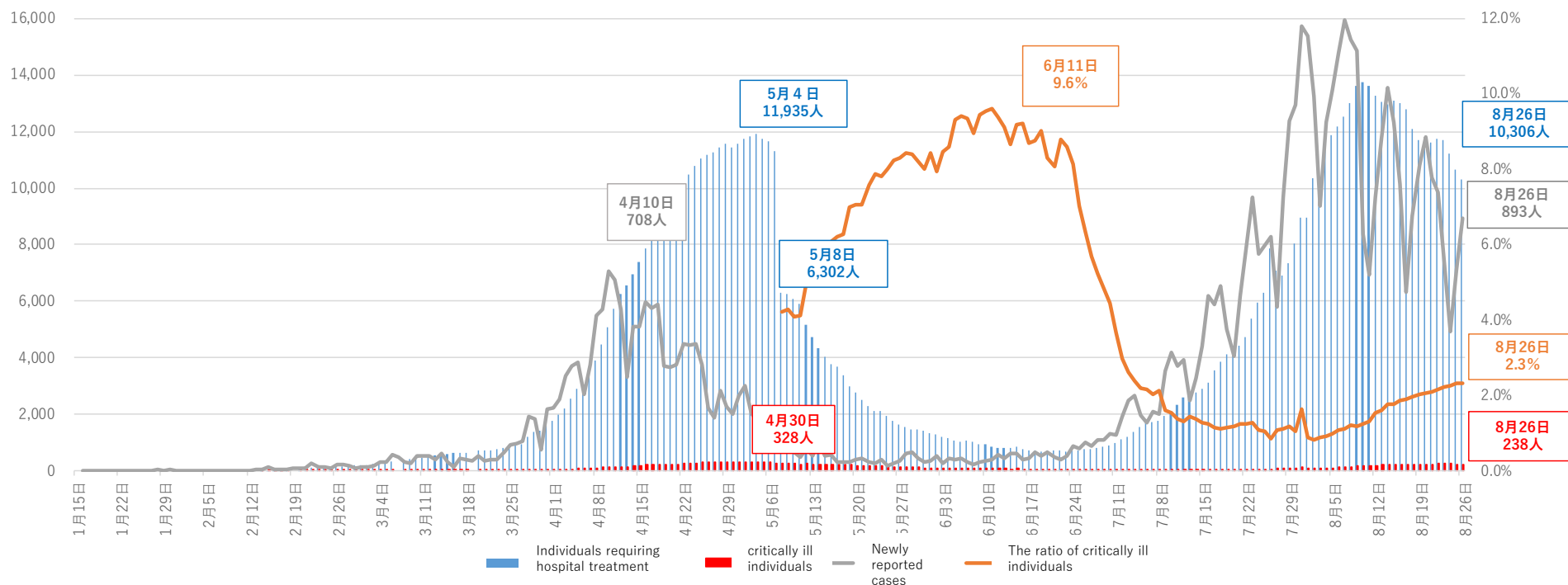


Changes in the number of individuals requiring hospital treatment, critically ill individuals, and newly reported cases etc.

The number of individuals requiring hospital treatment, critically ill individuals, and newly reported cases

The ratio of critically ill individuals (%)



※1 Domestic cases excluding charter flights. Since May 8, 2020, the data source has been changed from the accumulation of individual data that the Ministry of Health, Labor and Welfare compiled to the accumulation of the numbers announced on the website by each local government.

※2 The ratio of critically ill individuals is calculated from May 8, when the counting method was changed. The ratio of critically ill individuals is the proportion of critically ill individuals among those who require hospital treatment.

※3 When making comparisons, note that the scale on display differs between those who use inpatient treatment/critically ill individuals and the number of newly reported cases (The number of newly reported cases is shown magnified 10 times).

※4 The numbers of critically ill individual in Tokyo, Shiga, Kyoto, Fukuoka, and Okinawa are calculated using the numbers announced based on the prefecture's own standards and do not include patients who need to be managed in the intensive care unit (ICU).

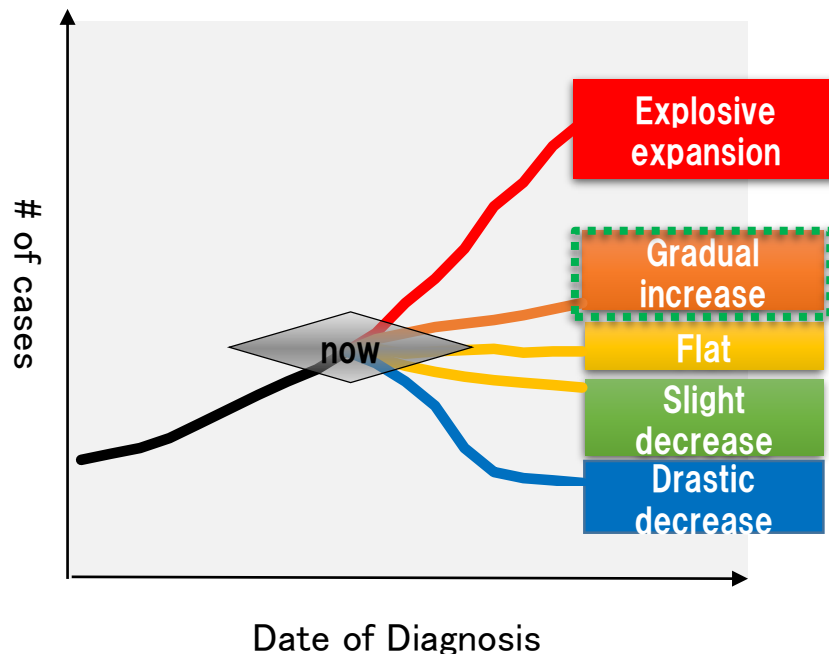
Basic strategy to balance social and economic activities with measures for the infectious disease: a proposal for the government

Aim : Within the limit of balancing medical/public health/economic activities,

- ① contain infection to stay within the manageable level and minimize the number of deaths and the number of patients in critical condition.
- ② take prompt actions and get the new infections trend decreasing as soon as possible.

Basic Strategy :

1. Cooperate with individuals and business operators and build a society that is resistant towards infection.
2. Early containment of mass infection.
3. Prevent critical cases while offering appropriate medical treatment for those who are in such condition.



[Measures to be taken immediately at this point : Proposal for the government]

- ① Evaluate risks promptly in order to come up with practical measures for the infection.
- ② Early containment of infection clusters
- ③ Thorough implementation of basic preventive measures such as **avoiding 3 C's** (closed spaces, crowded places and close-contact settings)
- ④ Support public health centers and strengthen the medical care system.
- ⑤ Implement appropriate border measures.
- ⑥ Take human rights and social issues into consideration.
- ⑦ Consider institutional structures and efficient utilization of financial resources.

Aim : Within the limit of balancing medical/public health/economic activities,

①contain infection to stay within the manageable level and minimize the number of deaths and the number of patients in critical condition.

②take prompt actions and get the new infections trend decreasing as soon as possible.

※ When considering the infection situation and countermeasures, it is necessary to consider the difference between large urban areas and rural areas.

Stage I

Stage where outbreak of infected persons are sporadic and there is no particular hindrances to medical care system

Stage II

Stage where the number of infected persons increases gradually and the load on medical care system starts to accumulate

Frequent outbreak of mass infection under circumstances such as 3 C's, and, as a result, **gradually, the number of infected persons and those in critical conditions increases**. Because of the situation, **the load on public health care center increases**. While patients other than those infected with Covid-19 have to be treated as well, **the load on medical care system accumulates**

Stage III indicators

Stage III

Stage where measures need to be taken to prevent rapid increase of infected persons and large hindrances to medical care system

Compared to Stage II, mass infection takes place in wider areas and more often. **There is rapid increase of infected persons and the load on the medical care system for Covid-19 patients increases. Some measures are also needed in order to maintain regular medical services for patients other than Covid-19.**

Stage IV indicators

Stage IV

Stage where measures are needed to avoid explosive spread of infection and serious breakdown of medical care system.

Serious and large-scale mass infections take place between the hospitals etc. **Due to explosive spread of infection**, many older people and people at high risk are infected, and the number of deaths and the patients in critical condition increase. **Some measures are needed to avoid breakdown of public health and medical care system.**

Indicators and approximate benchmarks

The following indicators are approximate benchmarks, and the central government or prefectures should comprehensively judge these indicators rather than making an automatic decision. Also, we expect that prefectures would independently and proactively take actions.

	Load on medical system			Monitoring system	Status of infection			
	① Availability of hospitals beds		② Number of people in recuperation		③ PCR test positive ratio	④ Number of newly reported cases	⑤ Change between the past week and the week before	⑥ Unknown infection route ratio
	All	For critical infections						
Indicators for Stage III	<ul style="list-style-type: none"> Occupancy rate: 1/5 or more of maximum secured beds Occupancy rate: 1/4 or more of secured beds available at the moment <p><small>*Maximum secured beds refer to the number of beds that the prefecture is trying to secure for peak times. *Secured beds available at the moment refer to the number of beds currently secured by the prefecture in coordination with medical institutions. If there is a possibility that additional beds can be secured in the near future, they will be added.</small></p>	<ul style="list-style-type: none"> Occupancy rate: 1/5 or more of maximum secured beds Occupancy rate: 1/4 or more of secured beds available at the moment 	<p><u>15 per 100,000 or more</u></p> <p><small>* In recuperation: includes those in hospital and at home or hotel</small></p>	10%	15 per 100,000 or more in one week	More cases in the last week than the week before	50%	
Indicators for Stage IV	<ul style="list-style-type: none"> Occupancy rate: 1/2 or more of maximum secured beds 	<ul style="list-style-type: none"> Occupancy rate: 1/2 or more of maximum secured beds 	<p><u>25 per 100,000 or more</u></p> <p><small>* In recuperation: includes those in hospital and at home or hotel</small></p>	10%	25 per 100,000 or more in one week	More cases in the last week than the week before	50%	

(Red: matters to be considered for stage III / Black: matters engaged in stages I & II, to be strictly enforced for stage III)

We request that the following measures be enacted in accordance with specific regional situations considered, such as limiting measures to specific areas within the prefecture. Depending on the situation, it is also important to consider the implementation of such measures proactively, prior to reaching stage III.

Reduce contact opportunities by prioritizing the focus of measures

【Businesses】

(Measures for stage III)

- **Request closures of restaurants serving alcoholic beverages that do not comply with the guidelines.**
- **Reconsider hosting of events.**
- **Restrict admissions for popular tourist attractions.**
- **Require installation of contact-tracing apps for events, planned trips, etc.**
- **Limit entry for restaurants.**

(Measures to strictly enforce for stage III)

- Further disseminate COCOA and other regional tracing apps.
- Proactively intervene and provide guidance at high-risk locations (strong requests for testing, enforce countermeasures for cluster-stricken venues, etc.).
- Further promote teleworking measures.

【Individuals】

(Measures for stage III)

- **Request self-discipline against going out at night and to restaurants that serve alcohol.**
- **Limit entry for restaurants.**
- **Limit travel across prefectural borders into regions with rising infections, especially when prevention measures are not thorough (such as youth groups).**

(Measures to strictly enforce for stage III)

- Targeted simple messaging through appropriate media.
 - High-risk individuals (senior citizens, etc.): ensure avoidance of 3 C's while promoting safe activities.
 - Middle-aged: Ensure prevention at offices, avoid parties, etc.
 - Youth: Ensure prevention during club activities, avoid parties, etc.
 - Medical/Healthcare personnel: Avoid high-risk locations.

【National/Regional Government bodies】

(Support Public Health Centers "hokenjo")

- Prioritize and streamline cluster countermeasures.
- Provide staff and wide-area adjustments.
- Further relief of load on public health centers.

(Support Medical Care and Public Health systems)

- Acquire additional hospital beds, lodging and recuperation venues (use of public facilities, etc.).
- Proactive disclosure of medical care data, including of beds for severely ill cases.
- Disclosure of infections by category of symptoms.
- Preparation of temporary medical facilities.
- Admission of patients across prefectural borders.
- Priority admission for high-risk patients, such as senior citizens. (clarify guidelines for home-recuperation and appropriately administer to low-risk patients when hospitalization is difficult)
- Administer required testing swiftly at medical facilities in specific regions with increasing cases.
- Administer testing for individuals and related groups in specific regions with increasing cases.

(Border policy)

- Continue implementation of appropriate border policies.

(Other critical matters)

- For risk communications, provide the public with convincing situational analyses, while continuing front-line communications and clear messaging.

Comparison of first and second wave patient characteristics

	First wave (1/16-5/31)	Second wave (6/1-8/19)
Number of infected individuals	16,784	41,472
Ratio of individuals 70 years old or older	20.3%	8.8%
Ration of patients with pneumonia at the time of notification of test results	8.6%	4.0%
Days from onset to notification of test results (Median)	7 days	5 days
Number of deaths	900	219
Ratio of death in individuals 70 years old or older	84.6%	83.6%
Fatality rate* of infected individuals		
Crude fatality rate for all ages	6% (5.6-6.4)	4.7% (4.4-4.9)
Individuals 70 years old or older	25.1% (23.5-26.6)	25.9% (24.4-27.3)
Individuals 50-69 years old	2.8% (2.3-3.3)	3.1% (2.6-3.6)
Individuals younger the 50 years old	0.1% (0.0-0.1)	0.0% (0.0-0.0)

The value in the table is based on the data published by local governments.

*Fatality rate is calculated by adjusting the period from onset to death. Note that this is different from the cumulative number of deaths divided by the cumulative number of infected people. The rate is the average value of 7 days immediately before the end of observation in each period.

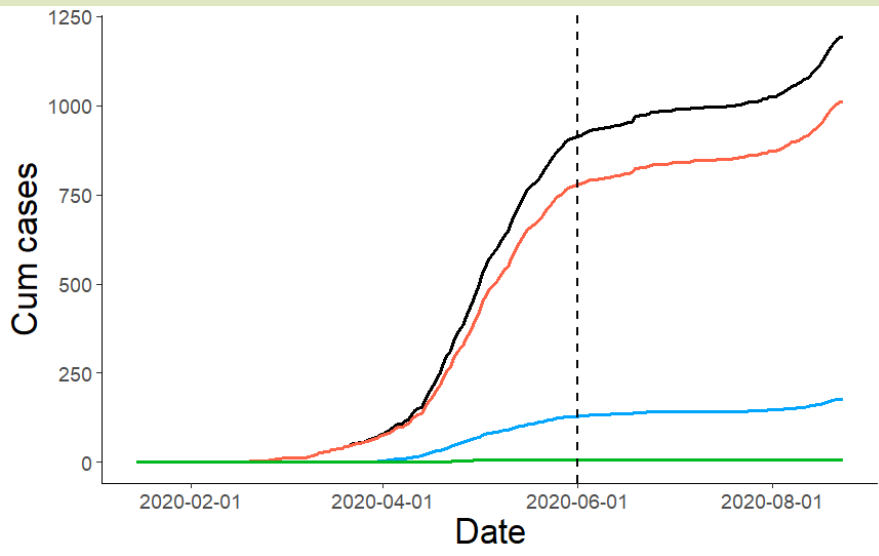
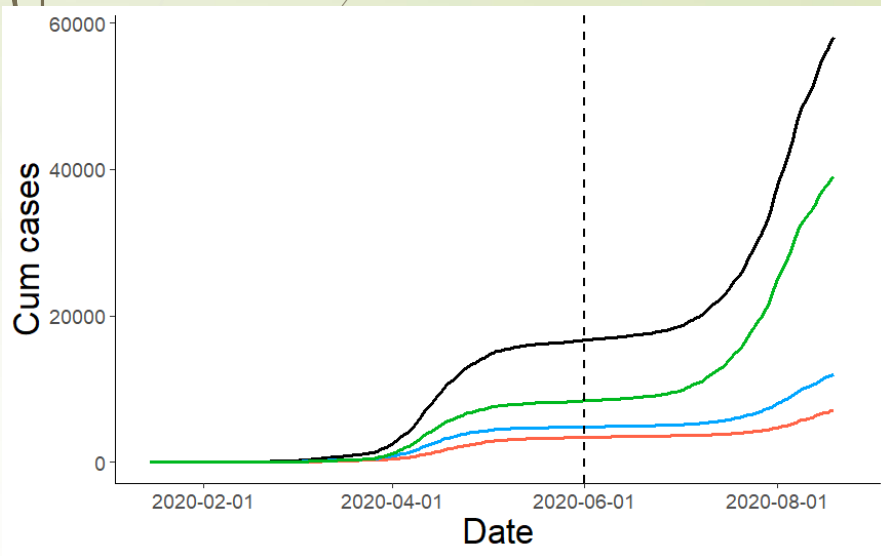


Changes in the cumulative number of infected individuals and the cumulative number of deaths

The cumulative number of infected individuals

Black=All ages
Red=70 years old or older
Blue=50-69 years old
Green=0-49 years old

The cumulative number of deaths



- The pandemic situation was improved from the state of emergency in April, while socio-economic activities have been deeply impacted.
- 80% of those infected have not spread the virus. Further, 80% of infected persons recover with mild or no symptoms, while 20% have faced worsening of pneumonic symptoms. Worsening of symptoms is rare in younger patients, while it has been discovered that persons 65 or older and those with pre-existing conditions are at a higher risk worsening symptoms.
- With the insight gained so far, it has been deemed possible to continue with socio-economic activities, while suppressing the number of severe patients and deaths, by implementing measures flexibly based on locational and situational risks.
- Therefore, we will thoroughly implement preventative measures for high-risk individuals, such as senior citizens and persons with pre-existing conditions, and focus medical resources to persons with severe symptoms, while also securing and expanding on testing and medical care provision in view of the influenza season >> outline a roadmap balancing pandemic prevention and socio-economic activities

1. Revision of the authority around hospitalization recommendations per the Infectious Disease Law

- Ensure hotel (home when appropriate) recuperation for those with mild or no symptoms and focus medical resources to persons with severe symptoms. Ensure flexibility in the revision of authority relating to the Infectious Disease Law

2. Sweeping expansion of testing schemes

- Establish simplified and swift testing schemes for regional medical institutions in view of the influenza season. Increase antigen testing kit capacity (appx. 200,000/day)
- Implement blanket and periodical testing for all medical workers in regions facing mass infections
- Government support for municipalities on requested testing of senior citizens over a certain age
- Establish an ecosystem allowing for testing by personal request

3. Securing medical care provision

- Secure budget from October for hospital beds / lodging for clients
- Further support ensuring stable management of medical institutions
- Provide further support to stabilize regional medical provision and establish a system whereby family doctors can be utilized for discussion and diagnostics in preparation of the influenza season.
- Enable support by other prefectures and the Self-Defense Force for regions facing tight hospital bed / lodging situations

4. Remedies and Vaccines

- Secure provisional supplies for medicines and support research and development for vaccines
- Secure enough vaccines for the entire nation (by mid 2021)
- Secure vaccination in all regions, health damage relief, etc.
- Establish legislative measures for the nation to compensate manufacturers, etc. due to health damages

5. Maintenance of the Public Health Center “hokenjo” scheme

- Dispatch scheme of public health nurses across municipalities
- Establish HR banks to register public health nurses in each prefecture
- Financial considerations aimed at permanently strengthening staff organization for public health centers

6. Maintenance of epidemic crisis management systems

- Coordination of the National Institute of Infectious Diseases and National Center for Global Health and Medicine to establish a system to promptly evaluate and disseminate information on the severity of epidemics
- Develop a system to educate and register field epidemiologists that can be dispatched by government request

7. Expansion of testing relating to international travel

- Secure testing capacity of 10,000 persons per day for entries into Japan at Narita, Haneda and Kansai airports (September)