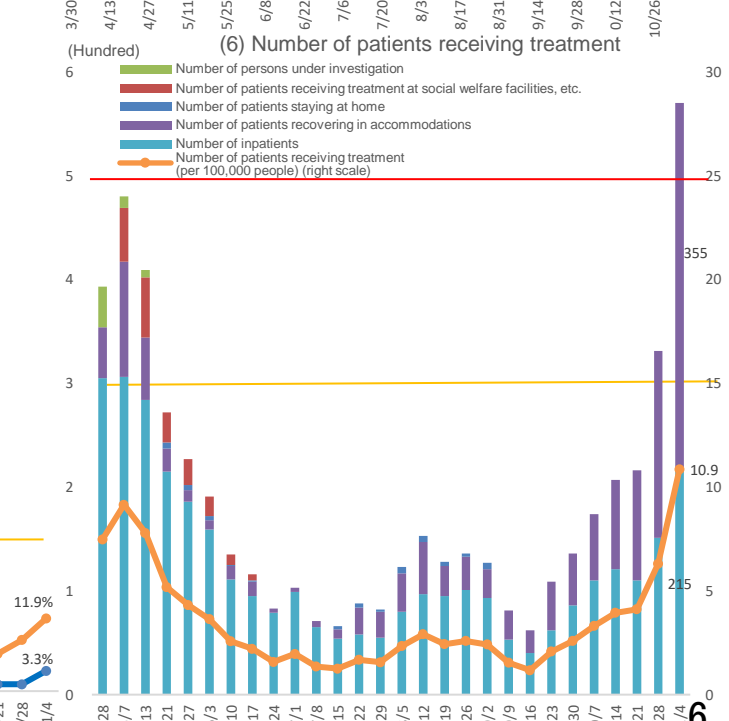
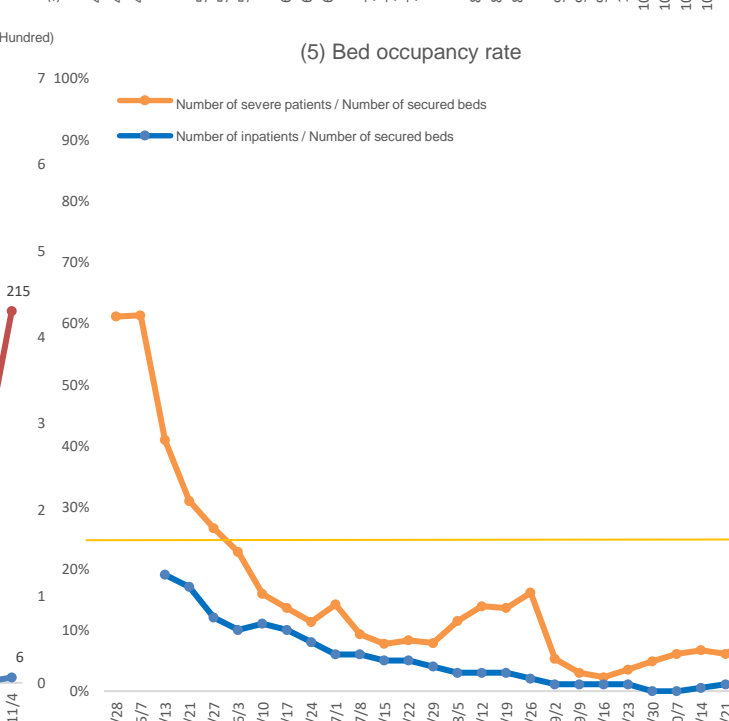
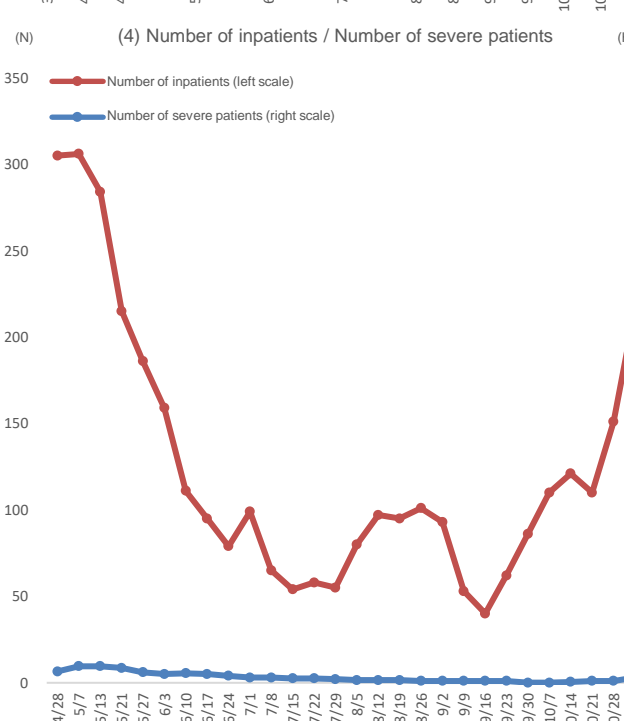
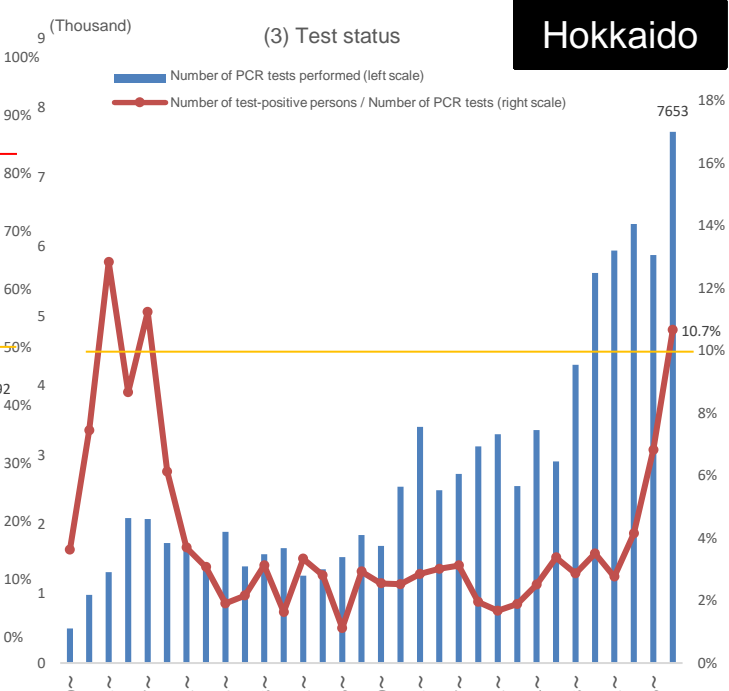
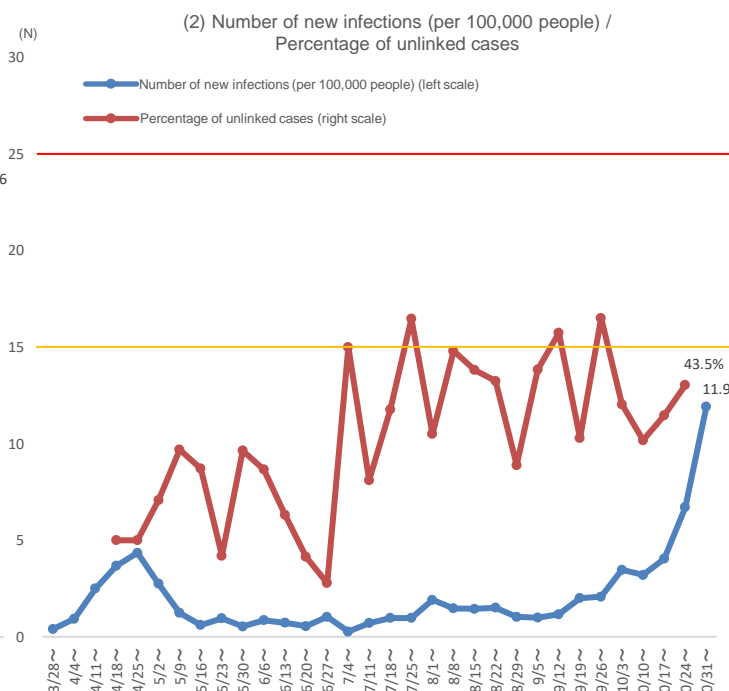
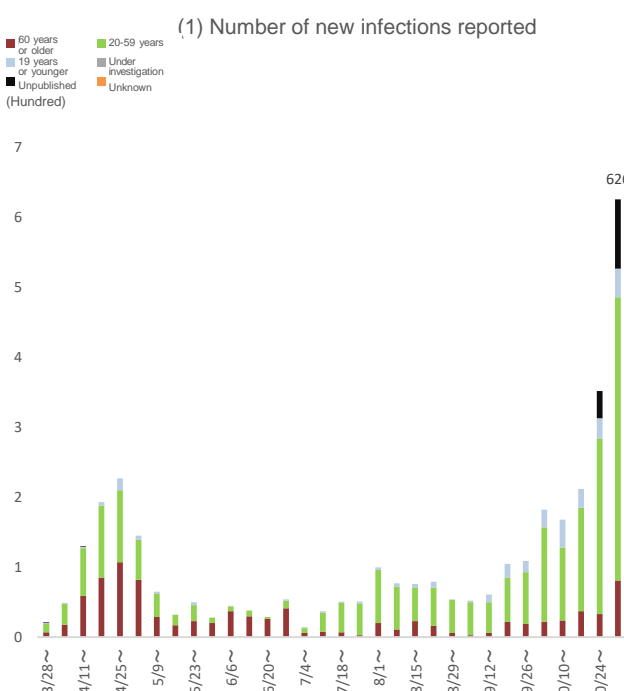
(5) Bed occupancy rate



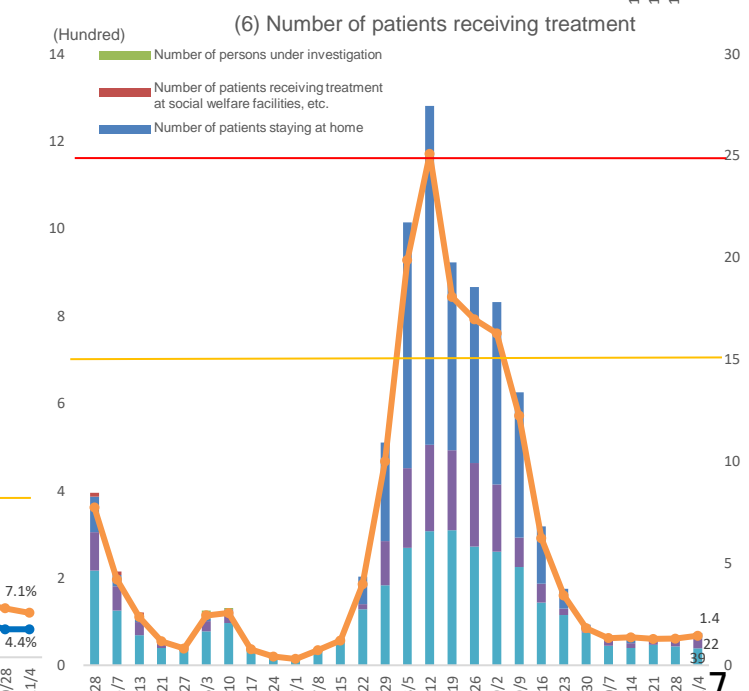
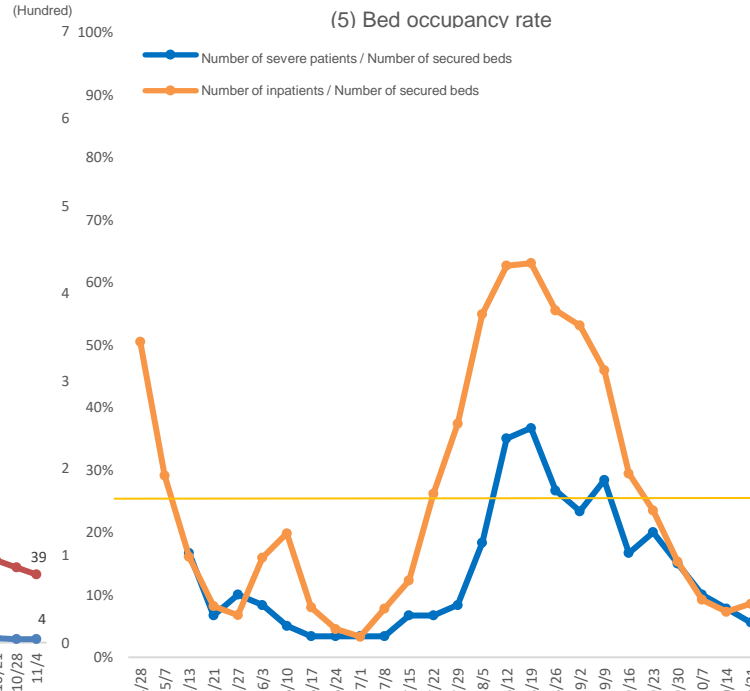
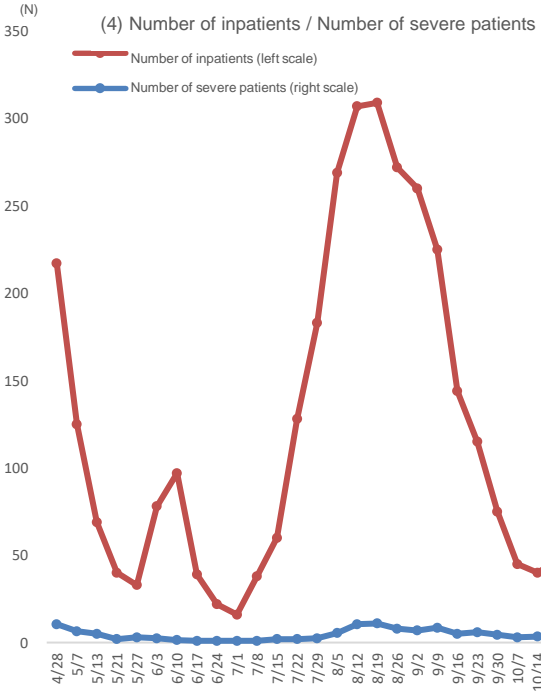
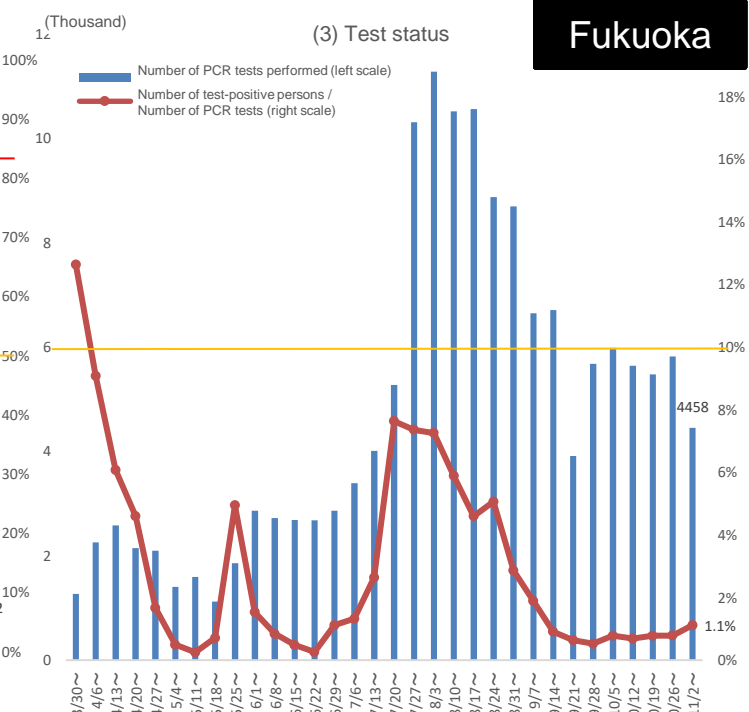
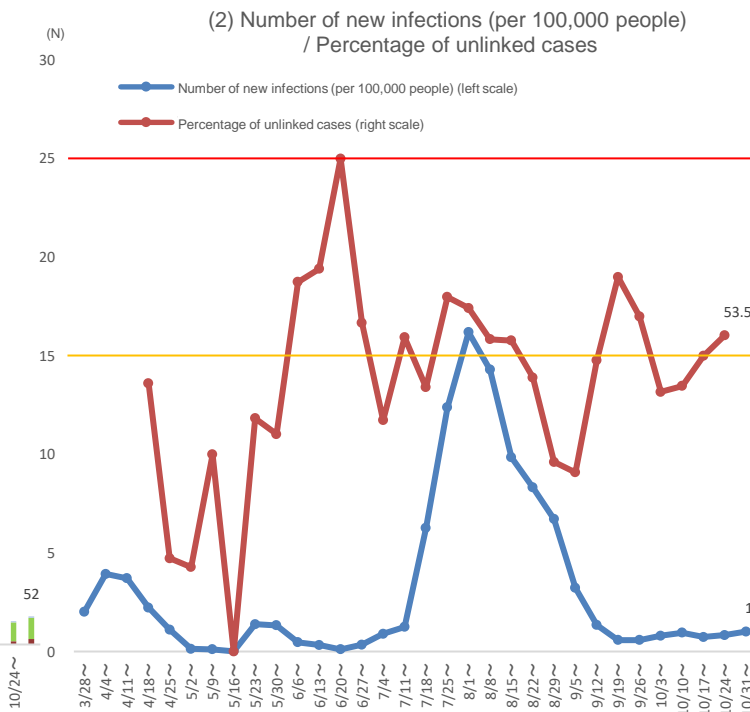
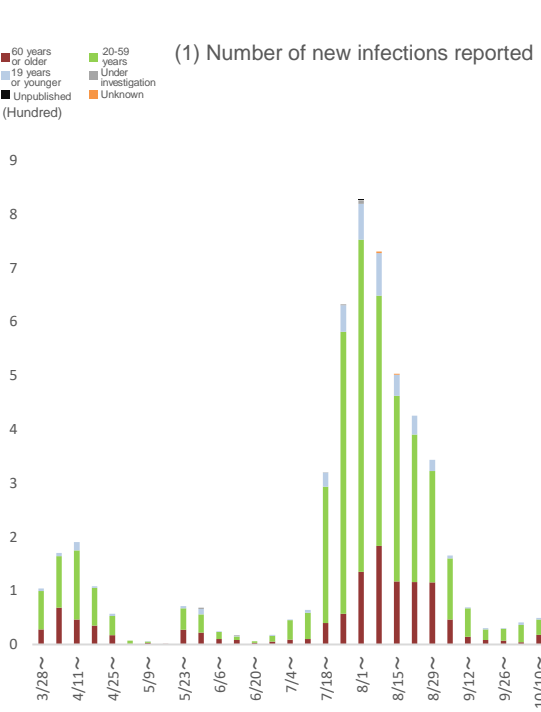
(6) Number of patients receiving treatment



(Source) ADB Material 1, dated November 11

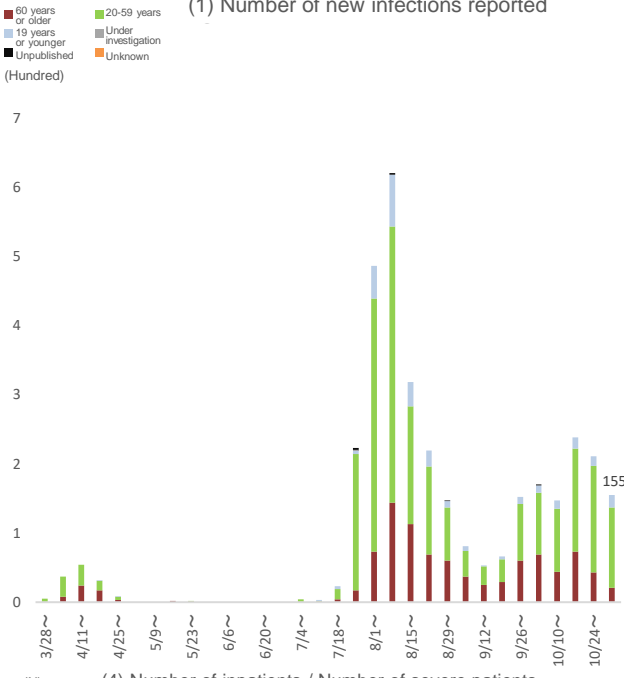


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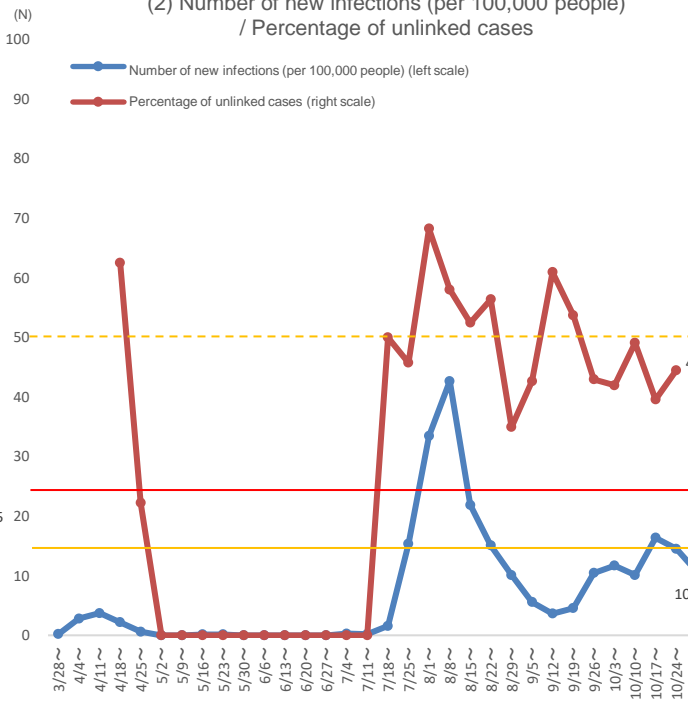


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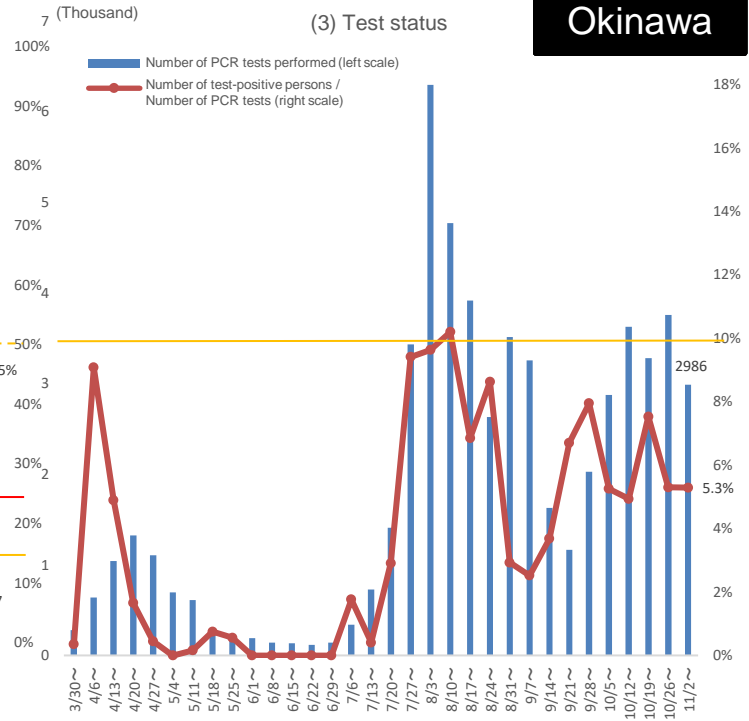
(1) Number of new infections reported



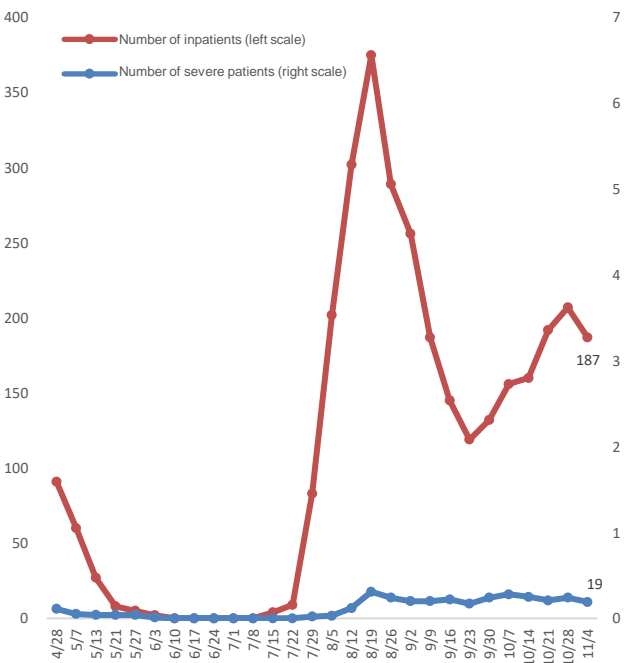
(2) Number of new infections (per 100,000 people) / Percentage of unlinked cases



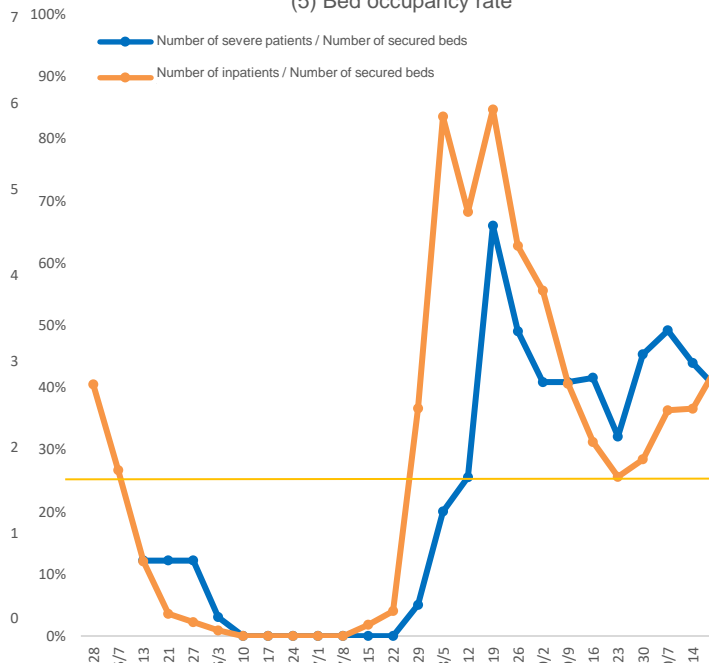
(3) Test status



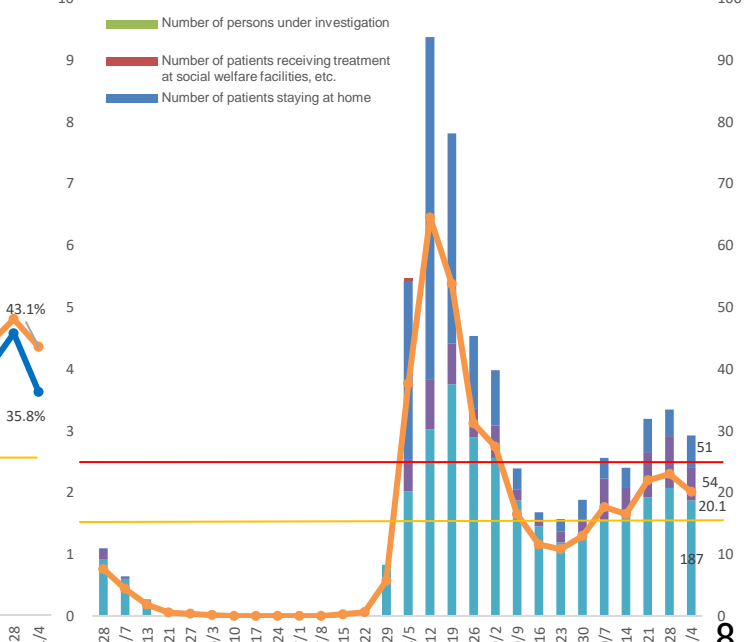
(4) Number of inpatients / Number of severe patients



(5) Bed occupancy rate



(6) Number of patients receiving treatment



(Source) ADB Material 1, dated November 11

[Introduction: Basic concept of this urgent proposal]

If we do not take appropriate infection control measures in the course of revitalizing social and economic activities, “increasing factors” for infection will get stronger and exceed the “decreasing factors” (e.g., basic infection prevention measures by people, and cluster control by local governments). Recently, clusters have been increasing, and moreover, they are diversifying. Under such circumstances, the infection is more likely to spread rapidly unless we enhance the “decreasing factors” immediately. Continuous social efforts by citizens, medical professionals, staff at public health centers, business operators, etc. and the standardization of treatment have controlled fatalities and the rate of disease aggravation. However, to prevent excessive burdens on our medical care provision system, we should take actions to decrease the number of infections as quickly as possible.

In this urgent proposal, we summarize the 5 specific actions required of each citizen, local governments and the national government, based on our past proposals and the broad direction by the national government (*) so that they can be compatible with social and economic activities during the first winter we will experience after the outbreak of novel coronavirus infection.

As a subcommittee, we make this proposal to the government.

* “Actions against Novel Coronavirus Disease” (Report of the 44th Meeting of the Headquarters for Novel Coronavirus Disease Control; October 30, 2020)

[5 Required Actions]

Action No. 1 Further cluster control

Background

Clusters are increasing, and moreover, they are diversifying. In particular, the number of clusters that are “difficult to detect early” or “difficult to contain” is increasing. Actions against clusters have been taken only after infection was confirmed by PCR test, etc. (e.g., handling persons who had close contact with infected patients) so far. However, it is now more necessary than ever before to realize the signs of cluster infections before confirmation with a test.

Based on the results of analyses, clusters are divided into several categories according to their characteristics.

- “Difficult-to-detect early” cluster: It is defined as a cluster for which the evidence of infection itself is difficult to detect by the current system. Examples include clusters centered around (i) some communities of foreigners, and (ii) young people’s activities (e.g., university students’ extracurricular activities). The reason why these clusters are difficult to detect for (i) is probably that there are differences in the languages and tendencies to seek medical help, and for (ii) is probably that many young people present without any symptoms, even if they are infected.
- “Difficult-to-contain” cluster: It is defined as a cluster that is difficult to contain because an infected patient had contact with many and unspecified people, making it hard to realize which persons had close contact with the patient. Examples include clusters at restaurants or nightclubs with hospitality services.

Action No. 1 Further cluster control (continued)

Specific actions

- (1) Take effective and efficient measures according to the characteristics of each cluster.
 - **Restaurants/nightclubs with hospitality services:** Promptly and surely proceed with the measures that have been proposed by the Working Group for Measures to Prevent the Spread of Infection in Entertainment Districts in Large Cities and summarized at the 13th Meeting of the Subcommittee (October 29, 2020) (e.g., the establishment of networks based on the relationship of trust, and the expansion of a consulting/testing system), expanding its target to other entertainment districts in local cities.
 - **Communities of foreigners:** Support for communities of foreigners, and promotion of information provision and a consulting system in multiple languages and easy Japanese through multiple channels. For this purpose, collaboration with the embassy of each country, publicity activities by local governments, and cooperation with other organizations having networks and experience with communities (e.g., International Associations, NPOs and NGOs) are required.
 - **Higher education institutions (e.g., universities and professional schools):** Concerning higher education institutions, clusters have been observed at drinking parties, dormitories, and other extracurricular activities rather than the classes as such. It is extremely important to achieve both infection prevention and to secure opportunities to learn. For this purpose, local governments should cooperate with the relevant organizations such as the health care centers providing advice for university students, etc. in the region to promote awareness raising with regard to infection prevention and speedy sharing of information when cluster infections occur. In addition, efforts should be taken so that people can promptly access medical consultations/examinations when necessary.
 - **Workplace:** Concerning the workplace, clusters have been also observed at drinking parties after work, and rest places (e.g., smoking section) rather than the working place itself. Business operators should therefore pursue infection prevention measures more strictly in cooperation with industrial physicians, etc. In particular, they should take measures so that sick persons can take time off from work, and promptly cooperate with public health centers when the occurrence of cluster infection is suspected.
- (2) To detect “difficult-to-detect early” clusters, a system to detect an unusual situation of unclear cause is required. This should be called “abnormal event detecting surveillance” and is also recommended as event-based surveillance (EBS) internationally. Local governments should therefore utilize an existing council on novel coronavirus disease control in each prefecture, etc. and cooperate with other organizations such as facilities for elderly persons and medical facilities. The (Nursery) School Absenteeism/Infectious Disease Surveillance System, and a system for analyzing data on SNS, etc. should also be utilized.
- (3) Promptly establish a system to speedily share information among local governments and with the national government on (i) the onset date of infection, (ii) the latest information on the occurrence status of clusters, and (iii) the best examples of cluster control, which have frequently been pointed out.

Action No. 2 Information provision in an interactive way

Background

We repeatedly sent out messages that the 3 Cs and speaking loudly increase the risk of infection. We have recently also proposed the “5 High-risk Scenes” and the “Ways to Enjoy Eating or Drinking Together while Reducing the Risk of Infection” to the government. Based on the recent infection status, however, it is possible that these messages have not always been delivered sufficiently to modify people’s actual behavior or maintain their modified behavior.

Specific actions

- (1) Notify people, especially young people and participants of drinking parties (including year-end and new-year parties), of the “5 High-risk Scenes” and the “Ways to Enjoy Eating or Drinking Together while Reducing the Risk of Infection” (e.g., remove a mask only when eating/drinking and wearing it during conversation), etc. in a way that attracts their interests. In doing so, utilize various media including SNSs (e.g., video posting site).
- (2) Provide information after understanding the possible feelings or reactions of recipients. Then, survey the effect and impact of the information, and make use of its result for the next provision.

Action No. 3 Reliable implementation of infection prevention measures at stores, workplaces, etc.

Background

While the development of guidelines by industry type has been proceeded on site, clusters are still observed.

Specific actions

- (1) Business operators should consider where the “5 High-risk Scenes” specifically exist at their own shops or workplaces and implement the guidelines by industry type on site without fail. In such cases, the relevant organizations such as the local government and local shopping district association should cooperate with them. The effectiveness of guidelines by industry type should be further improved based on past experience and new knowledge.
- (2) For infection prevention measures in cold regions during the winter (e.g., ventilation), specific guidelines should be presented (e.g., carbon dioxide level should be monitored, especially at restaurants).

Action No. 4 Reinforcement of efforts associated with the resumption of international traffic

Background

During the course of gradually resuming interactions with overseas countries, we should simultaneously implement joint quarantine measures and local infection control.

It is extremely hard for public health centers to individually monitor the health condition of people who have entered each region in Japan because they have to handle such people in multiple languages. Increased numbers of people to follow up lead to a huge administrative burden and interfere with the operations of public health centers. In addition, increased numbers of infected patients from overseas require more beds.

Specific actions

- (1) To simultaneously implement joint quarantine measures and local infection control, the government should (i) promptly organize and publicize information such as the number of quarantined persons as well as the numbers of persons who were tested and who tested positive by country/region where they stay at quarantine stations, and (ii) speedily provide information related to quarantine to local governments.
- (2) The government should immediately discuss a system to support the follow-up of foreigners in local governments. In addition, basic information on health monitoring, etc. should be provided in multiple languages during quarantine.
- (3) Support for medical facilities that accept foreigners, etc. should be reinforced.

Action No. 5 Promotion of genetic analysis to assess infection control

Background

Investigation of the viral gene sequence is effective to detect the origin of infection in regions where the situation concerning the spread of the infection is unclear. The number of cases where the link of the infected patient cannot be tracked in the region is increasing. Recently, cluster infections in communities of foreigners have also been reported by several prefectures. While some of them are found to be caused by domestically derived coronavirus, many of them are caused by coronavirus of uncertain origin.

Specific actions

- (1) Investigation of the viral gene sequence is not only effective to detect the origin of a cluster, but also to assess infection control. Therefore, (i) make sure to send samples to the National Institute of Infectious Diseases via the Public Health Institute or (ii) analyze the genetic sequences at the Public Health Institute and share the results with the National Institute of Infectious Diseases, and (iii) share field epidemiological information at the same time.

[Conclusion]

1. In addition to the above 5 actions, the following proposals have been made at the subcommittee so far:
 - Dispersing the New Year holidays,
 - Promoting small-scale, decentralized travel, and
 - Reinforcing public health center functions and the medical care provision system.Needless to say, it is essential to further promote these actions.
2. If the national or local government considers that the infection status has reached at least Stage III, which was proposed at the 5th Meeting of the Subcommittee (August 7, 2020), while taking the above 5 actions, we need to take stronger measures, such as setting a certain level of restrictions on social and economic activities. To avoid such a situation, citizens should pursue measures together.