

○ Trends in the number of new infections

- ✓ The infection has continued to spread at restaurants with hospitality services, and through eating and drinking with friends and acquaintances, mainly in urban areas, but it is also spreading in rural areas.
- ✓ The number of new infections is increasing nationwide, and is increasing rapidly in some areas.
  - Cumulative number of infected persons per 100,000 population per week (from July 30 through August 5)  
Nationwide: 7.33 (9,248), Tokyo: 17.41 (2,424), Aichi: 14.38 (1,086), Osaka: 14.37 (1,266),  
Fukuoka: 16.58 (846), Okinawa: 30.32 (439)
  - Percentage of cases with unknown routes of infection (from July 25 through 31)  
Nationwide: 52%, Tokyo: 59%

○ Trends in the number of hospitalized patients

- ✓ The number of inpatients is increasing, as is the ratio of the number of inpatients to the number of hospital beds secured for those patients (shown in parentheses).
  - Number of inpatients (as of July 28; August 5 for Tokyo): Nationwide: 4,034 (20%), Tokyo: 1,475 (45%), Aichi: 195 (39%),  
Osaka: 534 (42%), Fukuoka: 183 (37%), Okinawa: 83 (37%)
- ✓ On the other hand, the number of severely ill patients is currently low, but is gradually increasing. The ratio of the number of severely ill patients to the number of hospital beds secured for severely ill patients (shown in parentheses) is also gradually increasing.
  - Number of severely ill patients (as of July 28; August 5 for Tokyo): Nationwide: 92 (4%), Tokyo: 21 (5%), Aichi: 2 (7%),  
Osaka: 13 (7%), Fukuoka: 5 (8%), Okinawa: 2 (5%)

○ Test System

- ✓ In the last week, the number of test cases increased by 48%. The percentage of positive tests also increased to 6.7% (+0.7% points from the previous week), which is lower than when the state of emergency was declared (8.8% during the period from April 6 through 12); however, some local governments report a sharp increase.
  - Number of tests (from July 27 through August 2): Nationwide: 127,700 (+48%), Tokyo: 32,605 (+36%), Aichi: 5,661 (+92%),  
Osaka: 11,287 (+42%), Fukuoka: 10,312 (+95%), Okinawa: 3,433 (+143%)
  - Percentage of positive tests (from July 27 through August 2): Nationwide: 6.7% (+0.7% points), Tokyo: 7.0% (-0.7% points),  
Aichi: 18.5% (+3% points), Osaka: 11.1% (+1.4% points),  
Fukuoka: 7.4% (-0.3% points), Okinawa: 9.5% (+6.6% points)
- ✓ The average number of “onset-diagnosis days” declined, then leveled off.
  - Average number of “onset-diagnosis days” (from July 13 through 19): Nationwide: 5.2, Tokyo: 5.2  
\*Mid-April (from April 13 through 19): Nationwide: 7.6, Tokyo: 9.0

# Evaluation of the Current Situation of Infection, etc.

- Mainly in urban areas, the infection is continuing to spread at restaurants with hospitality services, and through eating and drinking with friends and acquaintances; however, the infection is also spreading in rural areas. The speed of the spread of infection is close to that observed in March and April due to its rapid spread in some areas, which is an alarming situation.
- On the other hand, since the infection is continuing to spread mainly among the younger generation, which differs from the situation in March and April, the ratio of hospitalized or severely ill patients remains low, compared to the number of infected people. However, the infection is gradually spreading to middle-aged persons and the elderly, and the number of severely ill patients is gradually increasing.
- With respect to the fact that the increase in the number of severely ill patients is moderate compared to the increase in the number of infected people, in addition to the increasing trend for infection among the younger generation, it is considered that early diagnosis has become possible, and treatments that contribute to the prevention of aggravation may have certain effects. However, at the present time, sufficient evidence has not been obtained and further analysis is required.
- With respect to the route of infection, etc., in those areas where there is an increasing number of infections, the proportion of infected persons with an unknown route of infection remains at a high level. Furthermore, infections in homes, medical institutions, elderly care facilities, etc. have continued to be reported.
- In addition, clusters have thus far been detected mainly in places such as restaurants with hospitality services, Japanese-style bars (*Izakaya*), and office meetings, where the “3Cs” (closed spaces, crowded places, and close contact settings) overlap and people talk in a loud voice.
- For the above reasons, in order to prevent the spread of infection, it is strongly required to continue to take basic infection control measures, such as avoiding environments where the “3Cs” overlap and people talk in a loud voice, wearing a mask indoors, thorough physical distancing, and thorough ventilation.
- At present, if such basic infection control measures are taken, it is unlikely that the infection will be spread via shopping at nearby supermarkets, using public transportation when commuting, working in the office, or the like.
- On the other hand, continued outbreaks and increases in the number of new infections have already adversely affected public health centers and medical institutions, and there are concerns regarding the tightness of the medical care provision system in some areas. This situation requires prompt measures to reduce the number of new infections, in order to reduce the burden on the public health system and the medical care provision system. This trend has been seen in some prefectures.
- It is necessary to continue to monitor and evaluate the situation of infection, and to promptly ensure a sufficient medical care provision system, for example, by expanding the number of hospital beds and securing accommodation and medical treatment facilities. In addition, if it is difficult to provide medical care using these facilities, based on the number of persons to be accepted, etc., it will be necessary to promptly inspect the status of the medical care provision system, including examination and development of a system to ensure that patients with mild symptoms or who are asymptomatic, and present a low risk of serious illness receive appropriate medical care at home (including the response when a patient’s physical condition deteriorates, as well as the provision of meals).