

TOKYO iCDC

Tokyo Center for Infectious Diseases Prevention and Control

The expertise that supported Tokyo's COVID-19 response

—A new system adopted by Tokyo to address
the threat of infectious diseases—

Review of Tokyo iCDC Activities from October 1, 2020

Response to COVID 19 (Novel Coronavirus) after the classification change

The Infectious Diseases Control Law classifies infectious diseases into Class 1 through 5 based on their infectiousness and severity, in which measures that the government can take to prevent the spread of infections differ.

COVID-19 was categorized as “the Novel Influenza and other diseases category”, which is equivalent to Class 2. However, starting from May 8, 2023, it is reclassified as Class 5.

Japan’s infection control measures change from those based on the government’s requests and interventions to ones that is based on the voluntary efforts of individuals, respecting individuals’ choices.

Reference:Minister of Health, Labour and Welfare

https://www.mhlw.go.jp/stf/covid-19/kenkou-iryousoudan_00006.html

· This document consists of reproduced materials including information on the contents of initiatives at the time when they were announced, materials that were reported at meetings, etc., and published materials.

There may therefore be differences from analyses conducted using the latest data, and there may be descriptions of initiatives that have already been completed.

- The terms and expressions used in this document may not always be consistent.
- Contact information (such as telephone numbers) printed in brochures, etc. has been omitted, as it may no longer be in use.
- Please refer to the URLs listed for further details on various initiatives.

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Introduction

Tokyo iCDC: An Intelligence Network Connecting Experts



Koike Yuri,
Governor of
Tokyo

The Tokyo Metropolitan Government launched Tokyo iCDC on October 1, 2020, to bolster its infectious disease response. This organization's strengths lie in the scientific knowledge, rich experiences, and close networks of the distinguished members of the Expert Board.

Since the first case was confirmed in Tokyo, the battle against COVID-19 raged for some 1,200 days, during which time Tokyo overcame numerous waves of infection by presenting a united front.

This long fight against the virus was an

ongoing process of trial and error as we sought to protect the lives and health of the people of Tokyo. Throughout it all, it was none other than the sound advice and dedicated cooperation of the experts at Tokyo iCDC that pointed us in the right directions.

With the reclassification of COVID-19 as a Class 5 disease, which includes less severe infectious diseases such as seasonal influenza, response is now entering a new stage. But the threat against humanity, which has come up against various infectious diseases throughout its history, is not just the coronavirus, but any unknown virus that can emerge at any time. We need to evolve into a resilient city that will not be swayed by new infectious diseases. The foundation for a sustainable recovery from a crisis is the knowledge and experience accumulated during difficulties, at times, while groping in the dark.

The Tokyo Metropolitan Government, together with the experts at Tokyo iCDC, will continue to work incessantly to fortify preparations for infectious diseases and ensure the safety and security of all Tokyo residents.

July 2023
Koike Yuri
Governor of Tokyo



Kaku Mitsuo,
Director of
Tokyo iCDC

Infectious diseases have no borders, and their spread is accelerated by the active movement of people.

As an illness that can be contracted by everyone, infectious diseases pose a threat to not just individuals, but for all of society. That is why the establishment of a social network for information sharing, cooperation and collaboration, and risk communication is a major key in implementing infectious disease response.

In particular, the presence of experts who can provide advice and assistance based on

the latest information, scientific knowledge, and expert opinion on infectious diseases is crucial.

Tokyo iCDC, as a new organization that serves as a center for effective infectious disease response, has been providing advice concerning the infection situation in Tokyo and its various stages. These efforts are supported by an innovative approach in which an intelligence network consisting of over 80 experts provides support and cooperation in building a social network for Tokyo's response to infectious diseases.

This is a compilation of the major initiatives taken to support the Tokyo Metropolitan Government's COVID-19 response since the launch of Tokyo iCDC. Its aim is to provide a valuable record of knowledge and experience that will help the Tokyo Metropolitan Government realize its goal of achieving a sustainable recovery.

Here, we wish to share our three-year experience in dealing with the COVID-19 pandemic, what could be called a once-in-a-century crisis, in order to prepare for any risk presented by new infectious diseases emerging in the future.

July 2023
Kaku Mitsuo
Director of Tokyo iCDC

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Tokyo iCDC Expert Board Member List

Chair: Kaku Mitsuo (Specially Appointed Professor, Tohoku Medical & Pharmaceutical University; Professor Emeritus and Visiting Professor, Tohoku University School of Medicine: Director of the Tokyo iCDC)

***As of June 29, 2023** * Occupational titles are omitted
***The first person listed is the team leader; the names thereafter are listed in Japanese alphabetical order**

Epidemiology and Public Health Team

Nakashima Kazutoshi (Daito Bunka University)
Taniguchi Kiyosu (Mie National Hospital)
Nishida Atsushi (Tokyo Metropolitan Institute of Medical Science)
Suzuki Motoi (National Institute of Infectious Diseases)
Nishiura Hiroshi (Graduate School of Kyoto University)

Microbiological Analysis Team

Hasegawa Hideki (National Institute of Infectious Diseases)
Kohara Michinori (Tokyo Metropolitan Institute of Medical Science)
Kouichi Morita (Nagasaki University)
Yoshimura Kazuhisa (Tokyo Metropolitan Institute of Public Health)
Katayama Kazuhiko (Kitasato University)
Matsuyama Shutoku (National Institute of Infectious Diseases)
Sato Kei (Institute of Medical Science, University of Tokyo)

Infectious Disease Medical Treatment team

Ohmagari Norio (National Center for Global Health and Medicine)
Imamura Akifumi (Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital)
Yotsuyanagi Hiroshi (Advanced Clinical Research Center, University of Tokyo)
Ishida Tadashi (Kurashiki Central Hospital)
Nagai Hideaki (National Hospital Organization Tokyo National Hospital)

Research and Development Team

Ohge Hiroki (Hiroshima University Hospital)
Imoto Seiya (Institute of Medical Science, University of Tokyo)
Suzuki Tadaki (National Institute of Infectious Diseases)
Yano Hisakazu (Nara Medical University)
Inoue Tsuyoshi (Graduate School of Osaka University)
Takeya Hiroshi (Graduate School of Osaka Metropolitan University)
Miyata Hiroaki (Keio University)

Testing and Diagnosis Team

Miyachi Hayato (Nitobe Bunka College)
Mikamo Hiroshige (Graduate School of Aichi Medical University)
Ishii Yoshikazu (Toho University)
Yanagihara Katsunori (Graduate School of Nagasaki University)

Human Resources Development Team

Kaku Koki (National Defense Medical College)
Shibuya Chie (Japanese Nursing Association)
Takemura Hiromu (St. Marianna University School of Medicine)
Nakamura Shigeki (Tokyo Medical University)
Izumikawa Koichi (Nagasaki University Graduate School of Biomedical Sciences)
Takahashi Satoshi (Sapporo Medical University)
Tomono Kazunori (Osaka Institute of Public Health)

Risk Communication Team

Nara Yumiko (Open University of Japan)
Tanaka Mikihiro (Faculty of Political Science and Economics, Waseda University)
Osaka Ken (Graduate School of Tohoku University)
Muto Kaori (Institute of Medical Science, University of Tokyo)

Information Management Team

Takahashi Kunihiko (Tokyo Medical and Dental University)
Kamigaki Taro (National Institute of Infectious Diseases)
Yazawa Tomoko (Graduate School of Tokyo Medical and Dental University)
Ohmagari Norio (National Center for Global Health and Medicine)
Saito Tomoya (National Institute of Infectious Diseases)
Yoshida Makiko (Tohoku Medical And Pharmaceutical University)

Infection Prevention and Control Team

Matsumoto Tetsuya (International University of Health and Welfare)
Kunishima Hiroyuki (St. Marianna University School of Medicine)
Sugawara Erisa (Graduate School of Tokyo Healthcare University)
Yoshikawa Toru (National Institute of Occupational Safety and Health)
Kanemitsu Keiji (Fukushima Medical University)
Gu Yoshiaki (Graduate School of Tokyo Medical and Dental University)
Mitsutake Kotaro (Saitama Medical University)

External Advisors

Kawaoka Yoshihiro (Institute of Medical Science, University of Tokyo)
Tanaka Koichi (Shimadzu Corporation)
Miyasaka Masayuki (Immunology Frontier Research Center, Osaka University)
Tateda Kazuhiro (Toho University)
Wakita Takaji (National Institute of Infectious Diseases)
Michael Bell (U.S. CDC)

The Tokyo Metropolitan Government's Infectious Disease and Health Crisis Management System Following COVID-19's Reclassification as a Class 5 Infectious Disease

(Image of the relationship between Tokyo iCDC and relevant organizations)

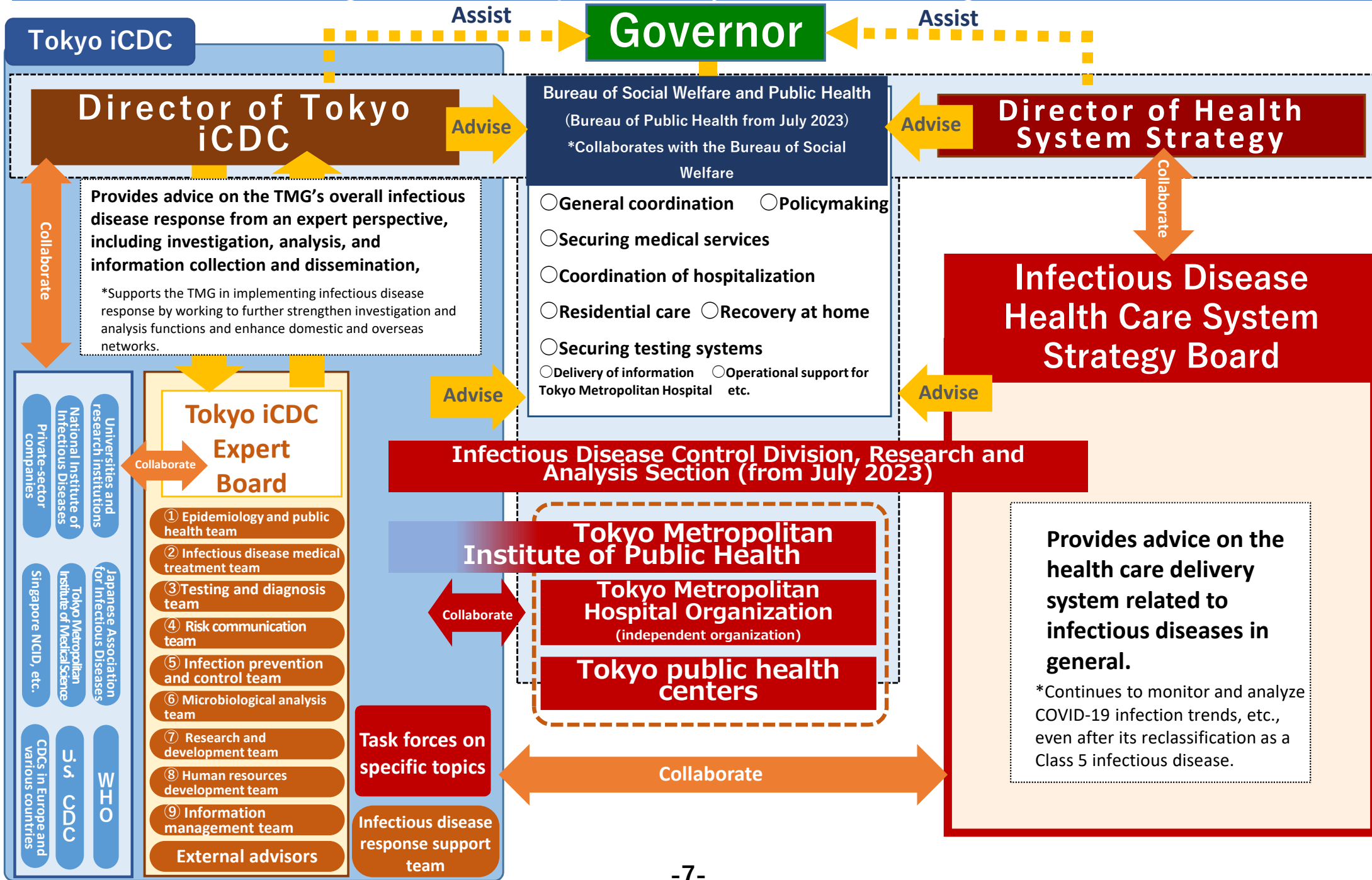


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Discussions of the Working Group for 2nd Wave Measures (until the launch of the Tokyo iCDC)

- The concept of a “Tokyo version” of the CDC was discussed at the Working Group for 2nd Wave Measures (*1)

In view of the experience of the first wave of COVID-19 infections and the lessons learned, along with taking all possible measures against the 2nd wave, on June 15, 2020 TMG held the **Working Group for 2nd Wave Measures** to expand its infectious disease countermeasures. Five meetings were held with experts to discuss the organizational structure, the testing system, and the system for providing health care.

Based on these discussions, TMG formulated the concept for a “Tokyo CDC” (draft). The steps to realize this concept (※2) were outlined.

(*1) Working Group for 2nd Wave Measures

【Members】*As of July 31, 2020

Experts	Tokyo Medical Association Vice President Inokuchi Masataka National Institute of Infectious Diseases Infectious Diseases Surveillance Center Chief Research Officer Hajime Kamiya National Center for Global Health and Medicine AMR Clinical Reference Center Chief of the Education and Information Division Yoshiaki Gu National Institute of Public Health Department of Health Crisis Management Chief Senior Researcher Tomoya Saito Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital Director of the Clinical Laboratory Department Noritaka Sekiya
Government agency	Head of the Shinjuku City Public Health Center
TMG	Deputy Governor, head of the Bureau of Social Welfare and Public Health, heads of bureaus in charge of health crisis management, technical advisors, heads of divisions related to the Bureau of Social Welfare and Public Health

【Main Matters Discussed】

1st meeting	Establishing systems for testing and provision of health care	4th meeting	Direction of initiatives for strengthening organizational response capabilities and for expanding systems for testing and provision of health care
2nd meeting	Monitoring indicators	5th meeting	Tokyo CDC concept
3rd meeting	Establishing systems for testing and provision of health care		Expanding systems for testing and provision of health care

(*2) Steps Leading to the Realization of the Tokyo CDC Concept

2020
August

Step ① Established preparatory organization



Discussions

October

Step ② Launched the CDC



Step-wise system development

2021
April

Step ③ Full-scale CDC operations



Further strengthening of functions

Discussions at the Preparatory Study Committee (until the launch of the Tokyo iCDC)

● The Tokyo CDC Preparatory Study Committee

In an effort to **strengthen measures against various infectious diseases** including COVID-19, TMG **established the Tokyo CDC Preparatory Study Committee*** on August 25, 2020 to **consider the formation of a hub charged with the integrated handling** of policymaking related to infectious diseases, crisis management, research, analysis, and evaluation, the gathering and disseminating of information, and other functions. To prepare for the October launch of the Tokyo CDC and to begin full-scale operations as soon as possible, concrete discussions were held on matters such as the Tokyo CDC's functions in ordinary times and during a crisis and the ideal form for the organization.

Prior to the establishment of the Tokyo CDC, a task force was launched to consider a system to prepare for potential simultaneous epidemics of COVID-19 and influenza. which was an urgent issue.

*Tokyo CDC Preparatory Study Committee

【Members】 *As of September 15, 2020

Experts	Tohoku Medical And Pharmaceutical University Faculty of Medicine, Division of Infectious Diseases and Infection Control Specially Appointed Professor Mitsuo Kaku (committee chair)
	National Institute of Infectious Diseases Wakita Takaji
	Toho University Faculty of Medicine Department of Microbiology and Infectious Diseases Professor Kazuhiro Tateda
	National Center for Global Health and Medicine Director of the Disease Control and Prevention Center Norio Ohmagari (deputy committee chair)
	Tokyo Metropolitan Cancer and Infectious Diseases Center Komagome Hospital Head of the Infectious Disease Department Imamura Akifumi
National Institute of Infectious Diseases Infectious Diseases Surveillance Center Chief Research Officer Hajime Kamiya	
Open University of Japan Faculty of Liberal Arts Professor Yumiko Nara	
Related associations	Tokyo Medical Association Vice President Tohru Kakuta
	Tokyo Medical Association Vice President Inokuchi Masataka
Government agencies	Ota City Public Health Center Infectious Disease Control Division Head, Tama-Tachikawa Public Health Center Head of the Health Measures Section
TMG	Deputy Governor, head of the Bureau of Social Welfare and Public Health, heads of bureaus in charge of health crisis management, technical advisors, heads of divisions related to the Bureau of Social Welfare and Public Health

【 Main Matters Discussed 】

1st meeting	<ul style="list-style-type: none"> • Sharing the overall image of the Tokyo version of the CDC • Review of the issues to be discussed • Confirmation of future schedule for considerations
2nd meeting	<ul style="list-style-type: none"> • Main opinions expressed in the first meeting • Direction for the Tokyo CDC • Expert Board and task forces • Initiatives at the time of launch

Launch and Functions of the Tokyo iCDC

● The launch of the Tokyo iCDC (October 2020)

Taking into account the discussions that took place at the Tokyo CDC Preparatory Study Committee, TMG formulated the Tokyo iCDC Concept in September 2020. The Tokyo iCDC was launched in October based on the concept.

Tokyo iCDC Concept (Outline)

【The Tokyo iCDC Idea】

- The iCDC provides **evidence-based advice** to the Governor as a **permanent command tower that integrally takes charge of** effective infection control measures.
- In ordinary times, the iCDC develops public health human resources and **strengthens its intelligence functions by building networks** with local governments, research institutions both in and outside of Japan.
- During a crisis, the iCDC leverages its intelligence functions to **respond rapidly and effectively**.

【Functions performed by the Tokyo iCDC】

Ordinary
Times

Rapid transition
Strengthened system

Crisis

- **Policymaking function**
Developing the system to prepare for a crisis, etc.
- **Research and analysis**
Joint research with the government, universities, and research organizations, network-building, etc.
- **Collecting and disseminating information**
Raising awareness, archiving data, etc.
- **Developing human resources**
Enhancing training programs, etc.
- **Crisis management function**
Policymaking, cluster countermeasures, preventing the spread of infection in hospitals and facilities, etc.
- **Research and analysis**
Putting together an analysis team integrating TMG and external researchers
- **Collecting and disseminating information**
Effective publicity to city residents, risk communication

● Functions performed by the Tokyo iCDC

- The Tokyo iCDC is a network of experts who conduct research, analysis, and the collection and dissemination of information in fields related to infectious disease.
- Based on the infection situation and the status of the healthcare system, the iCDC provides stage-specific advice from their perspective as experts.
- The iCDC advises on policy direction and individual initiatives, serving as the “command tower” for TMG’s overall infectious disease measures.

Establishment of the Expert Board, the Heart of the Tokyo iCDC

iCDC Expert Board

The **iCDC Expert Board** plays a central role in the Tokyo iCDC's provision of evidence-based advice and its network-building with local governments and research institutions in and outside of Japan. The Board has established teams for each area of expertise, **and is participated in by over 50 experts.** *9 teams as of June 2023.

When the Tokyo iCDC was launched in October 2020, four teams were established: the **epidemiology and public health team**, the **infectious disease medical treatment team**, the **testing and diagnosis team**, and the **risk communication team**. Thereafter, the **infection prevention and control team** was established in December of the same year, the **microbiological analysis team** and the **research and development team** in January 2021, and the **human resources development team** in March 2021.

In April 2021, the iCDC began full-scale operations with this eight-team structure. With the establishment of the **information management team** in October 2022, there are now nine teams. The Tokyo iCDC Expert Board also appoints six external advisors to provide knowledgeable advice on the matters being investigated and studied from an objective perspective.

iCDC Expert Board (Mission of Each Team)

Epidemiology and public health team

Analyze and assess infection risk based on epidemiological studies, give advice based on the infection situation and future projections, etc.

Infectious disease medical treatment team

Analyze cases and evaluate effective medical treatment of infectious diseases, including new treatment methods and measures to address post-COVID symptoms, etc.

Testing and diagnosis team

Evaluate and analyze methods of testing and diagnosis, consider the establishment of new and enhanced testing and diagnostic methods.

Risk communication team

Along with considering infection control measures based on interactive information sharing such as publicity and PR, give wide-ranging advice on risk communication activities

Infection prevention and control team

Consider effective countermeasures for infection control based on the latest scientific findings and formulate manuals, etc., according to the situation (home, work, etc.)

Microbiological analysis team

Evaluate and analyze the transmissibility, pathogenicity, and genetic mutations of infectious diseases, and gather information on vaccines and therapeutic drugs

Research and development team

Gather information on a wide range of fields, including the progress and development of basic and clinical research, and consider how to apply these insights and put them into practice in Tokyo

HR development team

Consider ways to enhance training and development programs for human resources charged with infectious disease response in Tokyo

Information management team

Consider data management methods for collecting, managing and utilizing information related to infectious diseases

Establishment of Task Forces to Study Specific Issues

● Task Forces

The Tokyo iCDC has established task forces to study specific issues related to infectious diseases. Since it was launched, the Tokyo iCDC has been operating during a crisis due to the COVID-19 pandemic, and since it was necessary to focus on the response, discussions in the task force, which can respond to issues in a more flexible manner, were active.

12 task forces have been set up as of June 2023, and studies are being conducted with members of the iCDC Expert Board in the relevant fields along with experts from various participating organizations.

Task Forces	Status of iCDC Expert Board Participation									Participating organizations, etc.
	Epidemiology & public health	Infectious disease medical treatment	Testing and diagnosis	Risk communication	Infection prevention & control	Microbiological analysis	R&D	HR development	Information management	
Influenza Twindemic TF		●								Tokyo Medical Association National Institute of Infectious Diseases National Cancer Center Hospital Nippon Sport Science University Teikyo University Kyorin University Tokyo Metropolitan Hospital Organization Tokyo Chapter of the Japan Red Cross Society Tokyo Fire Department Tokyo Medical University Tokyo Medical Association Public health centers Juntendo University Tokyo Hikifune Hospital Institute of Medical Science, University of Tokyo National Cancer Center Hospital Public health institutes University of Tokyo Center for Spatial Information Science Kitasato University St. Marianna University School of Medicine Hirahata Clinic National Center for Global Health and Medicine Waseda University Faculty of Science and Engineering Kogakuin University National Institute of Advanced Industrial Science and Technology RIKEN Kobe Campus Osaka University National Institute of Occupational Safety and Health, Japan University of Occupational and Environmental Health, Disaster Occupational Health Center etc.
Healthcare Delivery System TF		●							●	
Safe Community Development TF	●			●						
Genome Analysis TF		●	●			●		●	●	
Infectious Disease Forecasting and Response TF	●				●		●			
Vaccination Information TF										
Infection Forecast Simulation TF	●									
Infection After-Effects TF		●		●						
Ventilation and Indoor Infection Measures TF					●		●			
High Tech Infection Risk Evaluation TF					●		●			
One Health Approach Promotion TF		●			●	●		●	●	
Syphilis Measures TF		●	●	●		●				

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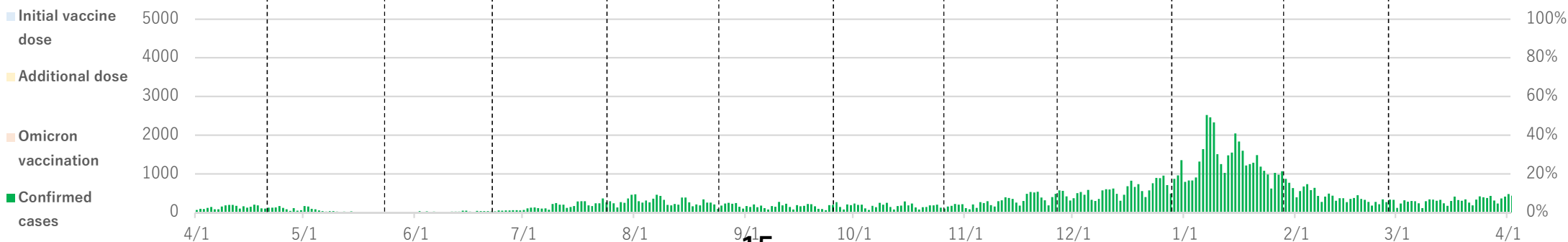
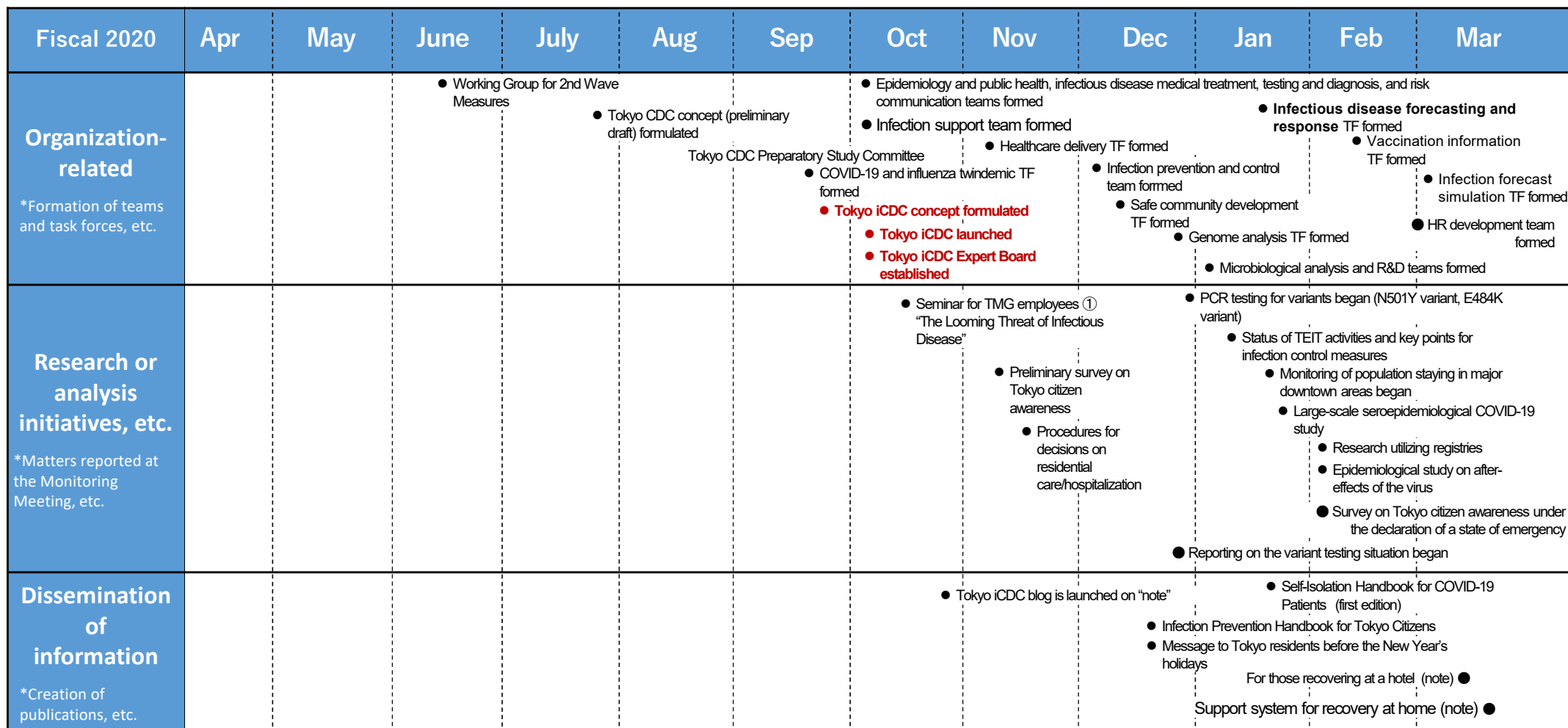
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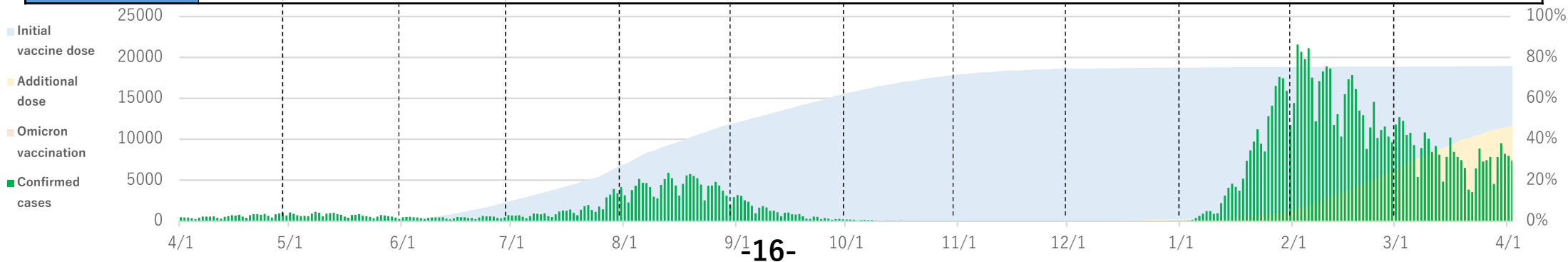
List of Main Tokyo iCDC Initiatives (2020)

*TF stands for task force



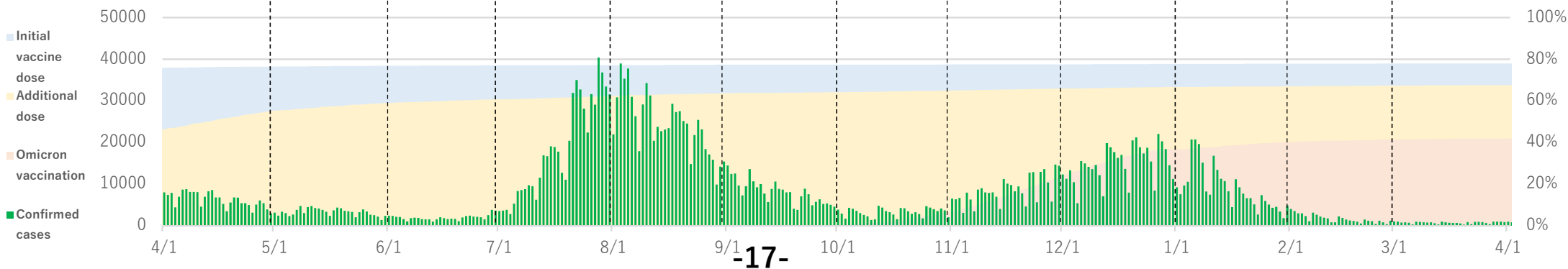
List of Main Tokyo iCDC Initiatives (2021)

Fiscal 2021	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Organization-related <i>*Formation of teams and task forces, etc.</i>		● Infection after-effects TF formed		● Ventilation and indoor infection measures TF formed								
Research or analysis initiatives, etc. <i>*Matters reported at the Monitoring Meeting, etc.</i>	● Survey on ratio not wearing masks at stations closest to downtown areas	● Survey on Tokyo citizen awareness (10,000-person survey, 1st time) ● PCR testing for Delta variant began	● Stay-home indicators (monitoring of the number of people in major downtown districts) ● Questionnaire for persons recovering in residential facilities or at home ①	● Vaccination situation in Tokyo and situation in other countries	● Seminar for TMG employees ② ● "Risk Communication during the COVID-19 Pandemic" ● Questionnaire for persons recovering in residential facilities or at home ②	● Survey of Tokyo citizen awareness related to vaccination ● Analysis of the antibody cocktail treatment situation in Tokyo ① ● Questionnaire for persons recovering in residential facilities or at home ③ ● Vaccination rate and number of deaths ● Changes in the number of severe cases and deaths	● Importance of ventilation for COVID-19 ● Infection control measures at home and in the workplace (ventilation) ● 8th Nikkei FT Communicable Diseases Conference	● Study session for Tokyo public health center personnel ● Investigation of antibody retention at the Tokyo Metropolitan Institute of Medical Science ① ● Analysis of the antibody cocktail treatment situation in Tokyo ② ● Survey on Tokyo citizen awareness	● PCR testing for the Omicron variant began ● Percentage of new confirmed cases accounted for by breakthrough infections	● Differences in hospitalized patient profiles between the 5th and 6th waves ● Overseas infection situation and vaccination	● PCR testing for the BA.2 variant began ● Online training for the medical care personnel database	● Tokyo Metropolitan Hospital Organization case analysis of patients with infection after-effects who visited the outpatient clinic ①
Dissemination of information <i>*Creation of publications, etc.</i>		● COVID variants (note)	● Leaflet on infection after-effects prepared (first edition)	● Publicized COVID-19 vaccines (TMG News) ● The Delta variant (note)	● Self-Isolation Handbook for COVID-19 Patients (second edition) ● Subjective symptoms checklist	● Created a collection of examples of infection control for people at care facilities for the elderly and facilities for persons with disabilities	● Movement of people on Halloween (note)	● Alert regarding breakthrough infections	● Key points for effective ventilation for the New Year's holidays	● Self-Isolation Handbook for COVID-19 Patients (third edition) ● 10 Things to do if someone you live with has COVID-19 (recovery at home)	● Checklist for preventing cluster infections at school dormitories or club activities	● Editorial supervision of a flyer raising awareness of COVID-19 vaccination



List of Main Tokyo iCDC Initiatives (2022)

Fiscal 2022	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Organization-related *Formation of teams and task forces, etc.				<ul style="list-style-type: none"> High tech infection risk evaluation TF formed Position of Tokyo iCDC director established One health approach promotion TF formed 			<ul style="list-style-type: none"> Information management team formed 					
Research or analysis initiatives, etc. *Matters reported at the Monitoring Meeting, etc.	<ul style="list-style-type: none"> Investigation of antibody retention at the Tokyo Metropolitan Institute of Medical Science ② Survey on Tokyo citizen awareness (10,000-person survey, 2nd time) Ratio of new confirmed cases and severe cases by vaccination history 	<ul style="list-style-type: none"> Dissemination of training videos on preventing the spread of infection in elderly care facilities, etc. Situation in various countries related to wearing of masks Online training on preventing the spread of infection at elderly care facilities, etc. ① Analysis of data from COVID-19 infection effects help lines ② PCR testing for the BA.5 and BA.2.12.1 variants began 	<ul style="list-style-type: none"> Online training on preventing the spread of infection at elderly care facilities, etc. ② Seminar for TMG employees ③ "PR on Social Media to Reach City Residents" Estimated ratio of persons susceptible to the Omicron variant Efficacy of third dose of vaccination Investigation of antibody retention at the Tokyo Metropolitan Institute of Medical Science ③ Online seminar on infection after-effects PCR testing for the BA.2.75 variant began Efficacy of the vaccine for the Omicron variant Tokyo Metropolitan Hospital Organization case analysis of patients with infection after-effects who visited the outpatient clinic ② 	<ul style="list-style-type: none"> Estimated ratio of persons susceptible to the Omicron variant (BA.4.5) Training program created for the TMG COVID-19 medical support doctor project PCR testing for the BA.4.6 and BF.7 variants began Survey on Tokyo citizen awareness PCR testing for the XBB and BQ.1.1 variants began Online workshop on infect after-effects Training for the medical care personnel database (distribution of video recording) PCR testing for the BN.1 variant began Investigation of antibody retention at the Tokyo Metropolitan Institute of Medical Science ④ Simulations of airborne droplets done on the Fugaku supercomputer to prevent the spread of infection 	<ul style="list-style-type: none"> PCR testing for the XBB.1.5 variant began Tokyo iCDC visit to Singapore National Centre for Infectious Diseases Singapore General Hospital Singapore Ministry of Health, etc. Survey on Tokyo citizen awareness (10,000-person survey, 3rd time) Questionnaire on Tokyo citizen awareness (group interview) 							
Dissemination of information *Creation of publications, etc.	<ul style="list-style-type: none"> COVID-19 infection prevention checklist for young people 	<ul style="list-style-type: none"> Basic approach on wearing of masks 	<ul style="list-style-type: none"> Ventilation checklist for care facilities for the elderly and facilities for persons with disabilities 		<ul style="list-style-type: none"> Leaflet on infection after-effects revised Published a map of medical facilities for treating infection after-effects 		<ul style="list-style-type: none"> Publicized COVID-19 measures (via YouTube) 	<ul style="list-style-type: none"> Publicized vaccination for children (via YouTube) 		<ul style="list-style-type: none"> Conference on Countermeasures to Combat Infectious Diseases in Asia (disseminating information on efforts being undertaken by TMG) 		



Reference: List of Matters Reported by the Tokyo iCDC at the TMG Monitoring Meeting ①

Experts from the Tokyo iCDC gave reports at the Monitoring Meeting. In addition to the matters listed below, experts from the Medical System Strategy Board also reported on their analysis of the infection situation and the healthcare system. <https://www.bousai.metro.tokyo.lg.jp/taisaku/saigai/index.html>

Meeting No.	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
19th	2020/11/12	●Results of preliminary survey on Tokyo citizen awareness
20th	2020/11/19	●Procedures for decisions on residential care/hospitalization ●Key points for preventing COVID-19 infection this winter
24th	2020/12/17	●Procedures for decisions on residential care/hospitalization (Ver. 3) ●Message to Tokyo residents before the New Year's holidays ●Infection Prevention Handbook for Tokyo Citizens (overview)
28th	2021/1/14	●Status of TEIT activities related to COVID-19 infection and key points for infection control
29th	2021/1/21	●The number of people in major downtown districts ●Handbook for people recovering at home
30th	2021/1/28	●Large-scale COVID-19 antibody epidemiological study ●Temporary measures based on the infection situation trend
31st	2021/2/4	●Research utilizing registries, epidemiological study on infection after-effects
32nd	2021/2/10	●The number of people in major downtown districts
33rd	2021/2/18	●Effective reproduction number situation
34th	2021/2/26	●New approach to response based on an accurate understanding of the status of the infectious disease epidemic
35th	2021/3/4	●The number of people in major downtown districts ●Survey on Tokyo citizen awareness under the declaration of a state of emergency ●Preventing a resurgence of infections ●Variant screening situation in Tokyo
36th	2021/3/12	●Preventing a resurgence of infections (recommendations) ●Variant screening situation in Tokyo
37th	2021/3/18	●Variant screening situation in Tokyo
38th	2021/3/25	●Variant screening situation in Tokyo
39th	2021/4/1	●COVID-19 Measures Leader program ●The number of people in major downtown districts ●Variant screening situation in Tokyo
40th	2021/4/8	●The number of people in major downtown districts ●Report on the occurrence of variant strains based on genome analysis by the Tokyo Metropolitan Institute of Public Health ●Variant screening situation in Tokyo

Meeting No.	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
41st	2021/4/15	●Results of Tokyo citizen awareness survey ●The number of people in major downtown districts ●Variant screening situation in Tokyo
42nd	2021/4/22	●Variant screening situation in Tokyo
43rd	2021/4/28	●The number of people in major downtown districts ●Variant screening situation in Tokyo
44th	2021/5/6	●The number of people in major downtown districts ●Variant screening situation in Tokyo
45th	2021/5/13	●The number of people in major downtown districts ●Questionnaire on behavior, etc. of persons recovering in residential facilities or at home ●Variant screening situation in Tokyo
46th	2021/5/20	●The number of people in major downtown districts ●Variant screening situation in Tokyo
47th	2021/5/20	●The number of people in major downtown districts ●Variant screening situation in Tokyo
48th	2021/6/4	●The number of people in major downtown districts ●Variant screening situation in Tokyo
49th	2021/6/10	●The number of people in major downtown districts ●Variant screening situation in Tokyo
50th	2021/6/17	●The number of people in major downtown districts ●Variant screening situation in Tokyo ●Vaccination situation
51st	2021/6/24	●The number of people in major downtown districts ●Variant screening situation in Tokyo ●Leaflet on infection after-effects
52nd	2021/7/1	●The number of people in major downtown districts ●Variant screening situation in Tokyo
53rd	2021/7/8	●The number of people in major downtown districts ●Variant screening situation in Tokyo

Reference: List of Matters Reported by the Tokyo iCDC at the TMG Monitoring Meeting ②

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
54th	2021/7/15	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant screening situation in Tokyo
55th	2021/7/21	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant screening situation in Tokyo
56th	2021/7/29	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Questionnaire on behavior, etc. of persons recovering in residential facilities or at home ●Variant screening situation in Tokyo
57th	2021/8/5	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Vaccination situation in Tokyo ●Variant screening situation in Tokyo
58th	2021/8/12	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant screening situation in Tokyo
59th	2021/8/20	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant screening situation in Tokyo
60th	2021/8/26	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Survey for Tokyo citizens on vaccination ●Variant screening situation in Tokyo
61st	2021/9/2	<ul style="list-style-type: none"> ●Antibody cocktail treatment situation at city and public hospitals (Tokyo) ●The number of people in major downtown districts ●Variant screening situation in Tokyo
62nd	2021/9/9	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●COVID-19 vaccines ●Analysis of the antibody cocktail treatment situation in Tokyo ●Variant screening situation in Tokyo
63rd	2021/9/16	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Questionnaire on behavior, etc. of persons recovering in residential facilities or at home ●Variant screening situation in Tokyo
64th	2021/9/23	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Vaccination rate and number of deaths ●Variant screening situation in Tokyo

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
65th	2021/9/30	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Changes in the numbers of severe cases and deaths ●Variant screening situation in Tokyo
66th	2021/10/7	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant screening situation in Tokyo
67th	2021/10/14	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Collected examples of infection control at elderly care facilities, etc. ●Variant screening situation in Tokyo
68th	2021/10/21	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Importance of ventilation, measures, etc. ●Variant screening situation in Tokyo
69th	2021/11/11	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Questionnaire on behavior, etc. of persons recovering in residential facilities or at home ●Variant screening situation in Tokyo
70th	2021/11/25	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Antibody retention investigation ●Tokyo citizen survey ●Analysis of the antibody cocktail treatment situation ●Results of the variant genome analysis in Tokyo
71st	2021/12/9	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Percentage of new confirmed cases accounted for by breakthrough infections ●Variant PCR testing situation in Tokyo
72nd	2021/12/23	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Key points for ventilation
73rd	2021/1/6	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Importance of ventilation and comprehensive infection control
74th	2021/1/13	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo

Reference: List of Matters Reported by the Tokyo iCDC at the TMG Monitoring Meeting ③

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
75th	2022/1/20	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Measures for (cluster) infection at dormitories at club activities ●Revised Self-Isolation Handbook for COVID-19 Patients
76th	2022/1/27	<ul style="list-style-type: none"> ●Differences in hospitalized patients between the 5th and 6th waves ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Overseas infection situation
77th	2022/2/3	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Analysis of data from COVID-19 infection after-effects help lines
78th	2022/2/10	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Questionnaire on behavior, etc. of persons recovering in residential facilities or at home
79th	2022/2/17	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
80th	2022/2/25	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
81st	2022/3/3	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
82nd	2022/3/10	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
83rd	2022/3/17	<ul style="list-style-type: none"> ●Effects of additional vaccination doses ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
84th	2022/3/24	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Analysis of data from COVID-19 infection after-effects cases
85th	2022/4/7	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
86th	2022/4/21	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Antibody retention investigation ●Tokyo citizen survey ●COVID-19 infection prevention checklist for young people
87th	2022/5/12	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Overseas situation related to masks, summary of statements made by experts in Japan
88th	2022/5/26	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Analysis of consultation data from COVID-19 infection after-effects help lines at city and public hospitals ●Basic approach on wearing of masks
89th	2022/6/9	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
90th	2022/6/23	<ul style="list-style-type: none"> ●Influenza epidemic situation in Australia ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Ventilation checklist for care facilities for the elderly ●Online seminar on infection after-effects
91st	2022/6/30	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Prevention of heatstroke ●Variant PCR testing situation in Tokyo
92nd	2022/7/7	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Effects of the third dose of vaccination
93rd	2022/7/14	<ul style="list-style-type: none"> ●Antibody retention investigation ●Regarding vaccination ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Continuation of basic measures to prevent infection

Reference: List of Matters Reported by the Tokyo iCDC at the TMG Monitoring Meeting ④

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
94th	2022/7/21	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
95th	2022/7/28	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●COVID-19 infection situation in various countries
96th	2022/8/4	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
97th	2022/8/10	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Effectiveness of the vaccine for the Omicron variant
98th	2022/8/18	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
99th	2022/8/25	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Case analysis of patients with COVID-19 infection after-effects who visited outpatient clinics at Tokyo hospitals
100th	2022/9/1	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
101st	2022/9/8	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo ●Revision of the leaflet on infection after-effects and publication of medical facilities for treatment of after-effects (creation of a map)
102nd	2022/9/22	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
103rd	2022/9/30	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
104th	2022/10/13	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
105th	2022/10/27	<ul style="list-style-type: none"> ●Results of Tokyo citizen survey ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo

Meeting Number	Date	Matters reported by the Tokyo iCDC Expert Board at the TMG Monitoring Meeting
106th	2022/11/4	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant PCR testing situation in Tokyo
107th	2022/11/17	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
108th	2022/12/1	<ul style="list-style-type: none"> ●Fugaku airborne droplets simulation ●The number of people in major downtown districts ●Results of antibody retention investigation ●Variant testing situation in Tokyo
109th	2022/12/15	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
110th	2022/12/28	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
111th	2022/1/12	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
112th	2022/1/26	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
113th	2022/2/9	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
114th	2022/3/2	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo
115th	2022/3/16	<ul style="list-style-type: none"> ●Results of Tokyo citizen survey ●The number of people in major downtown districts ●Variant testing situation in Tokyo
116th	2022/3/30	<ul style="list-style-type: none"> ●Results of Tokyo citizen survey ●The number of people in major downtown districts ●Variant testing situation in Tokyo
117th	2022/4/28	<ul style="list-style-type: none"> ●The number of people in major downtown districts ●Variant testing situation in Tokyo

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- Infectious disease response support team initiative to provide support for COVID-19 measures at care facilities for the elderly, etc. where clusters were identified

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Reference: Basic Stance of the Tokyo Metropolitan Government for COVID-19 Response

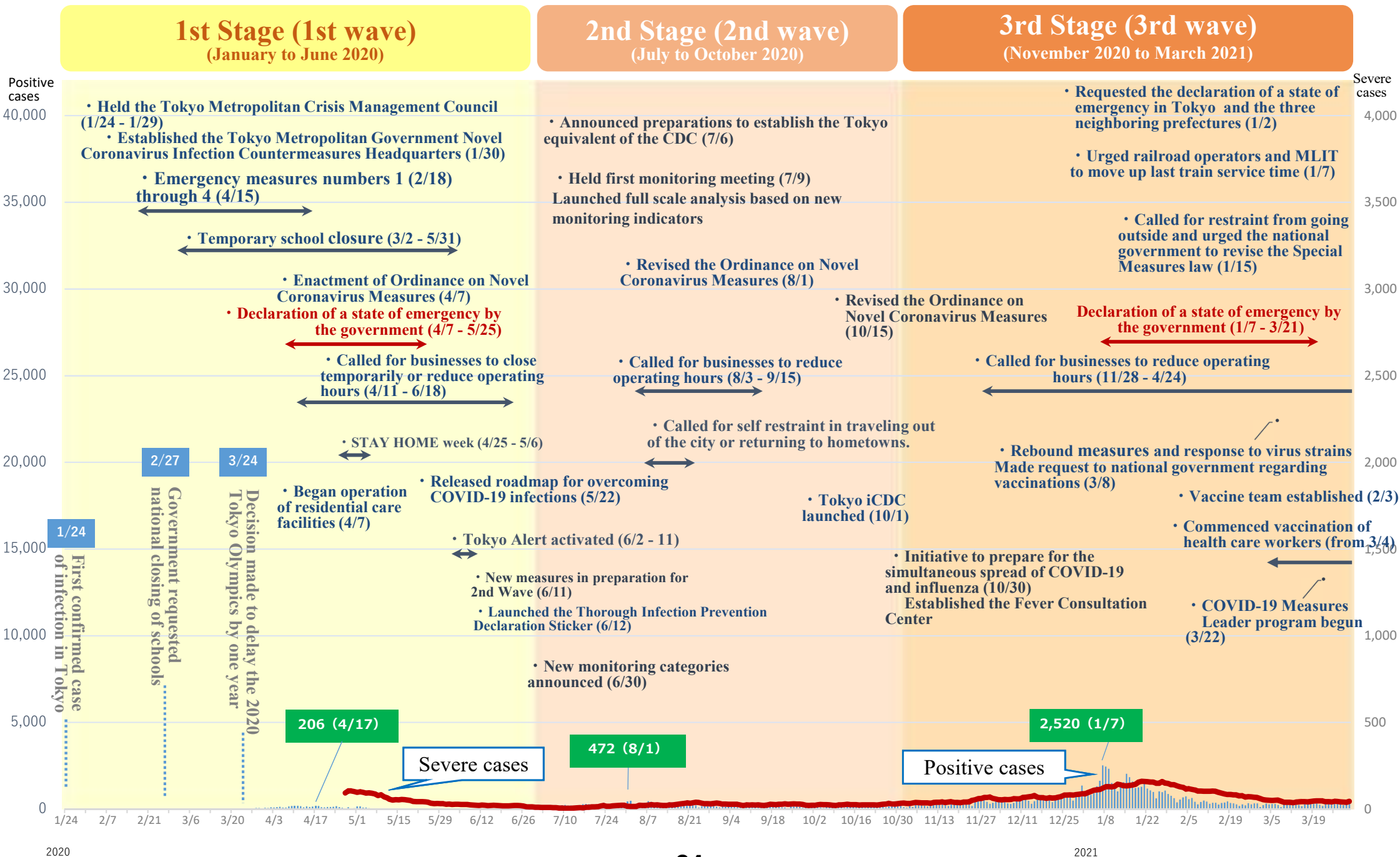
The fight against COVID-19, which could be called an unprecedented once-in-a-century crisis, has been continuing for more than three years. During this long struggle, the Tokyo Metropolitan Government (TMG) has taken measures based on the following stance.

- In partnership with the national government, municipalities, public health centers, and medical institutions, use Tokyo's full resources to curb the spread of infection in order to **protect the invaluable lives and health of each and every resident of the city**.
- Improve and strengthen safety nets by providing various forms of assistance to support city residents and businesses in their daily lives and business operations, which have been severely impacted by the pandemic.
- **In order to curb the spread of infection**, take protective measures, such as restraining travel and thoroughly taking basic steps to prevent infection, proactive measures through tools such as vaccinations and therapeutic drugs, and preparedness measures such as stockpiling necessary items including medical supplies and food, and providing information on how to see a doctor. Along with this, take measures **to achieve a balance with socioeconomic activities**.

Should new waves of infection occur due to factors such as the emergence of variants, Tokyo will overcome the situation by leveraging our knowledge and experience to date and fully marshalling our resources to implement agile measures in accordance with the situation.

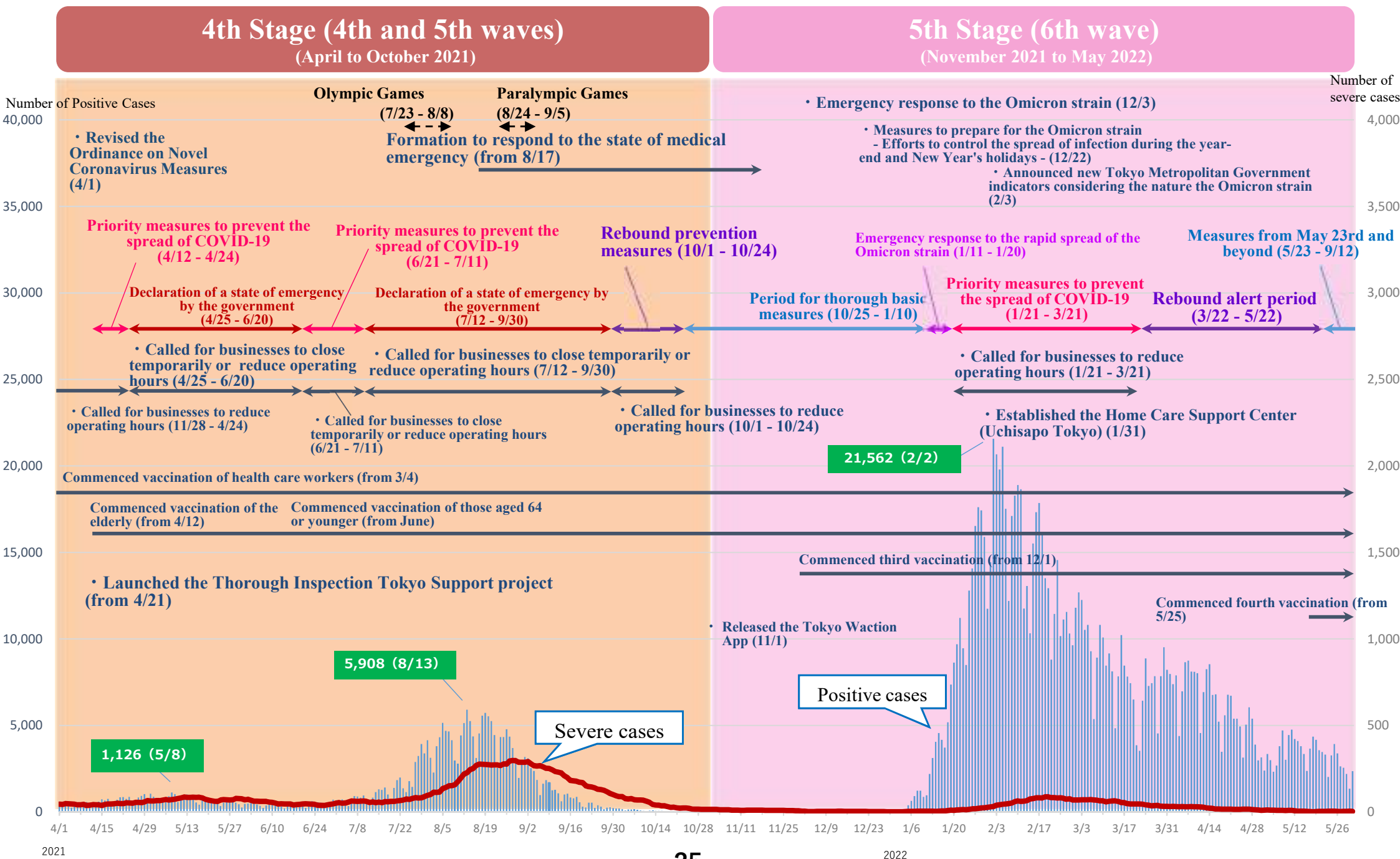
Reference: TMG Measures (Stages 1-3)

*Excerpt from the June 2, 2023 revision of the "Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response"



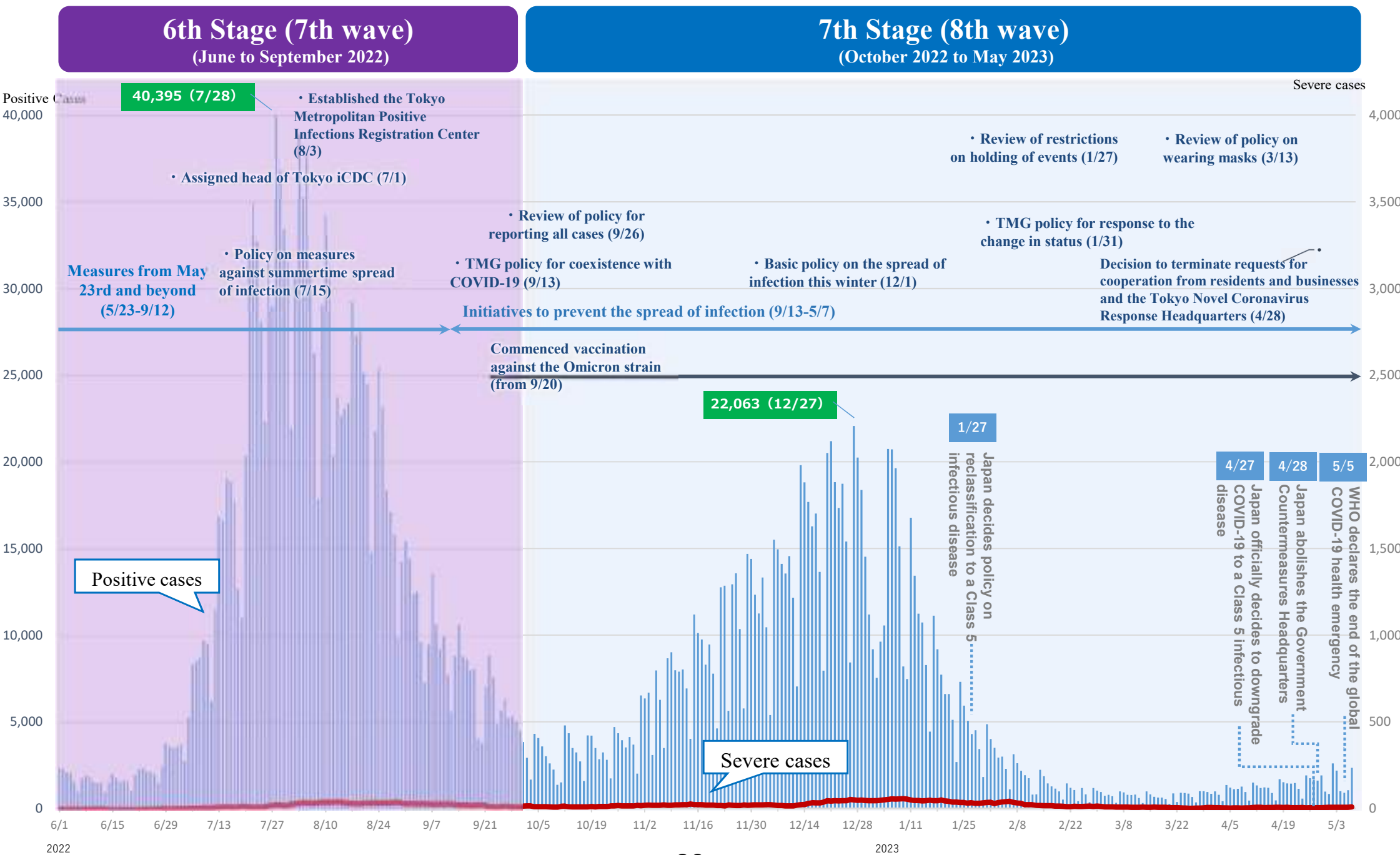
Reference: TMG Measures (Stages 4-5)

*Excerpt from the June 2, 2023 revision of the "Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response"



Reference: TMG Measures (Stages 6-7)

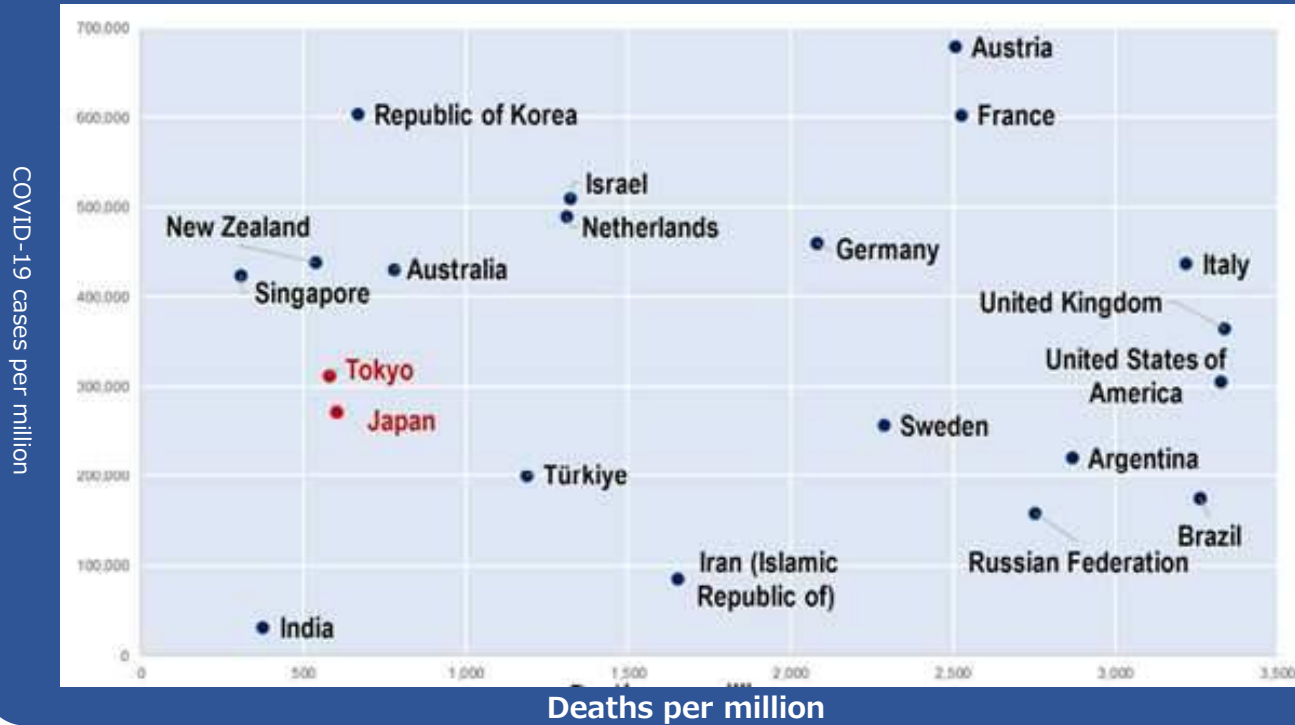
*Excerpt from the June 2, 2023 revision of the "Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response"



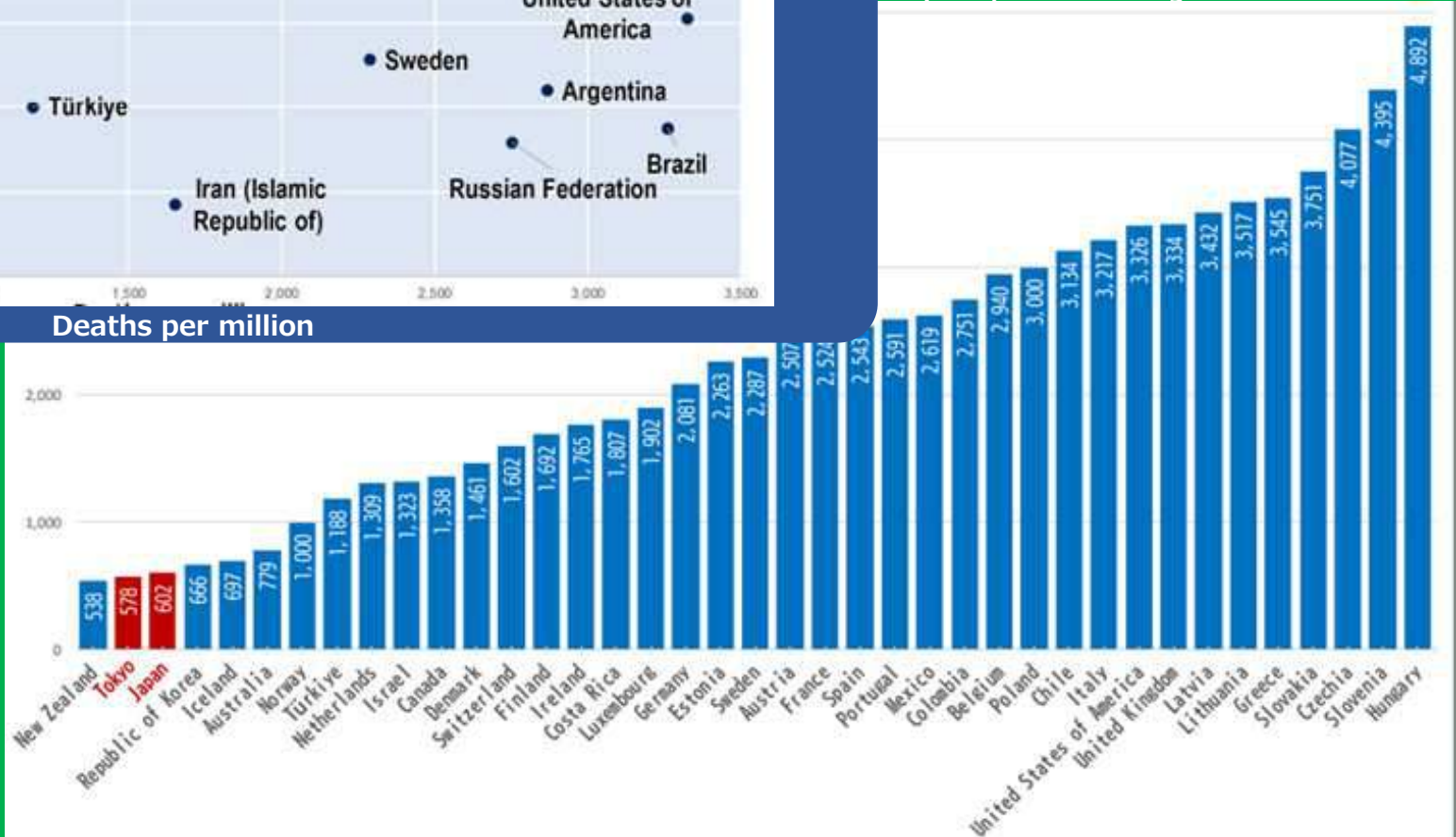
Reference: Infection Situation by Country

*Excerpt from the June 2, 2023 revision of the "Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response"

Infection Situation by Country (as of May 8, cumulative and estimated)



Cumulative deaths per million (Comparison among the 38 OECD countries)



Source: ↑
<https://ourworldindata.org/>
 (Created on May 26, 2023)

Source: →
<https://ourworldindata.org/>
 (Created on May 26, 2023
 based on data as of May 8, 2023)

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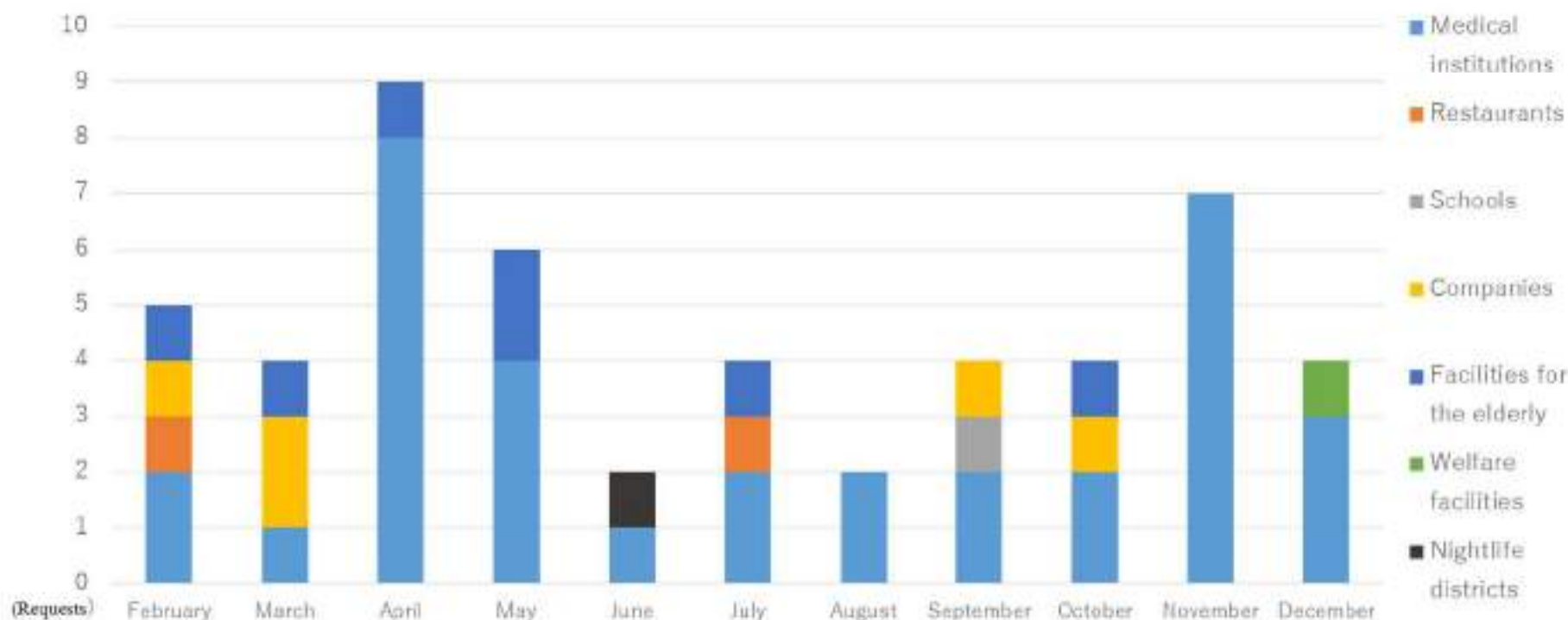
10 **List of Links, Index** P.117

- Established to support epidemiological studies conducted by public health centers in Tokyo, the Tokyo Epidemic Investigation Team (TEIT)*, whose members mainly consist of doctors and public health nurses, reported on the status of COVID-19-related activities from January to December 2020 and key measures at the 28th Monitoring Meeting held on January 14, 2021. *Established in 2012.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/012/788/28kai/2021011407.pdf

Changes in the number of requests for TEIT dispatch²

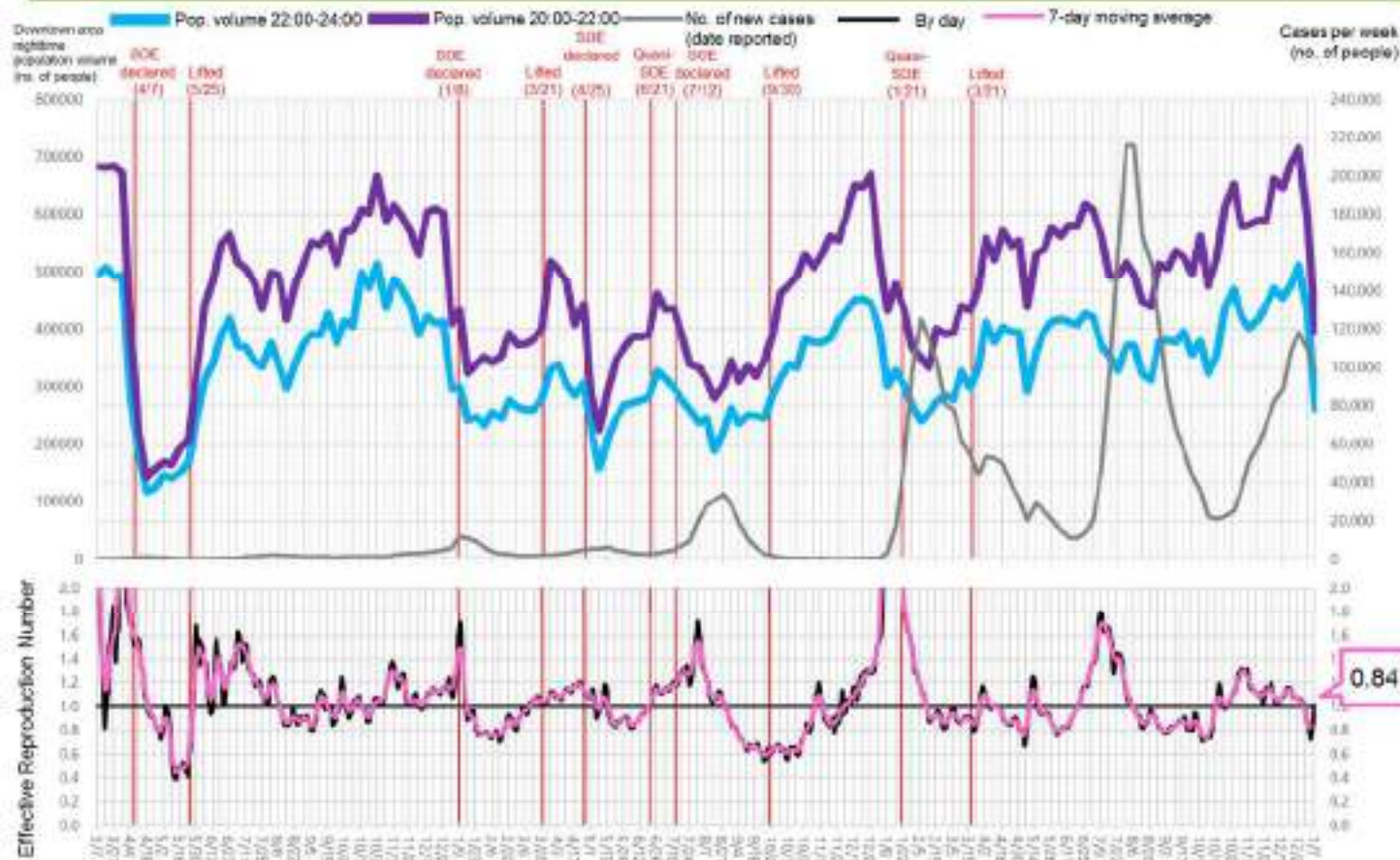
- The largest number of requests was for medical institutions, with one request each month from February to December.
- From October, support was jointly provided by the Infectious Disease Response Support Team in 12 cases.



No. of TEIT requests by month (January to December 2020) N=51

- Studies conducted by the Epidemiology and Public Health Team’s Professor Atsushi Nishida and Professor Hiroshi Nishiura, the Infection Forecast Simulation Task Force’s Professor Ryosuke Shibasaki and others have confirmed that there is a relationship between trends in the night-time population staying in major downtown areas of Tokyo for leisure purposes and later trends in confirmed cases of COVID-19 infection and the effective reproduction number.
- From April 2021, this information was reported at every Monitoring Meeting as a leading indicator of increases in confirmed cases.

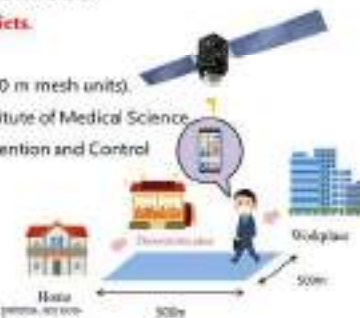
Changes in Nighttime Population Volumes in Major Downtown Areas and Effective Reproduction Number: Tokyo (Mar. 1, 2020 – Jan. 7, 2023)



Note (1): The subject downtown areas are Kabukicho, Ginza-Corridor, Shibuya Center-Gai, Ueno-Nakamachi-dori, Shinjuku 2-chome, Ikebukuro, and Roppongi. LocationMind xPop © LocationMind Inc.
 Note (2): In accordance with the September 27, 2022 revision on reporting of cases, the total number of new infection cases by age group reported from medical institutions and the Tokyo Police Person Registration Center are used.

Understanding the high-risk flow and presence of people

- The flow and presence of people for leisure purposes* is estimated based on GPS movement patterns.
- Extraction of data on movement and non-movement for leisure purposes in major downtown districts.
- The population present during high-risk periods is estimated in units of one hour (500 m mesh units).
- LocationMind™ Tokyo Metropolitan Institute of Medical Science
 ⇒ Tokyo Center for Infectious Disease Prevention and Control

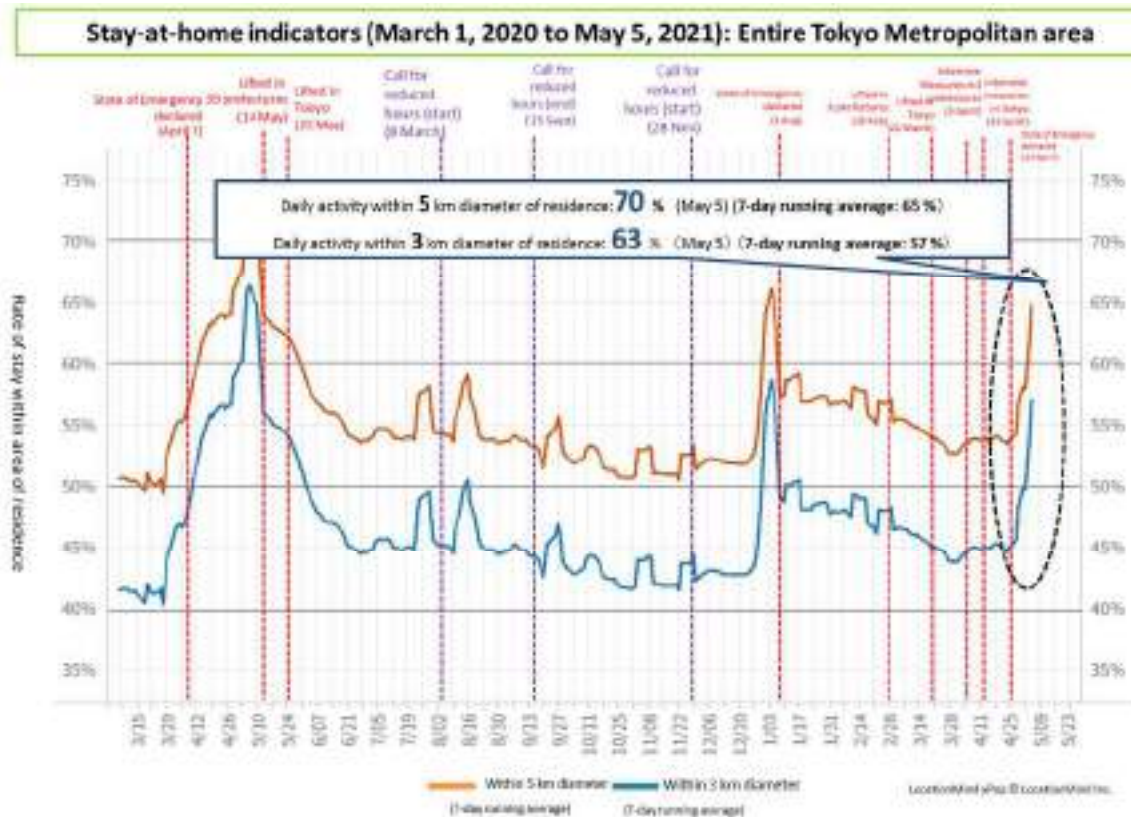


*After receiving the location of the smartphone used from the GPS smartphone owners, we were able to estimate the movement and location of the user in order to be used as being for leisure purposes.
 Copyright © 2022 LocationMind Inc. All rights reserved. TMiMS is a trademark of the Tokyo Metropolitan Institute of Medical Science. LocationMind xPop is a trademark of LocationMind Inc. TMiMS is a trademark of the Tokyo Metropolitan Institute of Medical Science.

- Using the percentage of city residents who completed their daily activities moving within a 5- or 3-kilometer distance from their residence as stay-at-home indicators, it was reported that most city residents cooperated with the Stay Home request during the 2021 Golden Week holidays.

(Reported at each Monitoring Meeting beginning with the 44th meeting held on May 6, 2021)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/013/725/44kai/2021050609.pdf



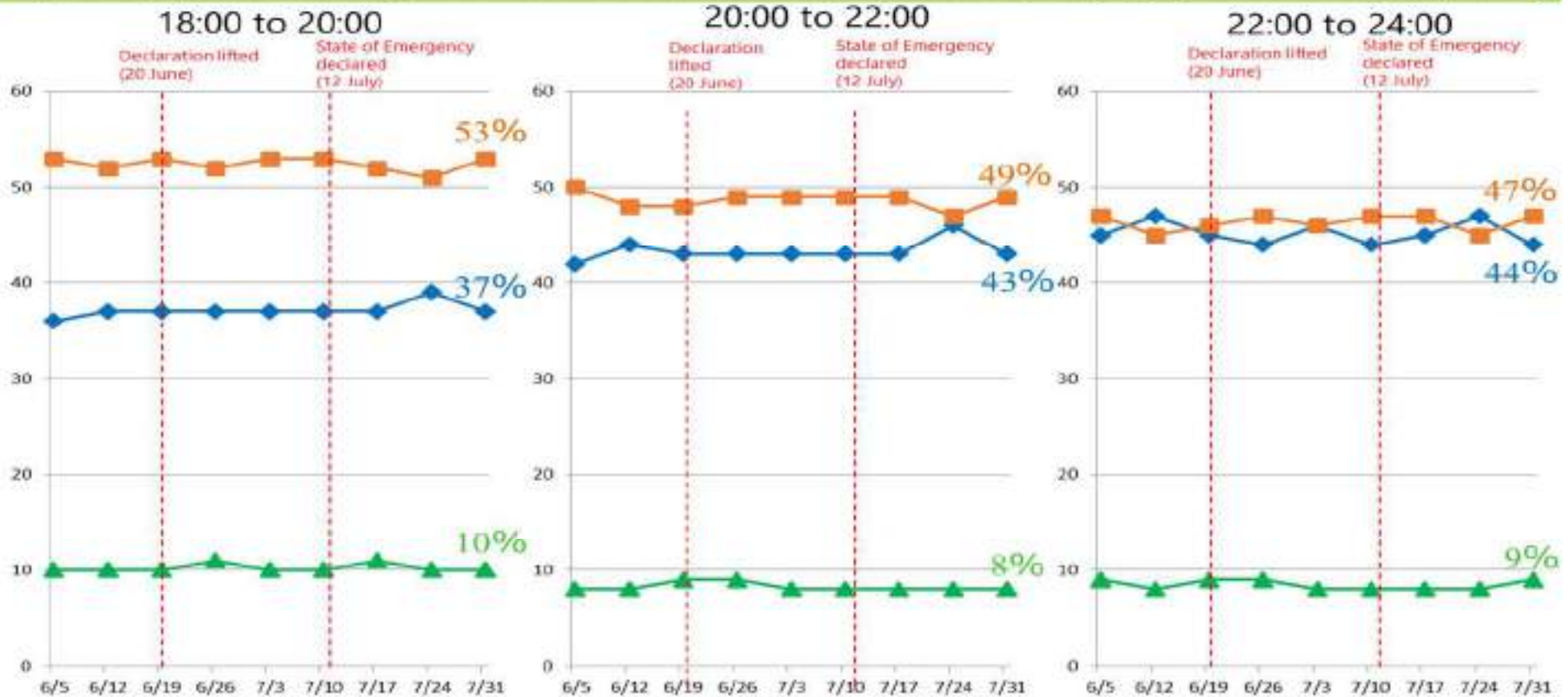
Comparison of number of people present in major downtown districts during Golden Week (April 29–May 5, 2021) and lowest numbers during the first and second State of Emergency declarations

		First State of Emergency declaration	Second State of Emergency declaration
Tokyo	Minimum time (weeks)	20.5.3-9	21.1.10-16
	Afternoon: 12:00-18:00	1.67 times	0.72 times
	Night: 18:00-24:00	1.56 times	0.71 times
Osaka	Minimum time (weeks)	20.5.3-9	21.1.17-23
	Afternoon: 12:00-18:00	1.17 times	0.52 times
	Night: 18:00-24:00	1.06 times	0.54 times

- The night-time population was analyzed by age group, and the share of the population by age group was reported at each Monitoring Meeting beginning with the 58th meeting held on August 12, 2021.
- There were continued calls for cooperation from middle-aged residents at key times for minimizing the risk of infection from the perspective of preventing pressure on medical care.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/014/526/58kai/20210812_07.pdf

Nightlife population in major downtown districts in Tokyo: percentages by age (June 1 to July 31, 2021)

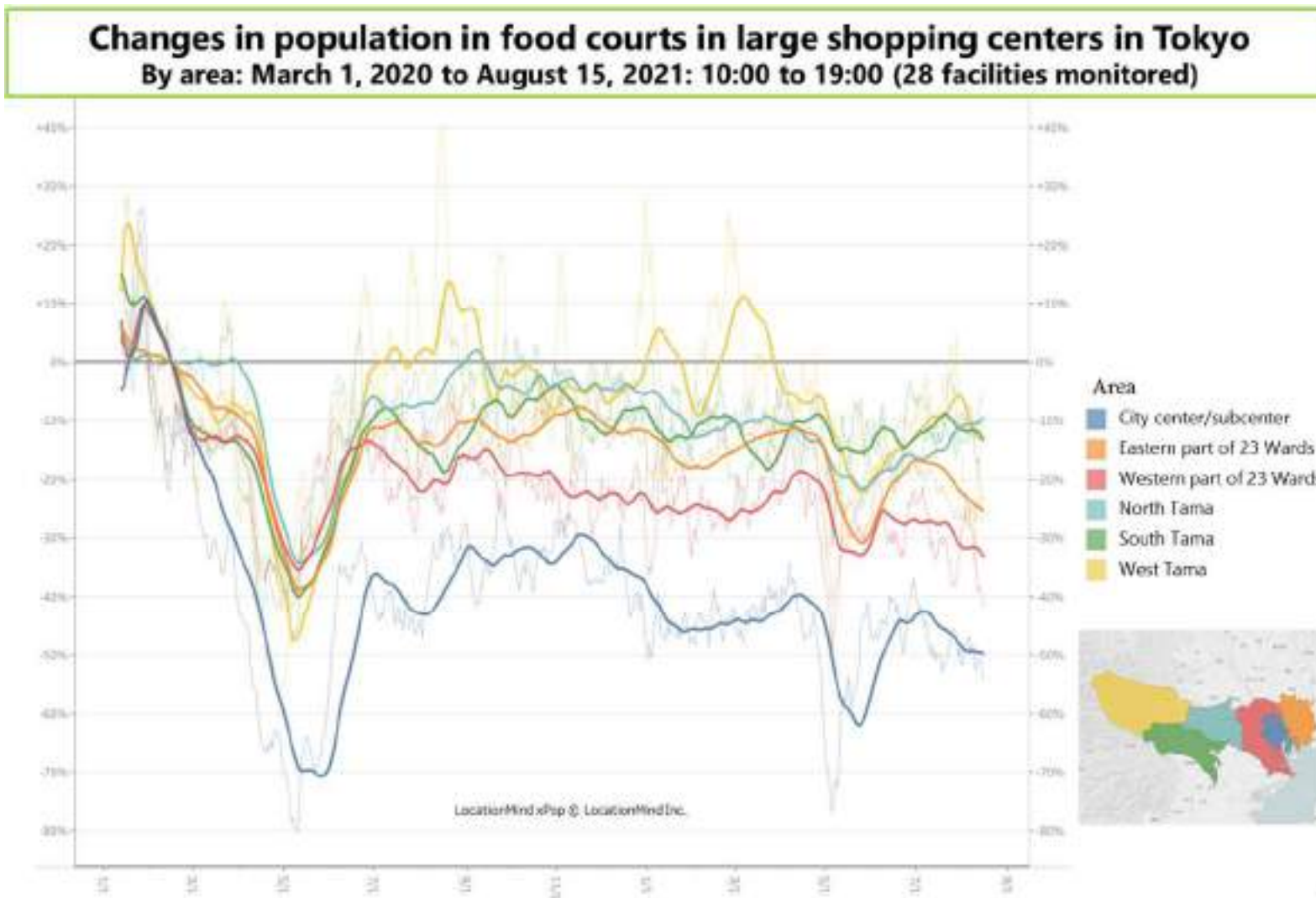


LocationMind sPog © LocationMind Inc.

Age 15 to 39 Age 40 to 64 Age 65 +

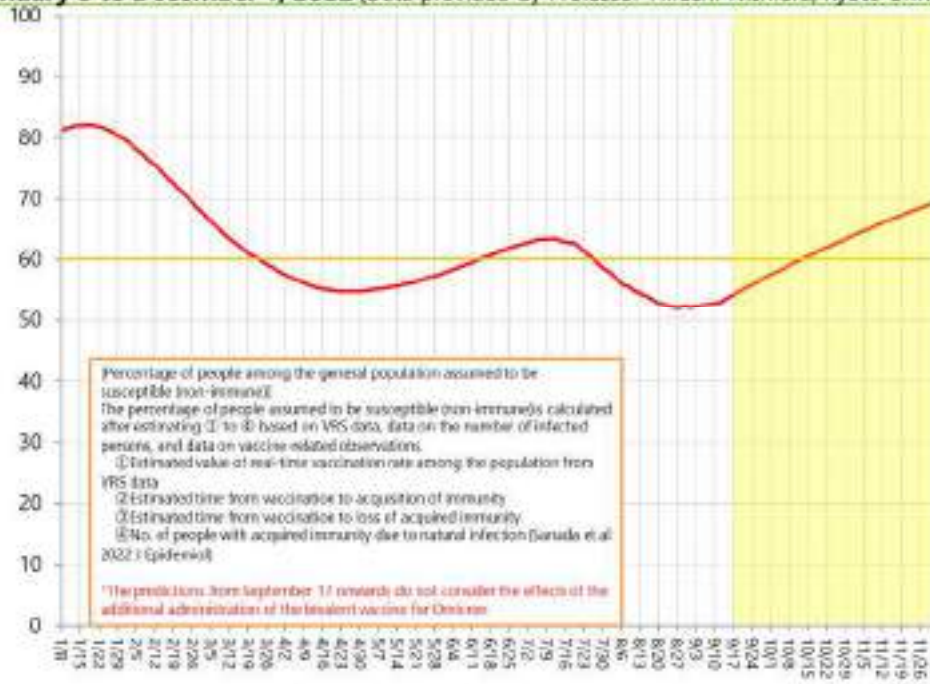
- Trends in the population in food courts at large shopping centers in Tokyo (28 facilities) were reported starting from the 59th Monitoring Meeting held on August 20, 2021, and reducing the number of people and the time spent in such food courts was urged.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/014/570/59kai/20210820_07.pdf

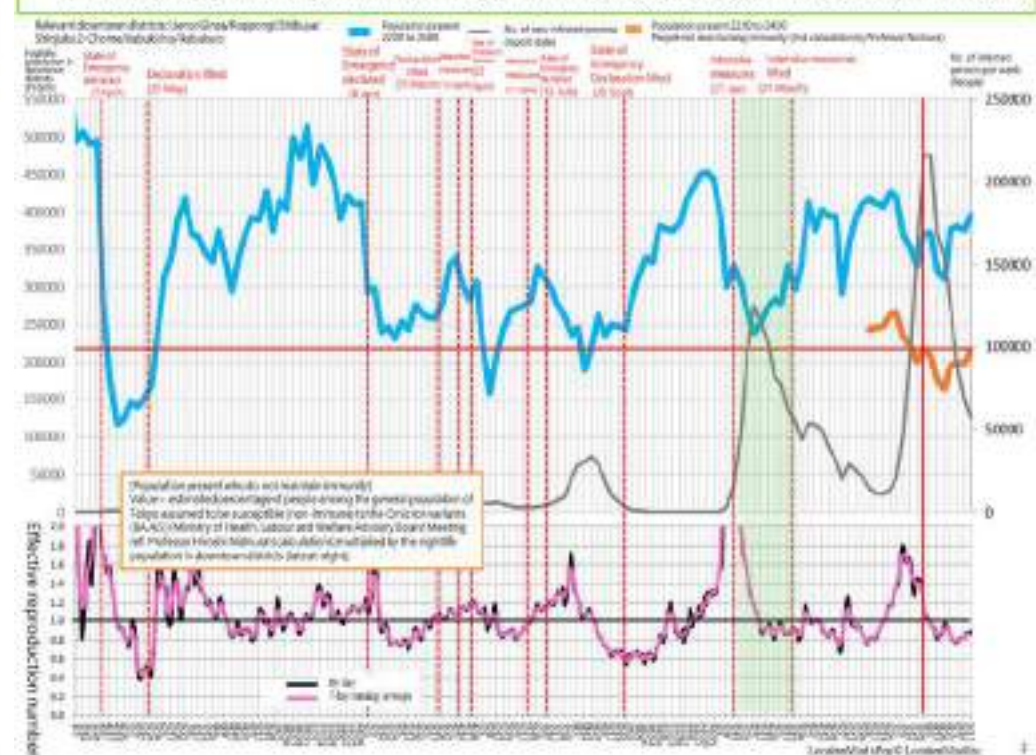


- Along with the night-time population volumes, graphs showing trends in the number of people among the general population in Tokyo susceptible to the BA.4 and BA.5 lineages of the Omicron variant (the percentages without effective immunity) were reported at the Monitoring Meeting.
- As an increase in the susceptible population could impact the infection situation, promotion of additional vaccination doses was urged.

Changes in percentage of people among the general population of Tokyo assumed to be susceptible (non-immune) to the Omicron variants (BA.4/BA.5) January 8 to December 1, 2022 (Data provided by Professor Hiroshi Nishiura, Kyoto University)



Estimated nightlife population in major downtown districts (population actively staying out): Tokyo (March 1, 2020 to September 17, 2022)



- The research work done by the Epidemiology and Public Health Team, which accurately extracted and monitored weekly night-time population data to find a correlation between night-time population and the infection situation, was verified to show a long-term relationship based on multiple improvements of the prediction formula.
- Along with confirming the correlation between the night-time population and the infection situation, it was reported at the 117th Monitoring Meeting held on April 28, 2023 to be able to provide more accurate forecasts.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/027/815/20230428_09.pdf

Connection between nightlife population and state of infections: Long-term data analysis
February 2020 to May 2022 (after prevalence of Omicron variant)

◆ Improved mathematical prediction model for the infection situation

No. of infections*
Comparing this week with last week

$$\log \left[\frac{C_a(t)}{C_a(t-7)} \right] = \beta_0 + \beta_1 \log(NP_a(t-8)) + \beta_2 \Delta \log(NP_a(t-8)) + \varepsilon(t)$$

①

Total nightlife population 8 days ago*

Positive correlation

$\beta_1 = 0.692$

(95% confidence interval : 0.427 - 0.955)

②

Daily change in nightlife population 8 days ago*

$\beta_2 = -2.527$

(95% confidence interval : -3.345 - -1.713)

No. of infections from previous day*
Comparing this week with last week

*Using 7-day running average value

① There is a positive correlation between the (total) nightlife population and the later infection situation

② Add the day-to-day change in nightlife population to the mathematical prediction model to refine the prediction

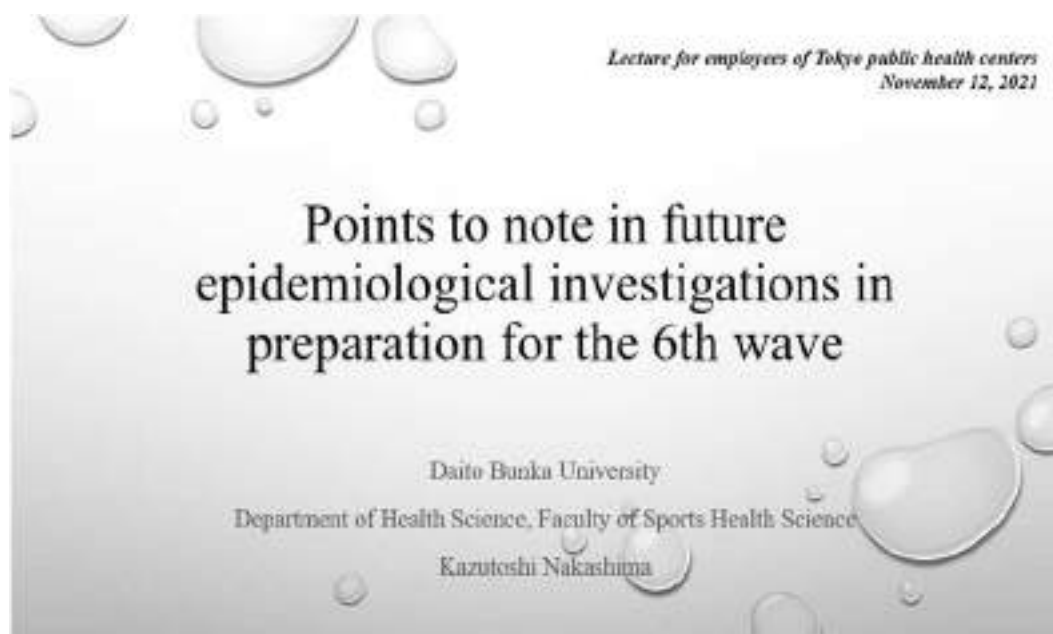
◆ Comparison of predicted number and actual number of infections (comparing this week with last week) calculated using the above mathematical prediction model.

- **The actual number of infections (comparing this week with last week) is generally the same as the predicted number**
- **Using the nightlife population improves the accuracy of predictions of the expansion/convergence (around the inflection point) of infections**

Okada, Yamazaki, Nishida, Shibasaki & Nishikura
Night-time population consistently explains the transmission dynamics of COVID-19 in three megacities, Japan. *In revision*

LocationMind x Pop data makes use of data that NTT Docomo has wholly and statistically processed from location information sent from mobile phones, obtained with consent from users of the auto GPS function on the Docomo Map Next, an app service provided by NTT Docomo. The location data is GPS data (latitude-longitude information) measured at least every five minutes, and does not include information that identifies the individual.

- Professor Kazutoshi Nakashima of the Epidemiology and Public Health Team was invited as a lecturer in an online study session with an analysis of the current COVID-19 situation and measures to prepare for the 6th wave of infections for employees engaged in epidemiological studies at public health centers, etc.



On the Day of the Study Session



- Research utilizing registries (cases diagnosed with COVID-19 with hospitalization managed at a medical institution) was reported at the 31st Monitoring Meeting held on February 4, 2021.

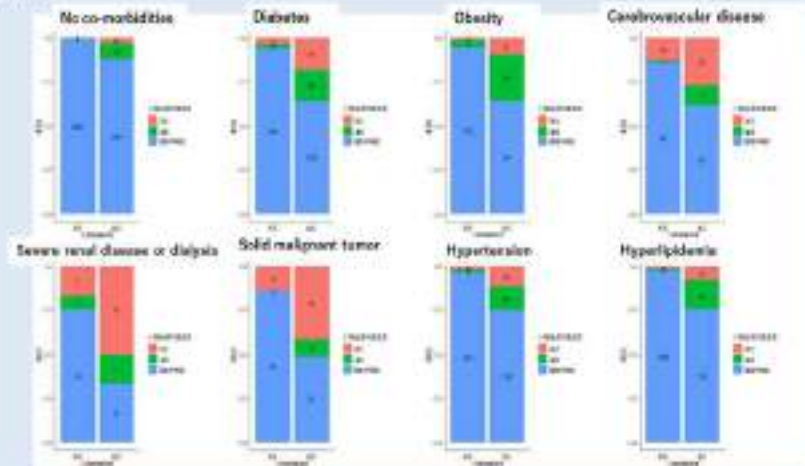
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/012/970/31kai/2021020407.pdf

Overview

Purpose	To clarify the clinical presentation and epidemiological trends of COVID-19 patients
Subject	Cases diagnosed with COVID-19 with hospitalization managed at a medical institution
Period	January 2020 to present* *As of the time of the monitoring report: February 4, 2021
Analysis/ Study	<ul style="list-style-type: none"> • Explore COVID-19's clinical presentation, course, prognosis, and risk factors for developing severe symptoms • Course and safety of cases of drug administration
Contribution	<ul style="list-style-type: none"> • Basic data which can be used for the future development of prevention and treatment methods, etc.

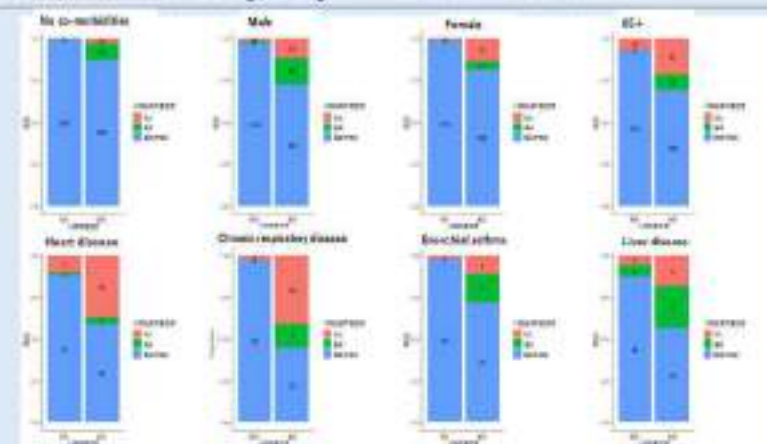
Serious illness/death rate by background factor ② (All ages, Tokyo)

• Coronary disease, solid malignant tumor, heart disease, etc. tend to give a high risk of death once illness is over upon admission to hospital.



Serious illness/death rate by background factor ① (All ages, Tokyo)

• When compared with no co-morbidities, advanced age (65+), heart disease, chronic respiratory disease, and diabetes tend to give a higher risk of severe illness or death.



- The results of an epidemiological study on COVID-19 infection after-effects conducted at the National Center for Global Health and Medicine were reported at the 31st Monitoring Meeting held on February 4, 2021.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/012/970/31kai/2021020407.pdf

Overview of the Study

● Subjects

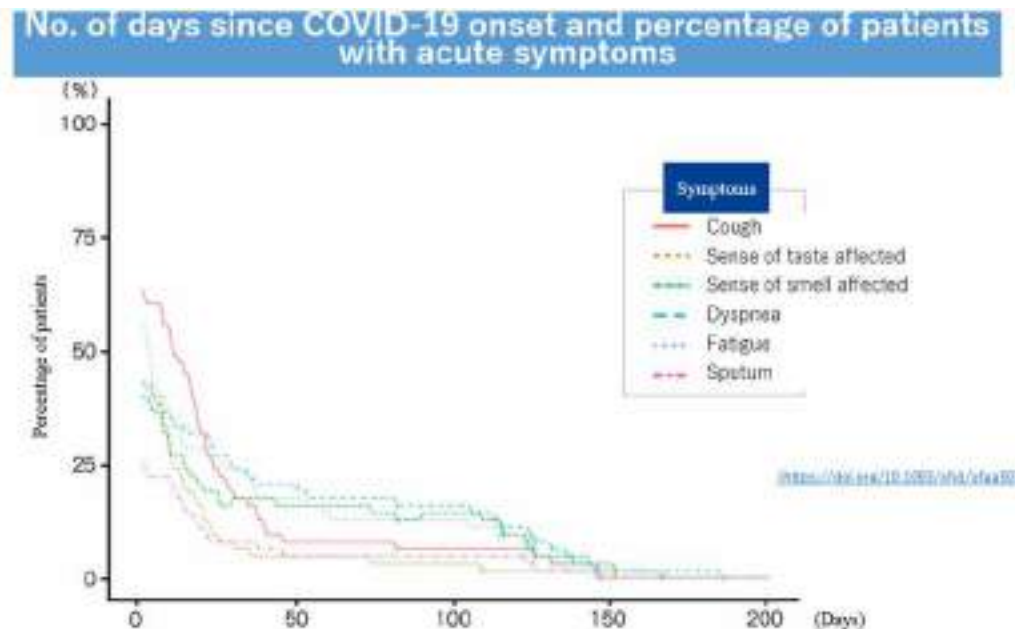
78 patients recovering from COVID-19 who were discharged from the National Center for Global Health and Medicine between February and June of 2020.

● Method

Telephone interview (63 respondents)

● Results

- 48% and 27% of patients reported experiencing some kind of infection after-effects 2 months and 4 months after onset, respectively.
- In particular, approximately 10% of patients reported breathing difficulty, fatigue, or an impaired sense of smell even 4 months after the onset of COVID-19.
- 24% of patients experienced hair loss, of which 64% reported that hair loss had not improved as of the time of the study.



Percentage of patients with long COVID by age			
There are patients with long COVID in all age groups (total: 78%), and the percentages of people with long COVID in their 20s and 30s are high.			
Age	No. of patients surveyed	No. of patients confirmed to have long COVID	Percentage (%) of people with long COVID
Under 20	1	0	0
20-29	12	9	75
30-39	6	5	83
40-49	25	10	40
50-59	33	9	27
60-69	6	7	100
70+	10	8	80
Total	63	48	76

Frequency of main symptoms of long COVID by age (14 days after onset)			
The percentage of people with a cough, dyspnea, and fatigue was high, as was the percentage of people in their 20s whose sense of taste and smell was affected.			
Age	Cough (%)	Dyspnea (%)	Fatigue (%)
Under 20 (n=1)	-	-	-
20-29 (n=12)	Sense of taste affected (75%)	Sense of smell affected (50%)	Sputum (50%)
30-39 (n=6)	Cough (83%)	Dyspnea (83%)	Fatigue (83%)
40-49 (n=10)	Cough (40%)	Fatigue (40%)	Dyspnea (40%)
50-59 (n=9)	Cough (27%)	Fatigue (27%)	Dyspnea (27%)
60-69 (n=7)	Cough (100%)	Sense of smell affected (100%)	Dyspnea (100%)
70+ (n=8)	Cough (80%)	Fatigue (80%)	Dyspnea (80%)

*Long COVID is defined as prolonged symptoms lasting over 14 d

(The unshaded parts are the same percentage)

- The course of the virus after antibody cocktail administration was analyzed and reported at the 62nd Monitoring Meeting held on September 9, 2021.

*Of 1,048 cases reported by 116 medical institutions in Tokyo, 420 were extracted with a course of 14 days or more since administration

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/015/430/62kai/20210909_10.pdf

Course after Administration

Subjects	Course after Administration		
	Reduced Severity	No Improvement	Death
420	400 (95.2%)	19 (4.5%)	1 (0.2%)

(Number of people; as of September 3, 2021)

Distribution by Age

(Number of people; %)

		10s	20s	30s	40s	50s	60s	70s	80s	90s	Total
All patients	A	3	27	48	69	135	48	43	34	12	419
		0.7%	6.4%	11.5%	16.5%	32.2%	11.5%	10.3%	8.1%	2.9%	100%
Reduced severity		3	26	48	69	126	46	41	31	10	400
		0.8%	6.5%	12.0%	17.3%	31.5%	11.5%	10.3%	7.8%	2.5%	100%
No improvement	B	0	1	0	0	9	2	2	3	2	19
		0.0%	5.3%	0.0%	0.0%	47.4%	10.5%	10.5%	15.8%	10.5%	100%
Rate of no improvement	B/A	0.0%	3.7%	0.0%	0.0%	6.7%	4.2%	4.7%	8.8%	16.7%	4.5%

Days from Administration to Reduced Severity

(Number of people; %)

Day Administered	Next Day	2 Days After	3 Days After	4 Days After	5 Days After	Other*	Total
13	78	75	47	35	23	129	400
3.3%	19.5%	18.8%	11.8%	8.8%	5.8%	32.3%	100%

Vaccination

		2nd Dose	1st Dose	Unvaccinated	Unknown	Total
All patients	A	68	47	230	74	419
		16.2%	11.2%	54.9%	17.7%	100%
Reduced severity		65	46	215	74	400
		16.3%	11.5%	53.8%	18.5%	100%
No improvement	B	3	1	15	0	19
		15.8%	5.3%	78.9%	0.0%	100%
Rate of no improvement	B/A	4.4%	2.1%	6.5%	0.0%	4.5%

Course after Administration (Unvaccinated Patients Only)

(Number of people)

Subjects	Course after Administration		
	Reduced Severity	No Improvement	Death
230	215 (93.5%)	15 (6.5%)	0 (0%)

Subjects unaffected by vaccines (unvaccinated patients) were extracted to confirm the efficacy of the antibody cocktail treatment.

- The course of the virus after antibody cocktail administration was analyzed and reported at the 70th Monitoring Meeting held on November 25, 2021.

*Of 2,965 cases reported by 174 medical institutions in Tokyo, 2,374 were extracted with a course of 14 days or more since administration

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/622/70/20211125_10.pdf

Course after Administration

(Number of people; as of October 14, 2021)

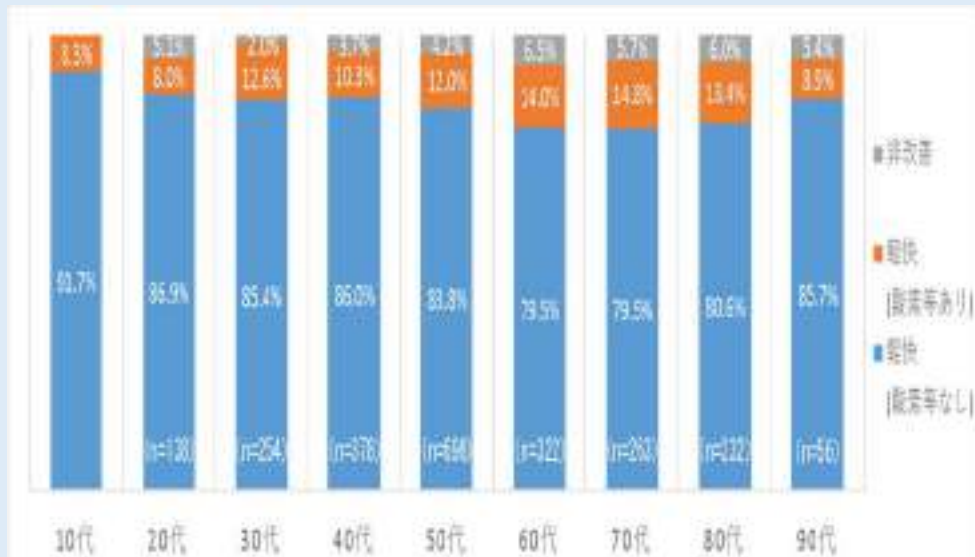
Subjects	Reduced Severity		No Improvement	Death
	No administration of oxygen, etc.	Had administration of oxygen, etc.		
2374	1970	288	109	7
	2258			
	95.1%		4.6%	0.3%

Breakdown by Age

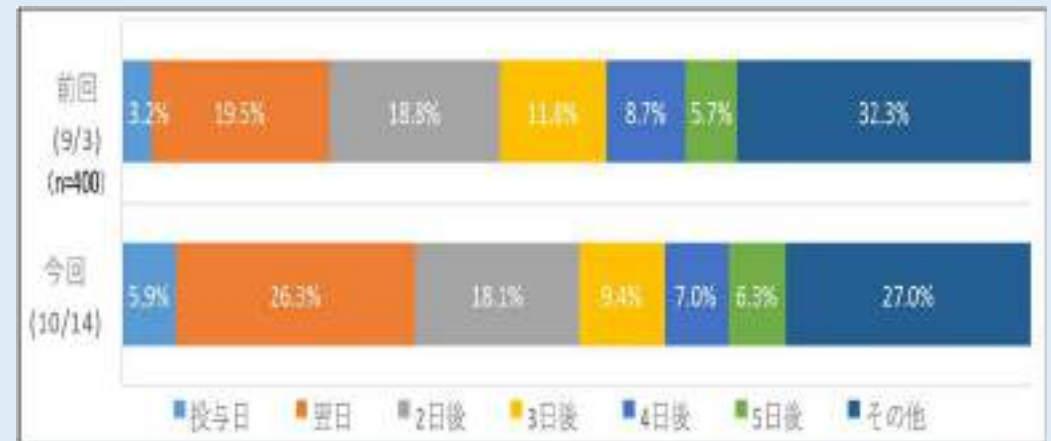
n = 2,374



Rate of Reduced Severity by Age n = 2,365



Days from Administration to Reduced Severity (vs. September 2021)



- Provided recommendations from an expert perspective for the formulation and revision of the

“Plan for Development of COVID-19 Testing Systems”*

*TMG formulated the “Plan for Development of COVID-19 Testing Systems” in accordance with the “Guidelines for the Development of COVID-19 Testing Systems” set out by the government of Japan. After being formulated in April 2021, the plan has been revised three times – in November of the same year, and then in April and November of 2022.

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/kensa/kensakeikaku_kaitei_202211.html

Tokyo Metropolitan Government COVID-19 Testing System Development Plan

Revised
Nov 2023

Basic principle: Establish a stronger testing network to prepare for a wave of infections that exceeds that experienced this summer and a possible twindemic with influenza.

Based on the Government’s basic policy of “with COVID-19”, those not at high risk of developing serious illness due to COVID-19 will in principle self-test. Pregnant women, infants, the elderly and those with pre-existing conditions will be tested at fever outpatient clinics.

1 Testing demand (at peak): approx. 296,000 tests/day

① Demand for testing from patients with fever, etc.: approx. 143,000 tests/day

- Patients presenting with fever: up to 93,000 per day (COVID-19 50,000, influenza 43,000) ---Figure based on peak COVID-19 infections of summer 2023 and historic peak influenza patient numbers
- Close contacts: approx.. 50,000 per day

2 Testing system (peak): approx.. 407,000 tests per day

*Assuming that administrative tests at the peak of the infection wave (93,000 patients with fever/day) would be maximized by extending the hours of medical facilities

- Even at peak infections, the system would ensure that those at high risk of developing serious illness can receive medical attention as a priority.

①-1 Administrative tests (approx. 124,000 per day)

- Establish a testing and diagnosis system for the elderly, those with pre-existing conditions, pregnant women and infants can begin treatment as early as possible.
- Test for influenza at the same time as necessary

①-2 Self-tests using antigen testing kits (approx. 120,000 per day)

- Those not at high risk of developing serious illness will self-test in principle using testing kits

② TMG tests: approx. 103,000 per day

- Demand forecasts are based on the historic trend for activities such as intensive testing at facilities for the elderly and others at high risk of developing serious illness or group transmission.

③ Free tests: approx. 50,000 per day

- Forecast demand based on trend over the summer.

② TMG tests (approx. 113,000 per day)

- Stronger testing in facilities for the elderly and other locations hosting people at high risk of severe illness and group transmission

Free tests (approx. 50,000 per day)

- Address increased demand for free testing in order to maintain strong economic activity

Testing demand (peak) total: approx. 296,000/day < Testing system (peak) total: approx. 407,000/day

3 A testing system fit for infection peaks

<Prompt testing and treatment>

- Further increase in the number of medical facilities offering testing and treatment
- Request for assistance with treating patients other than own patients
- To speed up diagnosis and enable early treatment, PCR testing equipment will be installed at clinics (approx. 900) through subsidized projects.

<Addressing testing kit shortages in medical facilities>

- In preparation for a possible influenza and COVID-19 twindemic, Tokyo will stock testing kits and distribute (upon payment) to medical facilities (total of 600,000 kits, 300,000 of which also detect influenza)

<Ensuring operations over the New Year period>

- Fund medical facilities to provide testing and diagnosis over the New Year period
- Request cooperation of local outpatient clinics and testing centers to complement medical facilities

<Full support for infants and the elderly>

- Promote intensive testing to facilities for the elderly, etc.; temporarily continue use of kits so that residents can be tested promptly
- Pay honorarium to medical facilities providing medical services for infants on weekends and holidays

- From the standpoint of effective public relations, the Risk Communication Team conducted a total of 9 surveys on Tokyo citizen awareness and behaviors from October 2020 to April 2023 (including a group interview).
- In addition to being reported at the TMG Monitoring Meeting, the survey results were posted on the Tokyo iCDC blog with detailed explanations.

Tokyo iCDC blog: https://note.com/tokyo_icdc

Survey Date	Survey Title	Valid Responses	Topics	URL (Monitoring Meeting)
October 15-17, 2020	Preliminary survey on Tokyo citizens awareness	935	<ul style="list-style-type: none"> •COVID-19 preventive actions •Public awareness of monitoring information •Problems and fears associated with COVID-19 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/012/198/2020111207.pdf
February 10-13, 2021	Tokyo citizens awareness survey under the state of emergency	5,410	<ul style="list-style-type: none"> •Preventive actions during the state of emergency •Awareness of TMG measures •Changes in behaviors during/after the state of emergency 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/013/177/35kai/2021030408.pdf
February 26-March 3, 2021	Tokyo citizens awareness survey	10,000	<ul style="list-style-type: none"> •Reasons for masking and not teleworking •Reasons for not seeing a doctor •Attitudes and knowledge about COVID-19 vaccines 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/013/601/41kai/20210415_05-1.pdf
July 16-17, 2021	Survey of Tokyo Citizens on vaccination	1,000	<ul style="list-style-type: none"> •Plans for vaccination •Stance on vaccination •COVID-19 preventive actions 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/014/827/60kai/20210826_08.pdf
October 21-22, 2021	Survey of Tokyo Citizens	1,000	<ul style="list-style-type: none"> •Continuation of preventive actions •Views on the future situation •Reasons for vaccine reluctance 	https://www.metro.tokyo.lg.jp/tosei/hodohappyo/press/2021/11/05/documents/30_01.pdf
March 15-25, 2022	Survey of Tokyo Citizens	10,000	<ul style="list-style-type: none"> •Preventive actions two years into the pandemic •Attitudes toward COVID-19 •Fourth vaccine doses, effects on non-COVID health care 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/021/411/85/20220421_11.pdf
October 1-3, 2022	Survey of Tokyo Citizens	1,000	<ul style="list-style-type: none"> •Current and future preventive actions nearly three years into the pandemic •Preparing for a possible winter twindemic with seasonal influenza 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/022/394/2021027_11.pdf
February 15-21, 2023	Survey of Tokyo Citizens	10,429	<ul style="list-style-type: none"> •Personal attitudes about masking •Ways to help health care professionals •Changes in attitudes toward COVID-19 •COVID-19 and long COVID 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/023/293/20230316_07.pdf
March 8-11, 2023	Group interview (120 minutes)	35 people *6 groups	<ul style="list-style-type: none"> •Positive and negative impacts of COVID •The end of the pandemic, living with COVID •Desired information and initiatives from the government 	https://www.bousai.metro.tokyo.lg.jp/res/projects/default_project/page/001/023/381/20230330_06.pdf

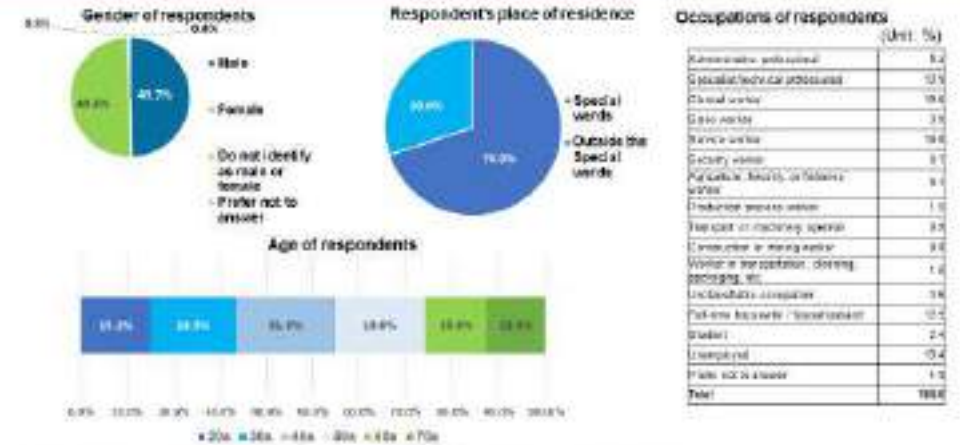
Results of the Tokyo Resident Survey by the Tokyo iCDC Risk Communication Team (conducted in Feb. 2023)

2023. 3. 16

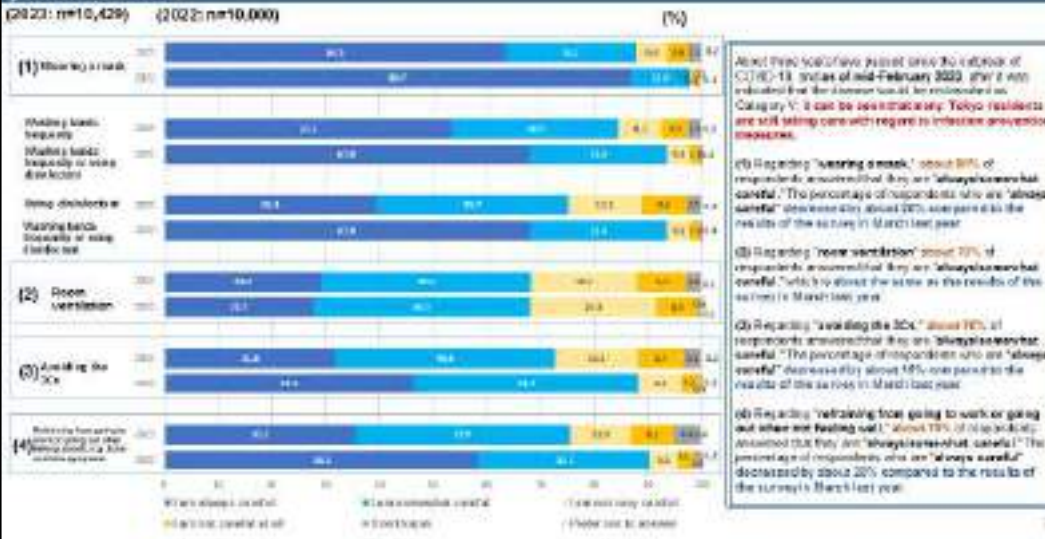
- **Survey method:** Internet survey
- **Survey target:** People in their 20s to 70s who have an address in Tokyo
- **Sampling method and number of samples:**
 - Quota sampling based on gender, age composition, and place of residence according to the population ratio of Tokyo
 - **10,429 samples**
- **Survey period:** Wednesday, February 15, 2023 to Tuesday, February 21, 2023...1 week
- **Survey items:**
 - Feelings and experiences regarding COVID-19 ○ Preparations for COVID-19
 - Behavior and infection prevention measures after the category change (from May 1)
 - Intent and rationale for mask wearing in the future, basic infection prevention measures, etc.

Basic attributes of valid collected surveys

Valid collected surveys
n=10,429



Regarding COVID-19 measures, please select the answer that currently (as of mid-February) best applies to you for each item.



If you are working, how often have you practiced telework in the past month? Please select the answer that applies.



The Tokyo Metropolitan Government is calling on people to prepare test kits, medicines, food, etc. in preparation for COVID-19 infection. Choose all of the items that you have prepared for yourself.



第8回 日経・FT感染症会議

二度と危機を繰り返さないために ——東京感染症ステートメント2021



DAY1 | 8:30~19:00

08:45 第8回感染症会議の意義付け 	09:00 COVID-19への対応検証と経緯抽出 	政府の新型コロナウイルス感染症対策は社会の感染拡大を抑制し、感染を封じ込めるという目的を達成し、感染拡大の抑制に貢献した。しかし、社会経済に深刻な影響をもたらす一方で、感染拡大の抑制に貢献したにもかかわらず、社会経済に深刻な影響をもたらす一方で、感染拡大の抑制に貢献したにもかかわらず、社会経済に深刻な影響をもたらす一方で、感染拡大の抑制に貢献した。	
09:15 重点テーマ1: 東京五輪のボランティア対策 	09:30 重点テーマ2: 検査 	09:45 重点テーマ3: ワクチン 	10:00 重点テーマ4: 医療体制整備
10:15 COVID-19感染拡大防止における行動変容の重要性 	10:30 「ワクチン接種・生体防御強化戦略」の実現に向けたステークホルダー連携 	10:45 国際的なCOVID-19ワクチン・モニタリングと早期検疫へのシナジー 	11:00 COVID-19感染拡大における検査体制の早期構築
11:15 ノストロロウイルス感染症の流行と対策 	11:30 感染症発生時と危機管理- 危機対応委員の視点と対応について - 	11:45 リスク管理から感染症管理へ 	12:00 COVID-19の国際展開防止に向けた国際協力

DAY2 | 8:30~18:30

08:45 重点テーマ1: データ活用 	09:00 重点テーマ2: 国の政策決定 	09:15 会議発表官学プロジェクトの進捗と課題 	09:30 AIを用いたサイレントパンデミックとしてのリスクと、感染対策の必要性
09:45 COVID-19とリスクコミュニケーション 	10:00 緊急時対応体制に対する企業のインベション 	10:15 AI活用による感染症管理と、感染対策の必要性 	10:30 感染症管理(AI)の活用と、感染対策の必要性
10:45 Nikkei & FTによる「リスクコミュニケーション」 	11:00 サマリーセッション 	11:15 エキスパートセッション 	11:30 総論

特別セッション6
COVID-19とリスクコミュニケーション (仮)

 Moderator: 奈良由美子氏
 (放送大学大学院生活健康科学プログラム 教授)

(Except from statement)

Risk communication is an act intended to share information and viewpoints through the exchange of information and opinions among individuals, institutions, and groups. It is easy for many people to be afraid of communicable diseases because the microorganisms that cause them are invisible to the human eye and sometimes isolation is required for infected individuals. Lack of information sharing and understanding about communicable diseases often lead to discrimination and social division. Risk communication is important for helping individuals prevent infection and for preventing discrimination and division in society. Risk communication is essential not only in times of emergency, but also in times of normalcy.

Creating a social network on risk communication that is built upon information sharing, collaborating and cooperating among many people leads to the concept of the “human vaccine.”

In October 2020, the Tokyo Metropolitan Government established the Tokyo Center for Infectious Disease Control and Prevention (Tokyo iCDC) as a permanent command center for communicable disease control. One of the eight current “expert boards” is the Risk Communication Team. It is positioned as the most basic and important team in communicable disease control.


The difficulties in risk communication during the COVID-19 pandemic can be summarized in the following 6 points. (1) The message must be delivered quickly, accurately, and plainly in a situation where knowledge is highly uncertain and often unknown. (2) Communicable disease pandemics are long-lasting and its status changes rapidly. (3) Every individual is a stakeholder in risk communication. (4) The systematic risk is high, spilling over into social, economic, political, ethical, and educational issues. (5) Making a one-way request to refrain from a certain action or to change one’s behavior may lead to questions, oppositions, and distrust. It is important to acknowledge the “why’s and provide an “acceptable” explanation. (6) As the pandemic becomes more prolonged and problems more complex, it is necessary not only to educate and raise awareness about the risks and to evoke behavioral changes, but also to visualize issues and have twoway communication to build a consensus.

2021年10月27日(木)・28日(金) オンライン開催

<https://adweb.nikkei.co.jp/kansansho2021/> 最新情報はこちら 登録エントリー無料

- When the Tokyo iCDC was launched, a seminar for employees was held with the theme of “The Looming Threat of Infectious Disease.”
- The Risk Communication Team and the HR Development Team held seminars for TMG employees with the themes of “Risk Communication During the COVID-19 Pandemic” and “PR on Social Media to Reach City Residents.”

賀来座長による職員向けセミナー・ワークショップ



講師：賀来 満夫 氏 東北医科薬科大学 医学部 感染症学教室 特任教授
東北大学名誉教授
東京都参与
東京iCDC

《主な経歴》
厚生労働省厚生科学審議会委員（感染症）
世界保健機関（WHO）感染症・感染制御
日本野球機構（NPB）・Jリーグ新型コロナ対策委員会

テーマ 迫り来る感染症の脅威

日時 10月15日（木）15時～17時

場所 42階 特別会議室B

対象者 感対部等の健康危機管理対策本部

東京iCDC専門家ボード（リスコミT・人材育成T）による職員向けセミナー

司会：賀来 満夫 座長 東北医科薬科大学医学部 感染症学教室 特任教授 東北大学名誉教授

講師：奈良 由美子 先生 放送大学教養学部 文化科学研究科生活健康科学プログラム 教授

田中 幹人 先生 早稲田大学政治経済学術院 教授

テーマ 『コロナ禍におけるリスコミ』

日時 7月16日（金）16時30分～18時

16:30～16:50 「リスコミの基礎」（奈良先生）
16:50～17:10 「Tipsや具体的な事例」（田中先生）
17:10～18:00 リスコミチーム・人材育成チームと都広報担当・コロナ担当者との意見交換

対象者 福祉保健局・総務局・政策企画局・生活文化局
コロナ対策業務、コロナ関連広報

参加方法 Webリンク（前日送付）よりご参加ください

東京iCDCリスコミチームによる 職員向けオンラインワークショップ

都民に届くSNS広報とは ～コロナ対策から学ぶ～

開催日時 7月7日（木）11時00分～12時00分

講師 東京iCDC リスコミチームメンバー
早稲田大学政治経済学術院 教授
田中 幹人 先生

東京iCDC リスコミチームメンバー
放送大学 教授
東北大学大学院 教授
東京大学医科学研究所 教授

奈良 由美子 先生（司会）
小坂 健 先生
武藤 香織 先生

対象者 広報・SNS業務等に従事する職員で参加を希望する方（特にコロナ関連）

参加方法 申込不要 以下リンクからご参加ください
●ミーティングリンク：
<https://zoom.us/j/95014972504>
●ミーティング番号：2513 540 4020
●パスワード：pmMxSpw749

【問合せ先】福祉保健局感染対策部計画課 東京感染症部 【先】 68-141

- Supervised the creation of leaflets, etc. for parents related to the vaccination of children (for parents concerned about side effects as it relates to childcare, not sure whether to get their children vaccinated, etc.)

保護者の方へ 5歳から11歳のお子さんの新型コロナワクチン接種について

お子さんの接種について、ご家族で話し合うときの参考に、接種のポイントをまとめました。

ワクチンの効果は？

- ワクチンを受けると、体の中で新型コロナと戦う仕組み（免疫）ができます。
- ウイルスが体に入ってきた時に、すぐに戦える準備ができるので、かかりにくく、かかっても症状が重くなるのを防ぐといわれています。

ワクチンの種類は？

- ファイザー社の5～11歳用のワクチンを使用します。
- 3歳間以上あけて2回接種します。
- 接種は筋肉注射です。

事前に調べた方がよいことは？

- ワクチンについて疑問や不安があるときは、かかりつけ医にあらかじめご相談ください。
- お子さんに基礎疾患があるときや、アレルギー、熱性けいれんを起こしたことがあるとき、他の予防接種を受けるときも、ご相談ください。
- 副反応に備えて、親子とも、むりのない日程で予約をとりましょう。

当日注意することは？

- 5～11歳のお子さんの接種には、保護者の方の同意と立ち合いが必要です。
- 朝からお子さんの体調を観察を、予診票もよく確認して記入しましょう。
- 接種券、本人確認書類とあわせて母子健康手帳も忘れずに。
- 接種後は、激しい運動はできません。お風呂は入れます。接種したところを清潔にしましょう。

最新情報は
厚生労働省HP



接種後の症状は？

- 接種直後から30分以内に、アナフィラキシーなどの症状があらわれることがあります。接種会場、かかりつけ医に御相談ください。
- 数日以内に出る症状は、接種した部分の痛み・赤み・はれ、疲れた感じ、頭痛、筋肉痛、悪寒、発熱などがあり、数日でよくなると思われます。
- ごくまれに、心筋炎や心膜炎を疑う事例が報告されています。数日以内に胸の痛みやどうき、息切れ、むくみがある場合すぐに医療機関を受診してください。

帰宅後、副反応で気になることがあるときは、接種会場・かかりつけ医のほか都の副反応専用コールセンターで、看護師等が毎日・24時間対応します。

東京都 (令和4年2月10日時点)

副反応が起きたら、子供の世話はどうしよう？ コロナのワクチン接種を迷っている 保護者の皆さまへ

ワクチン接種は、新型コロナウイルス感染症の発生・重症化を予防する効果があります。ご自身とお子さんの健康や暮らしを守るために、接種のこと、具体的に考えてみませんか。

副反応はどんな症状が出るの？

副反応は、ワクチンが体に免疫をつくらせるときにみられる反応です。大人では、1、2回目の接種では次のような症状がみられました。3回目の接種後も同じような症状があらわれることが稀です。

接種後すぐに起こる可能性のある症状 (アナフィラキシー)	接種後、数日以内にあらわれる可能性のある症状
<p>ごくまれに症状が起こることがあります。経過観察中には会場でご相談ください。</p> <ul style="list-style-type: none"> ■ 皮膚のかゆみ、じんましん、赤み ■ 腫痛、吐き気 ■ 視覚の異常、声のかすれ、せき、しゃみ ■ のどのかゆみ ■ 唇舌しびれ、顔色が青くなる 	<p>多くは2～3日でおさまります。</p> <p>【全身】 疲労、頭痛、関節痛・筋肉痛、悪寒、発熱、吐き気</p> <p>【接種したところ】 痛み、腫れ、赤み</p>

どんな準備をするといいの？

育児や家事・仕事	副反応の備え	接種日の注意
<ul style="list-style-type: none"> ■ 家族や友人などに、育児や家事の分担や支援を相談しましょう。 ■ 近くで支援が得られず、子供の預かりや家事の支援などお住みの自治体のサービスの利用を。 ■ 仕事の休取制度も調べましょう。 	<ul style="list-style-type: none"> ■ 痛みの備えて、片手でも着替えやすい服で。 ■ 熱に備えて、水分をしっかりと。発熱や頭痛に効く解熱鎮痛剤や保冷剤も活用して。 ■ 動けないときのためにレトルト食品やゼリー飲料も。 	<ul style="list-style-type: none"> ■ 十分な睡眠をとりましょう。 ■ 食事もしっかりとりましょう。 ■ 接種前に緊張している場合は、深呼吸をしましょう。 ■ ※ 接種当日は、接種したところを清潔にし、過激な運動を避けてください。入浴は可能です。

接種して帰宅後、副反応で気になることがあるときは、接種会場・かかりつけ医のほか都の副反応専用コールセンターで、看護師等が毎日・24時間対応します。

接種後も感染予防対策の継続をお願いします。

東京都 (令和4年2月10日時点)

- A message to Tokyo residents was created heading into the first New Year's Holidays since the outbreak of COVID-19 in Tokyo.

(Reported at the 24th Monitoring Meeting on December 17, 2020)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_001/012/484/24kai/202012178.pdf

COVID-19: A message from the Governor of Tokyo
December 17, 2020
<https://tokyodouga.jp/jttf31zxkl0.html>

A Message from the Tokyo i C D C

5 rules for a different
year-end/new year period

1. Do not go to crowded places.
2. Only spend time with people you usually meet.
3. Never forget to wear a mask.
4. Never forget to wash your hands.
5. Never forget to air out rooms.

COVID-19 Response

TOKYO METROPOLITAN GOVERNMENT

Under the motto of "Don't get infected and don't infect others,"
let's work together to stop the spread of infection.



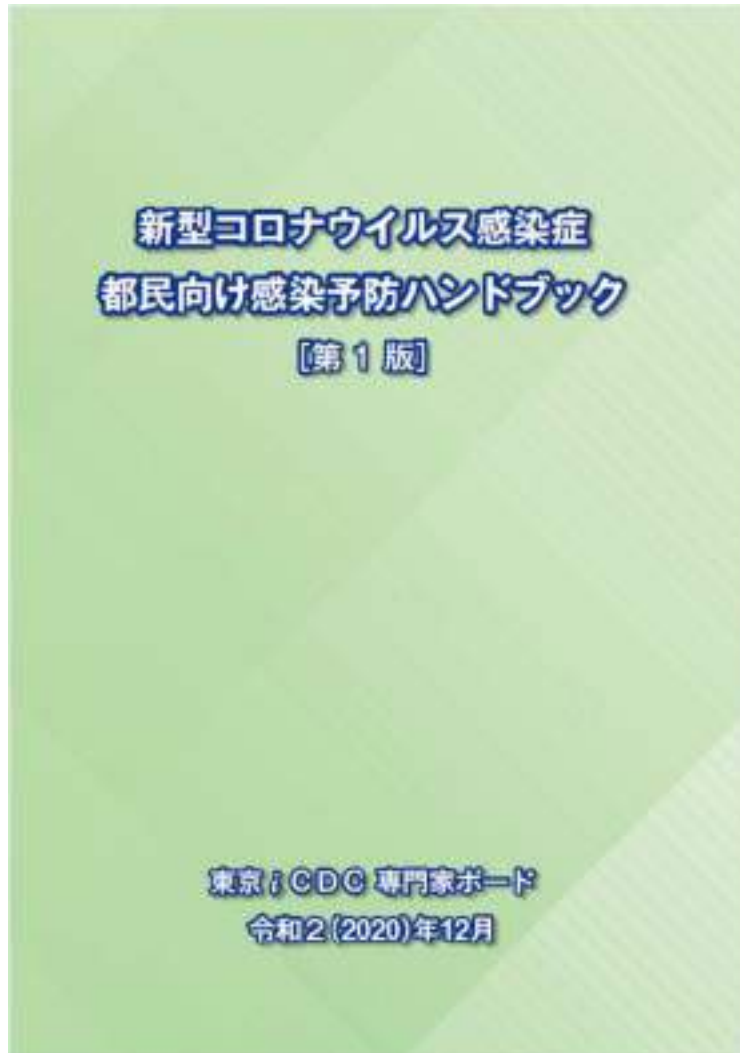
Wash Hands

Wear a mask

Ventilate rooms

- The handbook was created to ensure a safe and comfortable daily life based on a proper understanding of how to prevent infection. (Reported at the 24th Monitoring Meeting held on December 17, 2020)
- It included useful information such as how the virus is transmitted and how to prevent infection.

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/soudan/kanssenyobouhandbook.html



Main Contents

- What is COVID-19 (SARS-CoV2)?
- What symptoms are associated with COVID-19?
- How do people get infected with the virus?
- What should I pay attention to if I have a worrying symptom?
- Thorough prevention of infection transmission
 - Measure 1. Wear a mask at all times
 - Measure 2. Wash your hands
 - Measure 3. Ventilation
 - Measure 4. Disinfect your environment
 - Measure 5. Avoid the “three Cs”

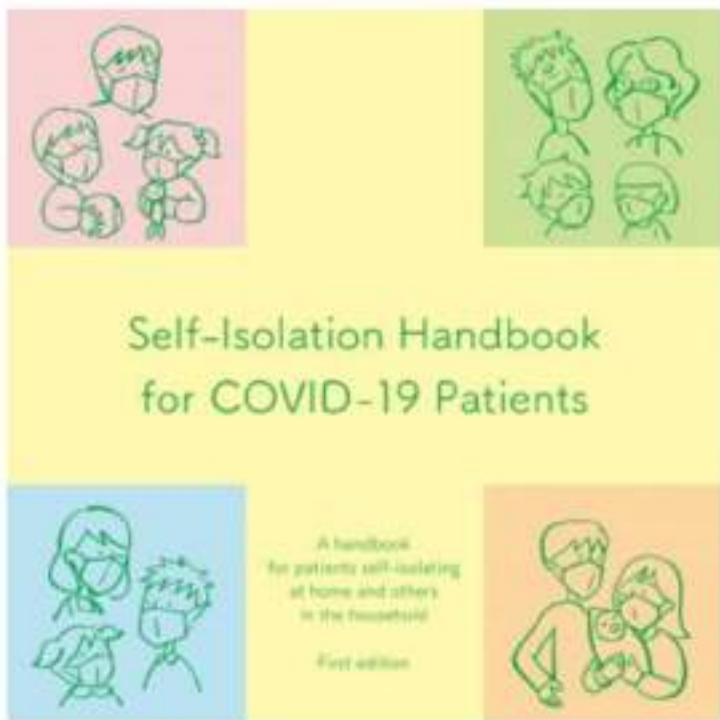
- This handbook was created to help persons diagnosed with COVID-19 and those who live with them spend the time when the patient is recovering at home with peace of mind.
- In view of the characteristics of the Omicron variant, the handbook was revised when necessary to add information about ventilation, etc. (three editions as of April 2023).

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/shien/zitakuryouyouhandbook.html

*First Edition: January 21, 2021

Second Edition: September 14, 2021

Third Edition: January 20, 2022



Main Contents

- For those who have been diagnosed with COVID-19 and those who live with them
- Characteristics of COVID-19
- Guidelines to follow when recovering at home
- 8 points for preventing infection at home
 - ① Use separate rooms
 - ② Limit the people taking care of the sick person to the extent possible
 - ③ Both the sick person and those who live with them should wear masks correctly
 - ④ The sick person and those who live with them should wash their hands frequently
 - ⑤ Ventilate rooms frequently
 - ⑥ Clean and disinfect common areas of the house that are frequently touched
 - ⑦ Launder dirty linen and clothes
 - ⑧ Dispose of garbage in sealed trash bags
- Points to be aware of regarding highly infectious variants (including Omicron)



- In view of the emergence of the highly infectious Omicron variant, along with the 3rd edition of the Self-Isolation Handbook for COVID-19 Patients (January 20, 2022), a booklet in the form of a checklist of items for family to follow in order to prevent the spread of infection within the home called “10 things to do if someone you live with has COVID-19” was distributed.
- A version for schools with a simplified design and wording was also distributed.

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/shien/zitakuryouyouhandbook.html



< For the General Public >



< For Schools >

- Based on examples of assistance provided by the Infection Prevention and Control Team, Tokyo iCDC created a collection of occasionally-seen examples of incorrect measures being taken at places such as care facilities for the elderly where many cluster infections had occurred in order to educate employees about correct measures to prevent infection. (Reported at the 67th Monitoring Meeting held on October 14, 2021)

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/iryokikan/corona_taisakujirei.html



< Main Examples >

4-1-1 ゴーミングをする際は、区別を明確にします

✕ 間違った事例
ゴーミング時に、全防護具を付けたスタッフが、ターゲティング作業をする。また、作業を完了した後は、更衣室で脱いでいない服装のまま作業を再開する。

○ 正しい事例
ゴーミング時は、全防護具を付けたスタッフが、ターゲティング作業を完了した後は、更衣室で脱いでいない服装のまま作業を再開する。

4-1-2 感染性廃棄物はステーションに持ち込みません

✕ 間違った事例
感染性廃棄物が使ったカートも、ステーション内に持ち込みます。感染性廃棄物のカートは、ステーション内を通過して、ステーション内に持ち込みます。

○ 正しい事例
感染性廃棄物は、ステーションの外に持ち込みます。ステーション内を通過して、ステーション内に持ち込みます。

4-1-3 更衣室での感染リスクを減らしましょう

✕ 間違った事例
更衣室で、マスクを付けないまま作業を行う。更衣室で作業を行う際は、マスクを必ず着用する。

○ 正しい事例
更衣室で作業を行う際は、マスクを必ず着用する。更衣室で作業を行う際は、マスクを必ず着用する。

4-1-4 ガウンは使いまわしをしません

✕ 間違った事例
更衣室で、作業用ガウンを共用して作業を行う。作業用ガウンは、個人で着用し、作業後は更衣室で脱いで処分する。

○ 正しい事例
作業用ガウンは、個人で着用し、作業後は更衣室で脱いで処分する。作業用ガウンは、個人で着用し、作業後は更衣室で脱いで処分する。

- After interviewing public health centers, etc. about cases of cluster infections at educational institutions, a checklist was created to prevent cluster outbreaks at club activities and school dormitories which was distributed to universities and schools in Tokyo.

(Reported at the 75th Monitoring Meeting on January 20, 2022)

https://www.hokeniryu.metro.tokyo.lg.jp/kansen/corona_portal/iryokikan/corona_ryou_bukatu_checklist.html

【For students】

**新型コロナウイルス感染症
学生寮・部活動で集団感染を防ぐために**

学生のみなさまへ

学生寮や部活動は、感染拡大のリスクが高く、これまでも多くの集団感染が発生しています。日々の感染予防対策を徹底することでリスクを減らすことができますが、ポイントをおさえないと、有効な対策とならない場合があります。以下のポイントを読み、日々の対策を振り返ってみましょう。

「学生寮」の感染対策ポイント

寮内でマスクを着用していますか？

【POINT】拒否等の場合や、共有スペースを使用する際は、マスクを着用しましょう。マスク以外にも、利用時間が長くなりやすい直置きや籠りを入れた洗面所にしたり、洗面所で会話しないよう注意喚起のスターを使用するなどの工夫を行っている寮事務所もありました。

部屋の換気を行っていますか？

部屋が整理されていて、窓やドア周辺に空気の通り道が確保されていますか？

【POINT】部屋の換気は、窓が開けられない・空気が通らないなどの事例がみられました。換気の徹底とともに、部屋の整理をいまいちど確認してみましょう。
(東京寮では、「換気のポイント」をまとめて紹介しています。)

手指消毒剤は適切な場所（動線上、目につく場所）に設置していますか？

手指消毒剤の残量確認やポンプの清掃を定期的に行っていますか？

【POINT】手洗いや手指消毒は、洗面所やトイレから「移動動線」を把握し、あまり使われていない場合には、より目につく設置場所へ変更するなど、「設置」ではなく、「使用」が徹底されるように取り組むことが大切です。また、手指消毒剤には保湿成分を高く含む製品もあり、乾びかけた消毒剤には乾きし汚染される場合があるため、定期的にポンプも清掃することが推奨されています。

【For managers and coaches】

**新型コロナウイルス感染症
学生寮・部活動で集団感染を防ぐために**

管理監督者（寮長・教職員・監督コーチ等）のみなさまへ

学生寮や部活動は、感染拡大のリスクが高く、これまでも多くの集団感染が発生しています。集団感染を防ぐためには、日々の感染予防対策の徹底とともに、「感染者の早期把握」、「感染拡大防止策を迅速に講じること」が重要です。あらかじめ「責任者は誰か」「予防の体制」「発生したらどうするか」等、役割やルールを決めるなど、組織的に取り組むことが、感染発生時の迅速な対応につながります。

集団感染を防ぐ5つのポイント

① 感染発生時の連絡・情報共有体制の構築

陽性者（濃厚接触者）・体調不良者が発生した時に、誰が誰に連絡するか決まっていますか？
(大学へも陽性者等の情報を共有していますか？)

連絡体制は、学生に共有されていますか？

【POINT】連絡体制が不明確だと、大学としての状況把握が遅れ、組織的かつ迅速な対応ができない可能性があります。また、管理監督者が不在の場合などにも備え、学生間で連絡体制を共有しておくことも重要です。

② 感染発生時の役割や対応方針の明確化

陽性者が発生した時に、誰が何を対応するか決まっていますか？

事前に、陽性者発生時の部活動継続・大会参加等の方針を決めていますか？

【POINT】事前に緊急対応の体制を整えておくことが迅速な初期対応につながります。特に責任者を決めて、その人に情報を一元化するなどで、寮長や大学とのやりとりを円滑に行うことができます。また、部活動では活動の継続・大会参加方針、学生寮では陽性者を速やかに確認・隔離し、寮内の個室等に移す準備など、対応方針、フローの整備・ハードウェアの備えを事前に検討しておくこと、集団感染を防ぐことに有効です。

Purpose

Promote awareness of key points for preventing infection in order to prevent cluster infections at university dormitories or during extracurricular club activities.

Contents

- For those responsible for supervising students
 - Establish a system for communicating and sharing information in the event of an outbreak of infections, clarify roles and policy for response at such a time (etc.)
- For students
 - Wear masks and use hand sanitizer even in the dormitories, refrain from conversation when masks have been taken off (etc.)

- An infection prevention checklist for young people was created and disseminated at universities and schools in Tokyo.

(Reported at the 86th Monitoring Meeting held on April 21, 2022)

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/iryokikan/wakamonochecklist.html

若者の皆さんへ コロナ感染予防チェックリスト

都内の年代別の新規陽性者を見ると、**29歳以下が全体の約50%を占め**、若い方を中心に感染が広がっています。
あなた自身、そして、大切な家族や友人に感染を拡げないためにも、日々の感染対策にしっかり取り組むことが重要です。

① 外出前に確認しましょう

- 体調不良時（発熱、咳、喉が痛い等）は、外出を控えていますか？
- 症状を感じたら、すぐに医療機関を受診していますか？
- 症状がなくても、他人にうつしてしまうことを知っていますか？

② 飲み会（自宅飲み・屋外バーベキュー等を含む）

- 飲食時以外はマスク着用を徹底していますか？
- 人と人との距離を確保していますか？
- 短時間かつ少人数ですか？
- （自宅の場合）窓開けやレンジフードで換気をしていますか？

③ ドライブ等の移動中

- 移動中でもマスクの着用を徹底していますか？
- （換気可能であれば）窓開けなどで換気をしていますか？
- 人と人との距離を確保していますか？

④ シェアハウス・学生寮

- 自室以外（共有スペース等）で、マスクを着用していますか？
- 部屋の換気を行っていますか？
- 部屋が整理されていて、空気の通り道が確保されていますか？
- 手指消毒剤は、適切な場所（動線上、目につく場所）にありますか？

⑤ サークル活動・部活動

- 共用のトレーニング機材や備品は、使うたびに消毒していますか？
- 練習中以外の場面（休憩時など）で、マスクをつけていますか？
- ミーティングは、人との距離や換気に注意し短時間で行っていますか？
- 練習・活動場所に手指消毒剤や手洗いでできる環境はありますか？
- 更衣室は、密を避けるため時間を分けた利用や換気をしていますか？

Purpose

As infections were spreading **mainly** among the younger generation, a checklist for how to prevent infection in situations where the virus is easily spread, such as drinking parties or leisure activities, was disseminated in order to promote awareness of infection prevention measures.

Contents

- Things to check before going out, such as staying home if you feel you have any symptoms
- Key points for preventing infection in 4 situations including drinking parties and when in transit (wearing a mask, ventilation, hand sanitizing, etc.)
- Introduction of the risks of infection after-effects and various help lines

Other

Tie-up with Tokyo Waction (higher change of winning bonus items by using the checklist)



- In view of many occurrences of cluster infections at care facilities for the elderly and facilities for persons with disabilities during the outbreak of the Omicron variant, training videos on preventing the spread of infection, based on examples of infection control measures, were distributed on the TMG website in order to improve response capabilities at facilities, etc.
- In addition to the above, a workshop was conducted over live streaming (including a Q&A session with the lecturer).

Online distribution of training video (video recording)

1 Distribution Available on the TMG website starting on April 28, 2022
https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/iryokikan/kensyuudouga.html

2 Contents Basics

Standard preventive measures at facilities (① hand hygiene, ② personal protective equipment, ③ COVID-19 infection control)

Lecturer: Prof. Sugawara Erisa (Tokyo iCDC Infection Prevention and Control Team, professor at the Graduate School of Tokyo Healthcare University Division of Infection Prevention and Control)

Examples ① Examples of support during the 6th wave ② Daily preparedness, etc.

Lecturer: Ms. Chishima Kayako (Infectious Disease Response Support Team, National Hospital Organization Headquarters, Ministry of Health, Labour and Welfare J-DMAT (Japan Disaster Medical Assistance Team) Secretariat)

3 Number of views Basics: ① 6,734 ② 4,117 ③ 3,431 Examples: ① 2,402 ② 2,000

Online training (live stream)

1 Dates **First session:** Wednesday, May 18, 2022 **Second session:** Tuesday, July 5, 2022

2 Contents ① **Lecture by an expert** Preparation during ordinary times, response when cluster infections occur, etc.

Lecturer: Prof. Sugawara Erisa (Tokyo iCDC Infection Prevention and Control Team, professor at the Graduate School of Tokyo Healthcare University Division of Infection Prevention and Control)

② **Presentation of examples**

Key points for infection control, examples of support provided by the Infectious Disease Response Support Team, etc.

Lecturer: Ms. Chishima Kayako (Infectious Disease Response Support Team, National Hospital Organization Headquarters, Ministry of Health, Labour and Welfare J-DMAT (Japan Disaster Medical Assistance Team) Secretariat)

③ **Question & answer session**

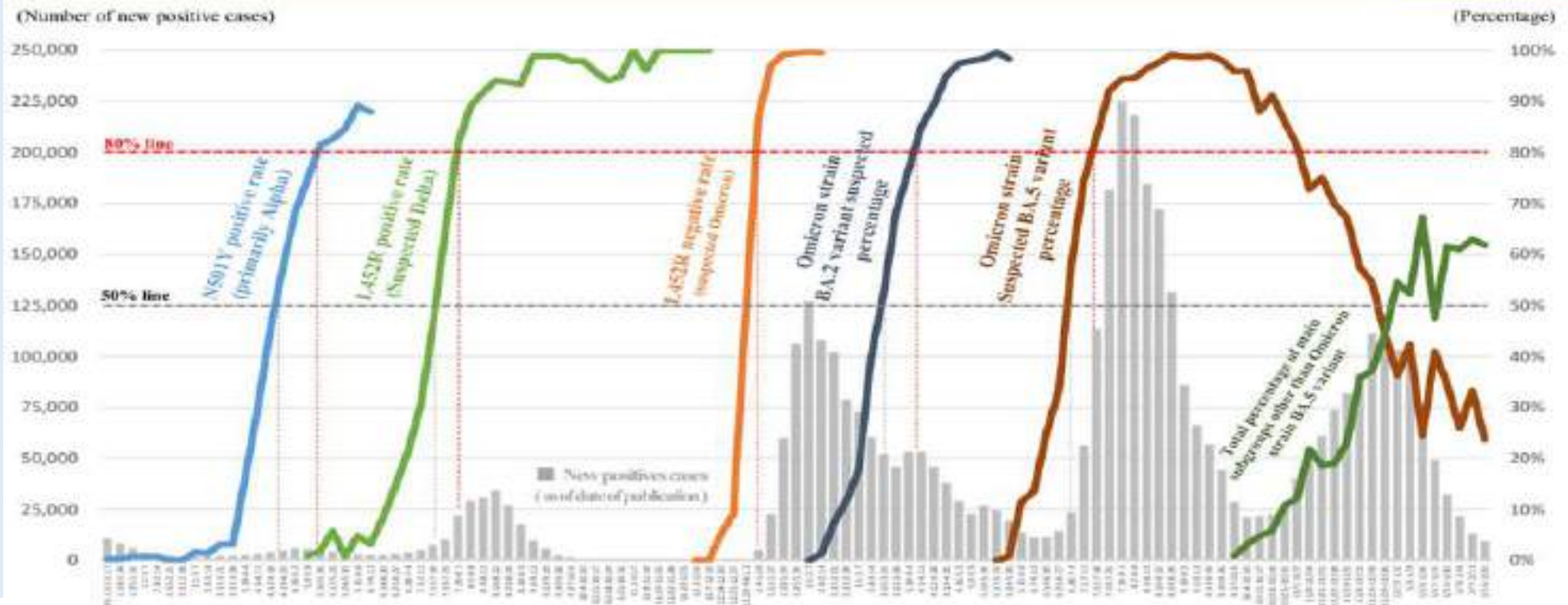
3 Number of participants First session: 405 elderly care facilities/facilities for persons with disabilities Second session: 231 elderly care facilities/facilities for persons with disabilities

Conducting of Variant PCR Testing ①

- Variant strains of the virus have been pointed out as having the potential for immune escape and increased severity, infectiousness, and transmissibility, and the emergence of new variants has tended to correspond with an increase in the number of infections.
- In addition to genome analysis, TMG began conducting its own PCR testing capable of identifying variants early on in order to ascertain the emergence of variant strains.

Trends in the positive rate of mutated strains and the number of new positive cases in Tokyo

(As of March 2, 2023)



Conducting of Variant PCR Testing ②

- The Tokyo Metropolitan Institute of Public Health (TMIPH) began screening for COVID-19 variants in December 2020 with real-time PCR testing.
- Tests confirmed the presence or absence of the N501Y variant, a shared mutation in the spike protein found in the Alpha, Beta, and Gamma variants, the E484K variant, found in the Beta, Gamma, and R.1 variants, and the L452R variant, found in the Delta variant.
- TMIPH developed its own variant PCR testing method for the Omicron variant, and began conducting tests for it on December 3, 2021. This method makes it possible to estimate whether the COVID-19 detected corresponds to the Omicron, Delta, or Alpha variant by detecting the presence or absence of L452R, N501Y, and E484A mutations.

*Testing system for COVID-19 variants at TMIPH: https://www.tmiph.metro.tokyo.lg.jp/lb_virus/mutation/

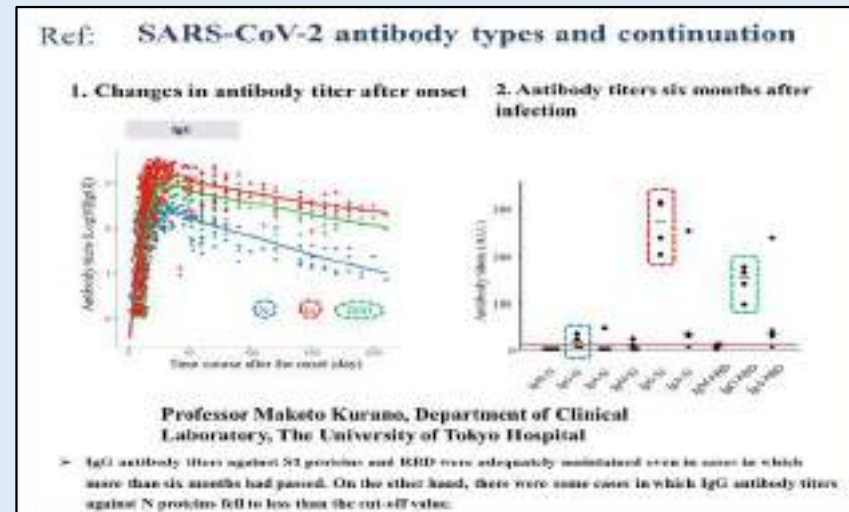
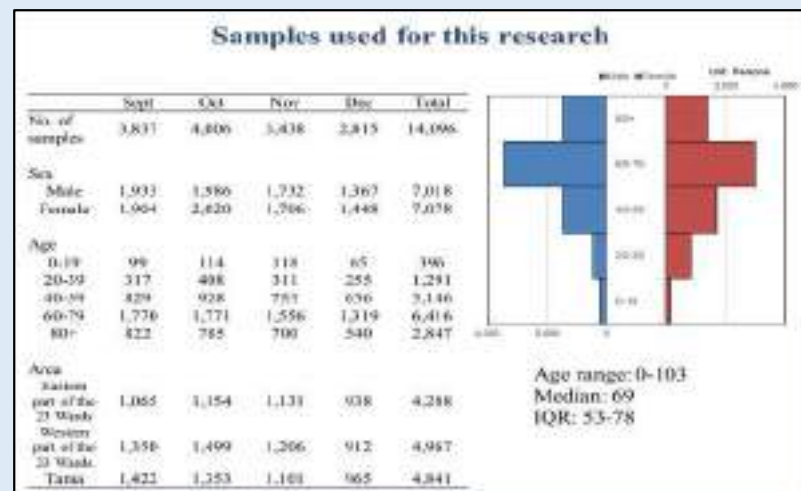
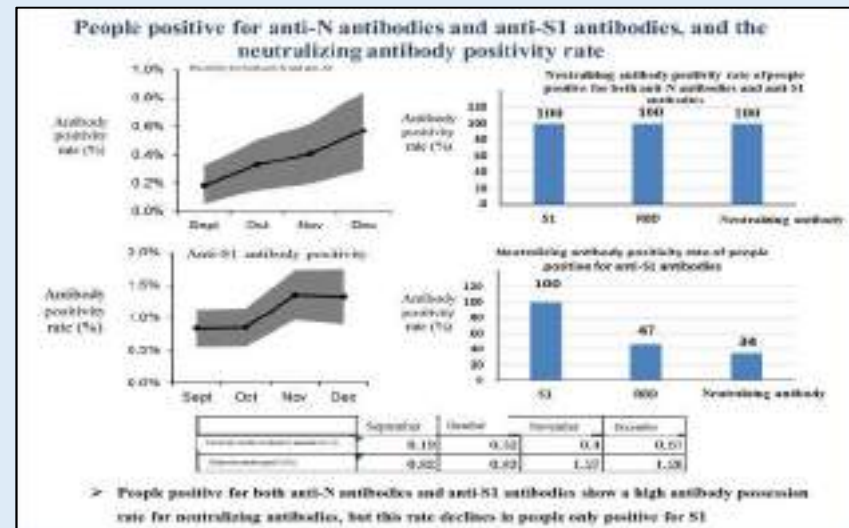
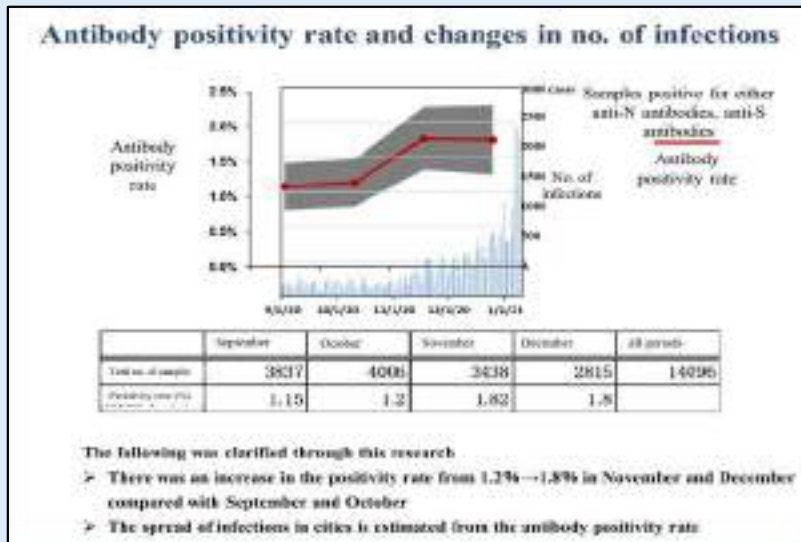
- Since the emergence of sub-lineages of the Omicron variant, TMG has conducted its own variant PCR testing focused on characteristic variants in order to quickly assess the status of their emergence.



- The Tokyo Metropolitan Institute of Medical Science conducted a study using residual serum samples (14,096 samples collected between September 1 and December 31, 2020) from blood tests conducted on general patients visiting outpatient clinics at 8 Tokyo metropolitan hospitals and 6 public hospitals.

(Reported at the 30th Monitoring Meeting held on January 28, 2021)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/012/907/30kai/2021012807.pdf



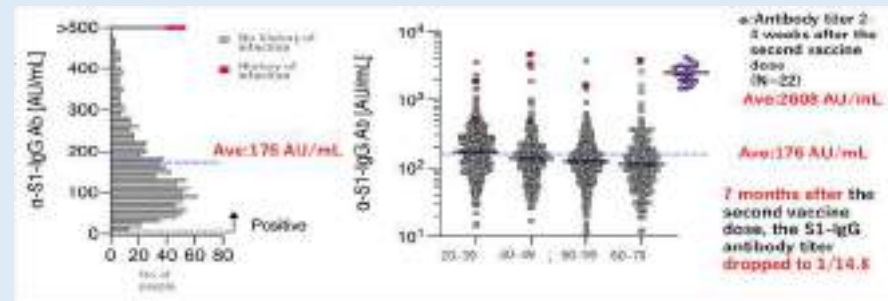
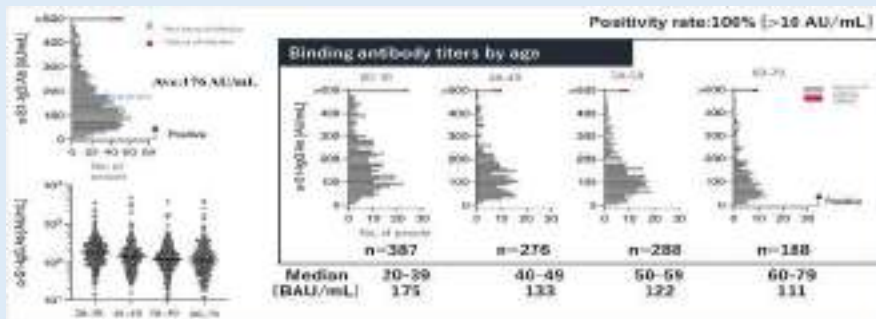
- Specimens (serum) from Tokyo Metropolitan Hospital personnel were used to measure antibodies about 7 months after receiving the 2nd dose of COVID-19 vaccine.
- Based on the results, which showed a decrease in antibodies after 7 months in all age groups, and lower numbers with increasing age, TMG promoted early additional vaccination (3rd dose), particularly for the elderly.
(Reported at the 80th Monitoring Meeting held on November 25, 2021)
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/622/70/20211125_07.pdf

Specimen Information

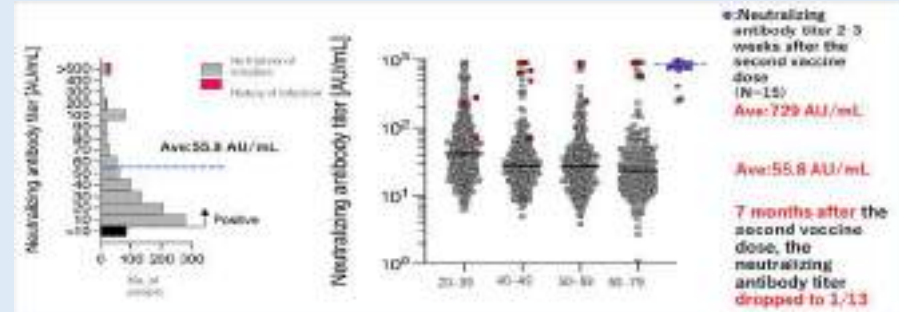
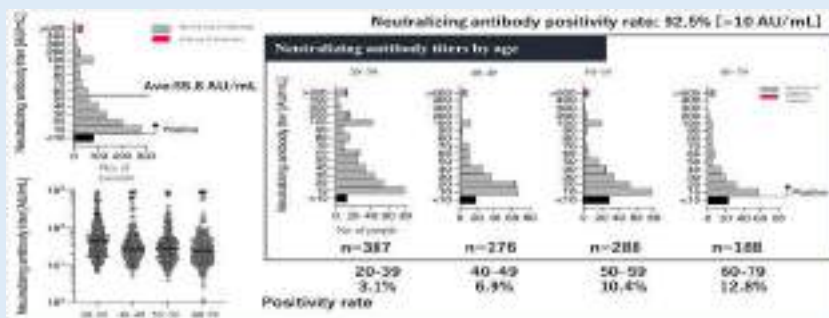
- 1,139 Tokyo Metropolitan Hospital personnel (910 women, 229 men) *Persons who received 2 doses of Pfizer mRNA vaccine
- Approximately 7 months since the last vaccination (180-220 days since vaccination (median of 213 days))

Results

- Spike protein binding antibody titers (S1-IgG) averaged 176 AU/mL, with the levels decreasing with increasing age.
- This antibody titer was 1/14.8 lower than the mean of 2608 AU/mL of antibody titer 2-4 weeks after the 2nd dose of vaccine in 22 cases at the Tokyo Metropolitan Institute of Medical Science



- The mean neutralizing antibody (Nab) titer was 55.8 AU/mL, with the level decreasing with increasing age
- This neutralizing antibody titer was 1/13 lower than the mean value of 729 AU/mL of the antibody titer 2-3 weeks after the second dose of vaccine in 15 cases at the Tokyo Metropolitan Institute of Medical Science.



- Specimens (serum) of Tokyo health care workers whose antibody levels were measured after receiving the 2nd dose of vaccine were used to measure antibodies 4 months after receiving the 3rd dose of vaccine. (Reported at the 86th Monitoring Meeting held on April 21, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/411/85/20220421_10.pdf

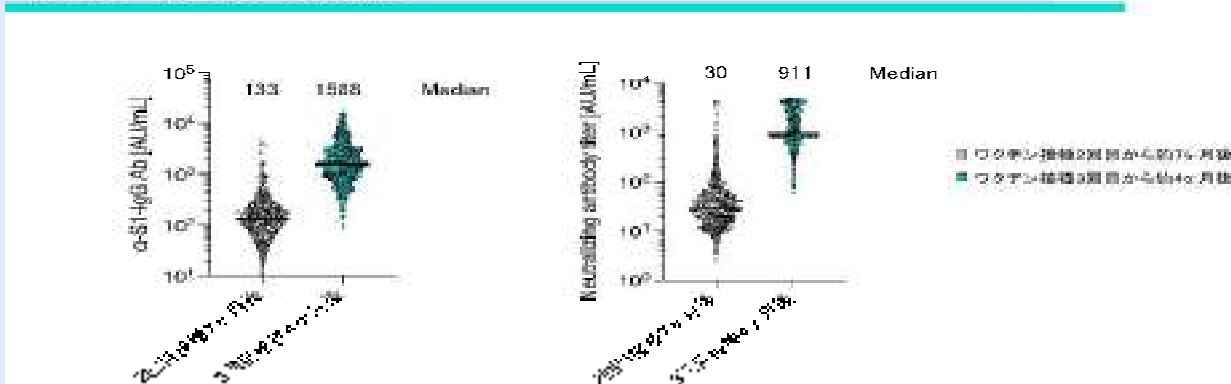
Specimen information

- 704 Tokyo health care workers (581 women, 123 men)
- Blood was taken 4 months after receiving the 3rd dose of vaccine (median of 119 days)
*For reference, blood was taken 7 months after the 2nd dose of vaccine (median of 213 days)

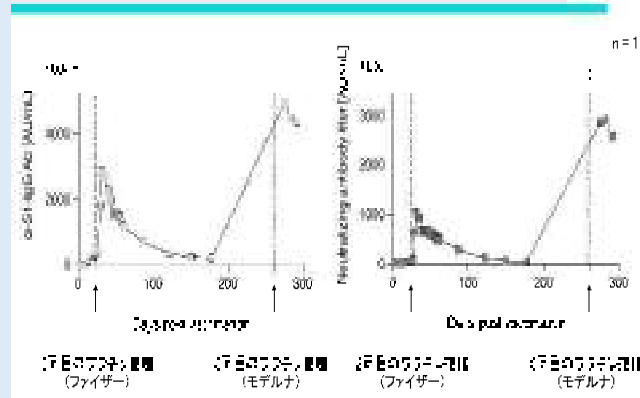
Results

- Anti-S1 antibody titers increased after the 3rd dose of vaccine. Positive neutralizing antibody titers were also observed in all samples.
- After receiving the 3rd dose of vaccine, both anti-S1 and neutralizing antibodies tended to remain high.
- Both anti-S1 and neutralizing antibodies tended to be higher when there was a history of infection before or after vaccination.

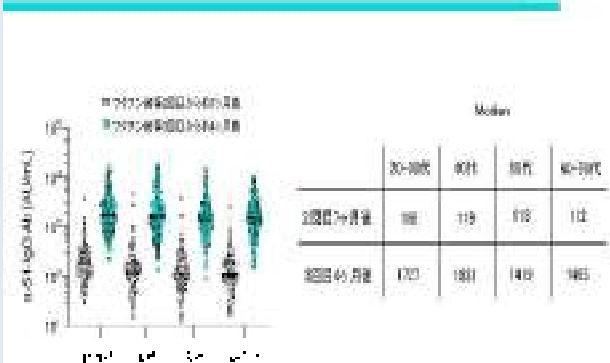
ワクチン接種後の抗体価



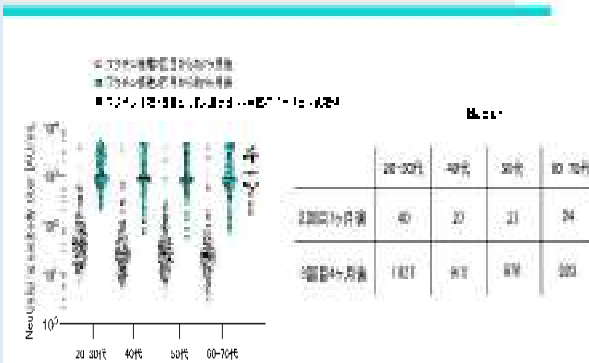
ワクチン接種後の抗体価の推移



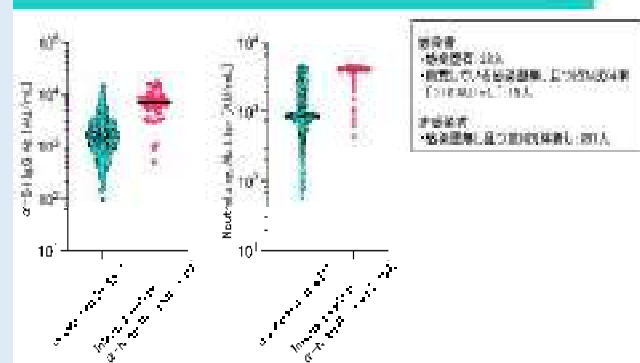
感染歴有抗体価 (AU/mL) 医学研究用検査測定値



中和抗体価 (AU/mL) 医学研究用検査測定値



感染歴の有無による抗体価の比較



- Specimens (serum) of Tokyo health care workers whose antibody levels were measured approximately 7 months after receiving the 2nd dose of vaccine and approximately 4 months after receiving the 3rd dose were used to measure antibodies 7 months after receiving the 3rd dose, or at least 1 week after receiving the 4th dose.

(Reported at the 93rd Monitoring Meeting held on July 14, 2022)

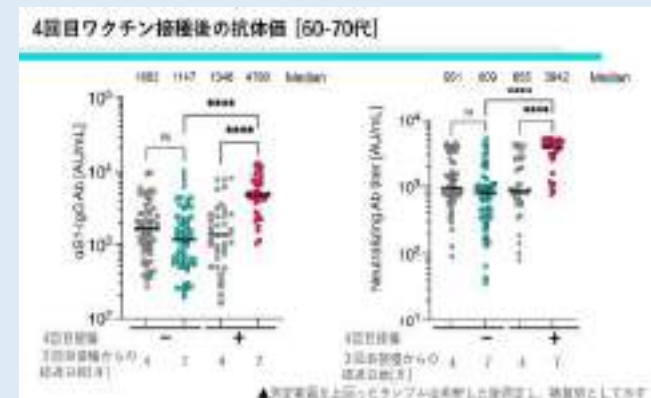
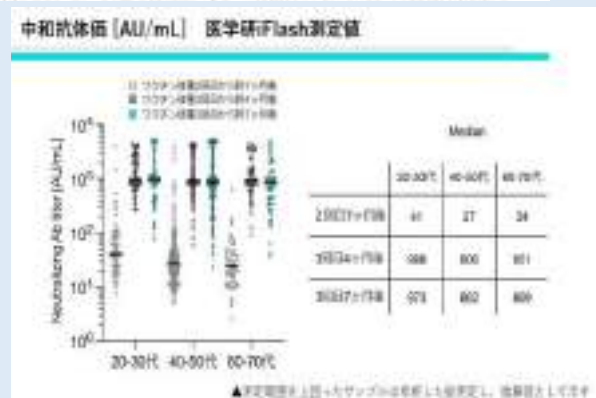
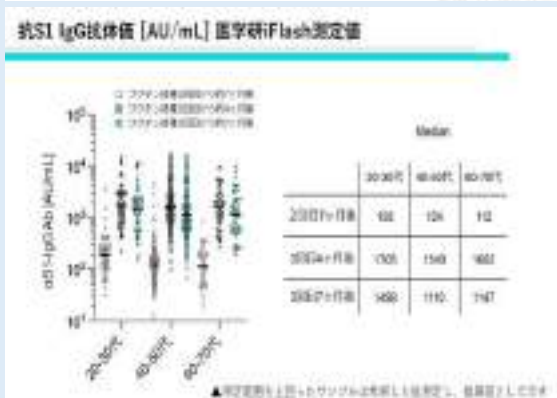
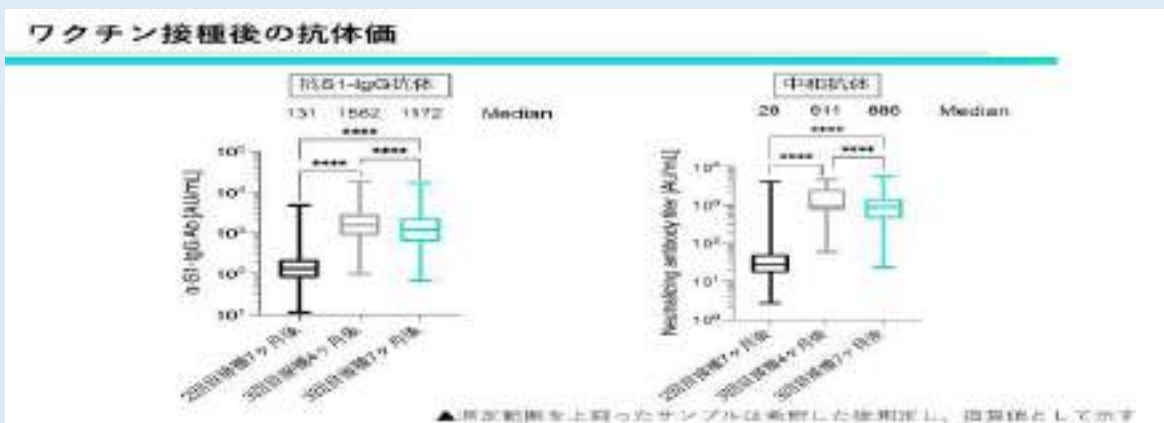
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_001/021/840/93/20220714_08.pdf

Specimen information

- 421 Tokyo health care workers (345 women, 76 men)
- Blood was taken on the day 7 months after receiving the 3rd dose of vaccine (median of 195 days, 378 people) or at least 1 week after the 4th dose (median of 17 days, 38 people)
- *For reference, blood was taken on the day 7 months after receiving the 2nd dose (median of 213 days), and 4 months after receiving the 3rd dose

Results

- Anti-S1 antibody titers 7 months after the 3rd dose of vaccine declined significantly in comparison to 4 months after, but remained higher than the levels 7 months after the 2nd dose of vaccine.
- Neutralizing antibody titers 7 months after the 3rd dose of vaccine were also significantly lower than at 4 months, but remained higher than the levels 7 months after the 2nd dose of vaccine.
- After receiving a 4th dose of vaccine, anti-S1 antibodies and neutralizing antibodies both increased significantly compared to those who did not receive the vaccination.



- Specimens (serum) of Tokyo health care workers 3-4 months after receiving the 4th dose of vaccine and 1-18 days after receiving the 5th dose were used to measure antibodies.

(Reported at the 108th Monitoring Meeting held on December 1, 2022)

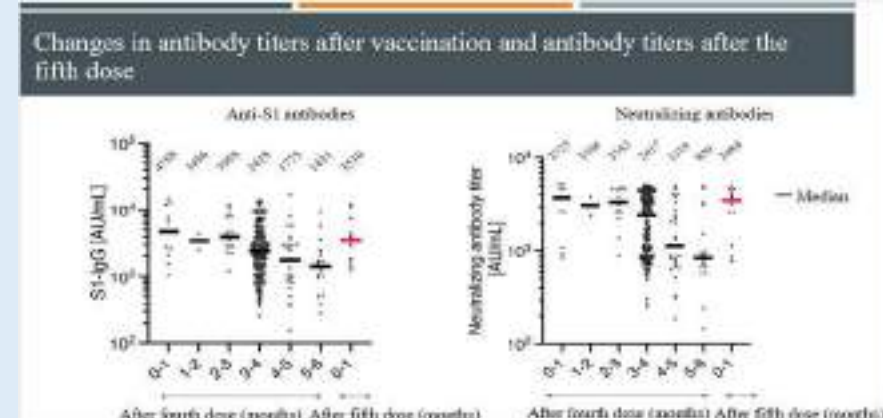
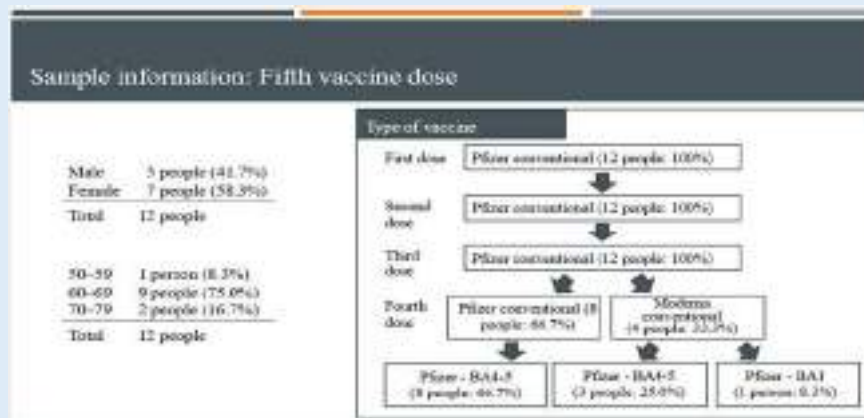
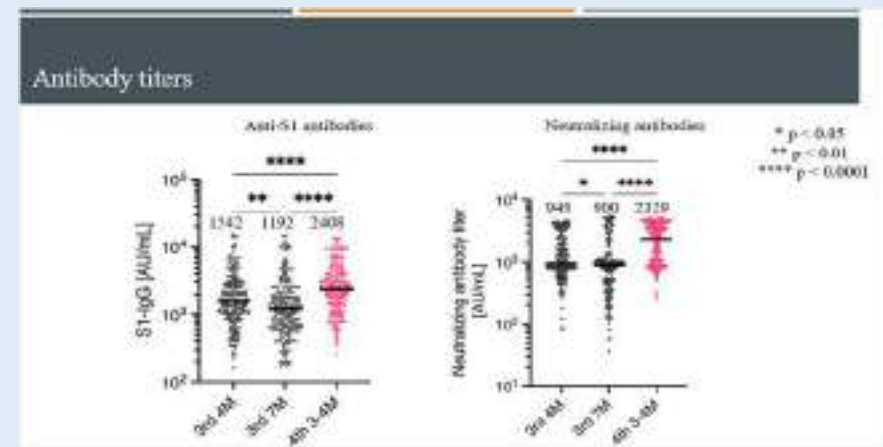
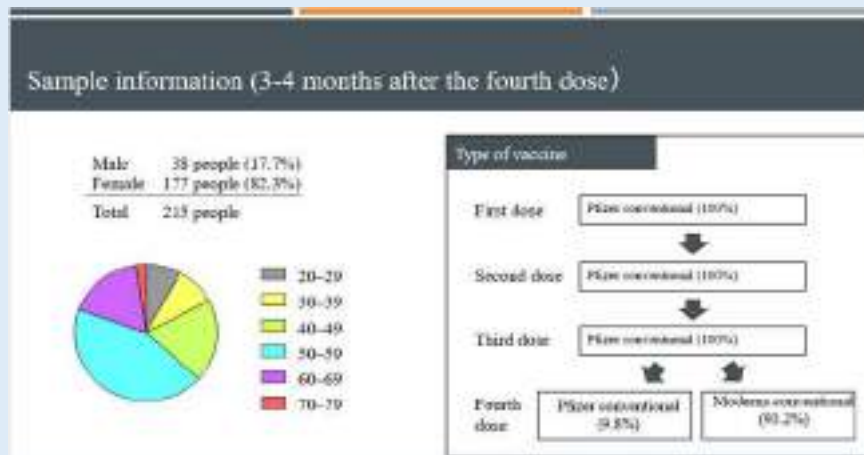
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/022/682/20221201_08.pdf

Specimen information

- 215 Tokyo health care workers (177 women, 38 men), 3-4 months after receiving the 4th dose of vaccine
- Blood samples from 12 health care workers (7 women, 5 men) 1-18 days after the 5th dose of vaccine

Results

- S1-IgG antibody titers and neutralizing antibody titers 3-4 months after the 4th dose of vaccine increased significantly compared to 4 months after the 3rd dose.
- Antibody titers after the 4th dose of vaccine were almost unchanged until 3 months after vaccination and then declined rapidly, albeit still at high levels, but increased after the 5th dose of vaccine to the same level 1-3 months after the 4th dose.



- Information was disseminated to promote additional vaccination based on the results of the 4th antibody retention investigation at the Tokyo Metropolitan Institute of Medical Science, etc.

(Governor’s press conference held on December 2, 2022)

https://www.metro.tokyo.lg.jp/tosei/governor/governor/kishakaiken/2022/12/documents/20221202_01.pdf

Neutralizing antibody titers after the fourth and fifth vaccine dose

Neutralizing antibody titer after the fourth vaccine dose (median)

Health care professionals aged 20–79 (n=215 people) (Unit: AU/mL)

Significant increase



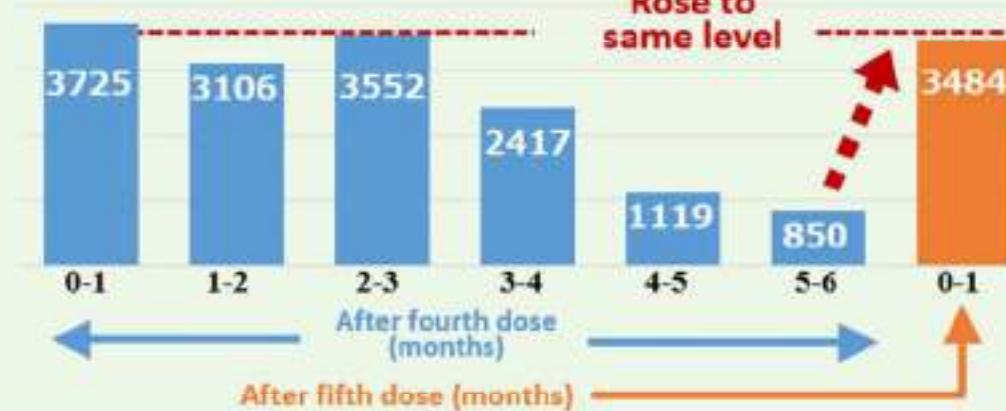
*Neutralizing antibodies: antibodies that defend against infection

Neutralizing antibody titer after the fifth vaccine dose (median) (Vaccine against Omicron variant)

Age 50–79 health care professionals (n=12 people) (Unit: AU/mL)

1–3 months after fourth dose

Rose to same level



- The neutralizing antibody titer may decrease some time after the third dose

➢ **Administer fourth dose in preparation for the spread of infection in the winter**

- Thanks to the fifth dose, it rose to the same level as 1–3 months after the fourth dose

➢ **Administer the fifth dose early for people with a high risk of serious illness, such as the elderly**

*From "Changes in anti-S1-IgG antibodies and neutralizing antibody titers after the mRNA vaccine" Tokyo Metropolitan Institute of Medical Science (created based on materials from the 108th Tokyo Metropolitan COVID-19 infection monitoring meeting)

- Expert opinions on the effectiveness and safety of vaccines were included in the August 2021 issue of the TMG News.

<https://www.koho.metro.tokyo.lg.jp/2021/08/documents/202108.pdf>



新型コロナウイルス ワクチンについて

ワクチンの効果や安全性について、感染症の専門家に意見を伺いました。



賀来満夫先生

東京iCDC 専門家ボード座長・
東北医科大学大特任教授



濱田篤郎先生

東京医科大学病院
国際医療センター特任教授

ワクチン接種が推奨される理由

- 一つ目に、接種を受けることによって、発症や重症化を防ぐことが期待される、ということがあります。つらい症状に苦しまなくて済む、という接種を受けた人のメリットと同様に、患者さんを受け入れる医療機関の負担軽減にもつながります。
- 二つ目に、「集団免疫」の獲得が期待される、ということです。「集団免疫」とは、多くの人が免疫を持つことで感染症が流行しなくなる状態のことで、ワクチン接種が進むことで、その効果が得られるといわれています。
- 新型コロナウイルスに特效薬はありません。苦しむ人を少なくするため、多くの方にワクチンを接種していただきたいと思えます。

接種後も感染対策は必要

- 現在のワクチンは、発症を予防したり重症化を防いだりする効果は期待されていますが、感染そのものを防ぐ効果や、他の人に感染させない効果があるのかについては、まだ分かっていません。
- このため、マスクの着用やこまめな手洗い、3密を避けるといった基本的な感染対策は続けることが必要です。

ワクチンの効果について

- 現在接種されている2種類のワクチン(ファイザー社製、武田/モデルナ社製)には、かなり効果があるといわれています。海外での臨床試験では、ファイザー社製のワクチンでは約95%、武田/モデルナ社製のワクチンでは約94%の発症予防効果が確認されています。
- これまでの研究から発症予防に加えて重症化予防の効果も期待されていますが、現時点では、感染自体を防ぐ効果があるかどうかまでは分かっていません。

副反応について

- 接種後の軽い副反応は、打ったところが腫れる、痛くなる、熱が出る、体のだるさなどで、接種した半数程度の人に起こりますが、若い人だけでなく、高齢でも元気な人は1日が2日で消えていきます。
- 重症な副反応ではアナフィラキシーというアレルギー反応があります。アナフィラキシーは接種後、比較的短い時間で発生しますので、接種後は会場ですばらく待機してください。症状が出て、すぐ処置を受けることで対応できます。
- アナフィラキシーがどういう人に起こりやすいのか、さまざまなデータが集まって来ていますので、心配な方は、接種前の問診で医師に相談してください。なお、アレルギー体質の方は注意が必要です。問診で必ず申告してください。

- TMG staff served as anchors for three-part interviews sessions with Tokyo iCDC experts, Professor Mitsuo Kaku and Professor Keiko Taya, one about COVID-19 measures and the other on the vaccination of children, which were distributed via the TMG Official Video Channel and YouTube.



● Distributed since November 25, 2022

- Video 1: Relationship between COVID and the flu
- Video 2: Preparation
- Video 3: Vaccination

<https://tokyodouga.jp/8yind0wys4w.html>

● Distributed since December 14, 2022

- Video 1: Vaccination of infants and toddlers
- Video 2: Vaccine side effects among infants and toddlers
- Video 3: Vaccination of 5-year olds

<https://tokyodouga.jp/hyxdvtx9zhy.html>

- The importance of ventilation as a measure against COVID-19 was stressed based on studies on the settling characteristics of airborne particles (aerosols) and time spent indoors, and on the dispersal of aerosols and droplets during breathing and conversation, as well as the results of ventilation measurements in classrooms (on university campuses).

(Reported at the 68th Monitoring Meeting held on October 21, 2021)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page/_001/020/461/68/20211021_09.pdf

< Excerpt from Monitoring Meeting materials >

エアロゾルの沈降特性と室内での滞在時間

5μm以下のエアロゾルは室内の空气中に浮遊する

Waseda University

教室換気量実測

場所：早稲田大学教養
 開催：2020年9月19日～9月21日
 方法：濃度測定法 (CO₂ガス、初測濃度3500ppm)
 15人配置：千鳥配置 (定員の約1/4)
 29人配置：1つ空き配置 (定員の約1/2)
 53人配置：全席配置 (定員)

サーキュレータ ON/OFF
 ドア 開放/閉鎖
 窓 開放/閉鎖

Waseda University

換気に関する要諦

- 新型コロナウイルス感染症における換気は非常に重要
- 中大規模な場では、機械換気を適切に運用
- 小規模な場では、扇風機換気や空気清浄機を併用すると安心
- 換気を行っていても、不織布マスク、距離を離す、ウイルスの飛散や吸い込みを最小限に抑えること
- 換気システムがしっかりと動いているか、運用管理が大切
- パワヤードや休憩室などの換気には要注意

Waseda University

呼吸・会話・歌唱中の飛沫拡散

シンガポールでの研究、会話・歌唱中に発生する微細なエアロゾル (≤5μm) には、大きなエアロゾル (>5μm) よりも多くのSARS-CoV-2コピーが含まれていた。微細なエアロゾル (≤5μm) は感染に大きな影響がある。

Waseda University

換気量実測結果

29人配置で
 ほぼ必要まで換気

維持換気カタログ値: 1000 m/h
 =29人配置の場合、1人当たり約34 m/h

厚生労働省推奨値 30 m/h

中期期には空調放を併用すると換気効果大

Waseda University

換気量を確保する方法

換気方法	メリット	デメリット
自然換気	コストが低い	気候に依存する
機械換気	換気量を確保できる	コストが高い
空気清浄機	換気量の確保が難しい場合に有効	コストが高い

Waseda University

何が必要か？

Waseda University

- A report was made at the 68th Monitoring Meeting held on October 21, 2021, on effective infection control measures at home and in the workplace based on the characteristics of aerosols, the effectiveness of ventilation using a range hood based on a ventilation simulation, etc.

https://www.housai.metro.tokyo.lg.jp/res/projects/default_project/page/001/020/461/68/20211021_10.pdf

(In the Workplace)

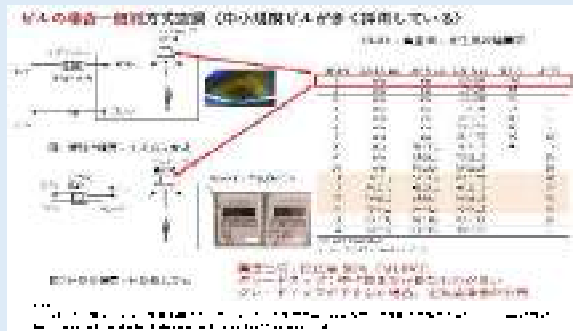
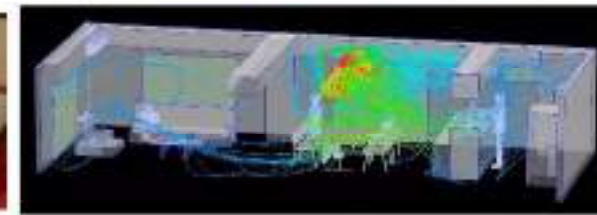


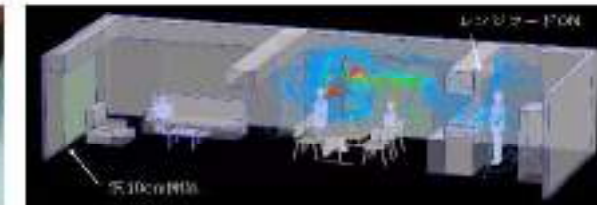
Table with 4 columns: 場所 (Location), 面積 (Area), 人数 (Number of people), and 換気回数 (Ventilation rate). It provides detailed data for various rooms in a workplace setting.

(At Home)

レンジフードを活用した換気

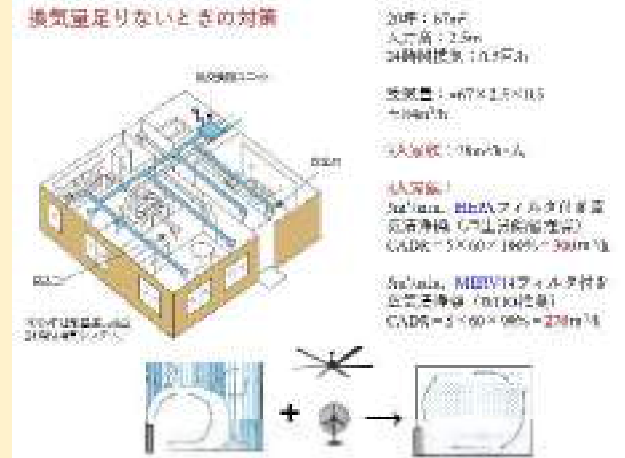
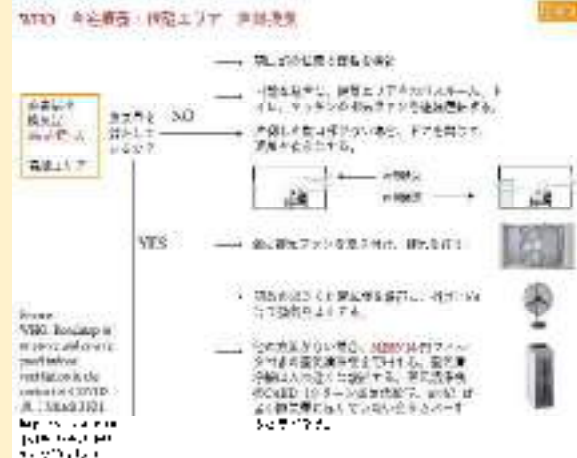


家：田：レンジフード：ON



家：田：レンジフード：ON

同じ条件で、レンジフードをOFFにした場合



- Easy-to-understand information on ventilation in the office and preventing infection while commuting was disseminated, presented in the form of an interview with an expert.

https://note.com/tokyo_icdc/n/nf01ac9038ded



1. Recommendation to operate a convenient, 24-hour ventilation system



2. Something many people don't know: what is the right way to open a window for ventilation?

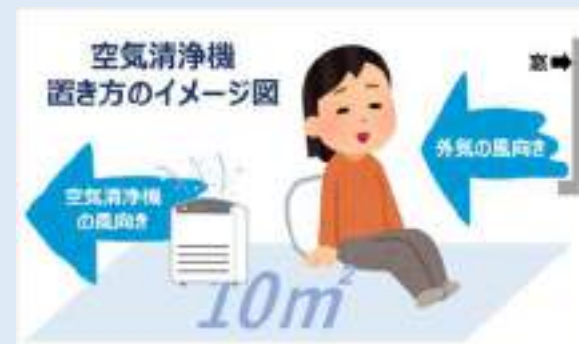


3. How should I ventilate on a cold day?

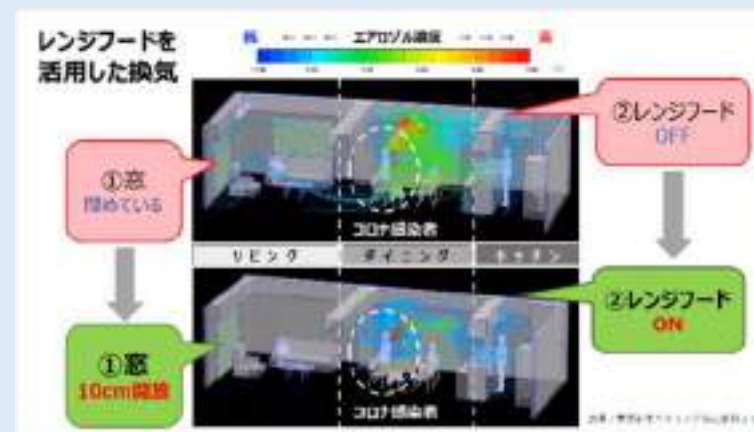
Set the room temperature to 18°C or higher and the humidity to 40% or more.

4. How to select and use an air purifier

【Recommendation】① HEPA filter ② Airflow capacity of 5 cubic meters per minute or more



5. You can use equipment that you have in the kitchen!



- Easy-to-understand information regarding ventilation in the office and preventing infection while commuting was disseminated, presented in the form of an interview with an expert.

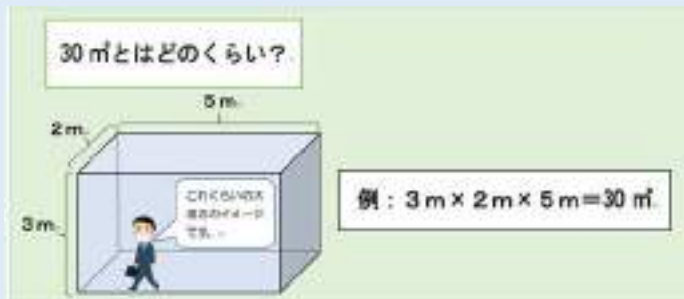
https://note.com/tokyo_icdc/n/nf876d41ff994



1. What are the key points for ventilation in the office?

The ventilation rate should be 30 m³/h per person as a general rule.

The concentration of carbon dioxide should be less than 1,000 ppm.



2. How to ensure proper ventilation if you can't open a window

Ventilation is possible by using mechanical ventilation.

- ① Central air system ⇒ Turn both the heating/cooling and ventilation switches on, at the same time.
- ② Ventilation with an individually distributed air conditioning system ⇒ Turn both the heating/cooling and ventilation switches on, one at a time

The location of supply/exhaust and air conditioners is also important during mechanical ventilation.



3. Is the ventilation on commuter trains safe?

Trains are basically ventilated by mechanical system and opening windows and through the opening and closing of the car doors, but avoiding crowding is also effective in reducing the risk of infection.



- In view of the importance of ventilation as a basic measure for preventing infection, along with the elderly and persons with disabilities being at high risk of developing severe symptoms if they contract COVID-19 and the existence of cases in which once there was an infection in a facility, a cluster followed, a ventilation checklist for care facilities for the elderly and facilities for persons with disabilities was created and reported at the 90th Monitoring Meeting held on June 23, 2022.
- The checklist was disseminated to facilities, and was also used for online training for facilities which was held in early July 2022.

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/iryokikan/koureisyachecklist.html

高齢者施設・障害者施設における換気のチェックリスト

季節を問わず、新型コロナウイルス感染症対策には、こまめな換気が重要です。高齢者施設や障害者施設には、重症化リスクの高い方や基礎疾患のある方がいらっしゃるため「換気の悪い密閉空間」を改善するよう、十分に対策を講じましょう。

機械換気設備を確認しましょう

※ 高齢者施設・障害者施設では、機械換気設備による換気が基本です。

- 機械換気設備（換気扇など）の設置場所を把握していますか？
- 機械換気設備の点検はしていますか？

➤老朽化やメンテナンス不良により、必要な換気量（1時間で居室空気の半分以上）の入れ替えが出来ないことがあります。フィルタの清掃・交換は忘れずに！

➤機械換気設備の設置場所や点検についての不明な点は、設計会社や空調設備の専門業者に確認してください。

- 機械換気設備は24時間稼働していますか？
- 中央空調（別）

➤機械換気設備は、24時間稼働させることを事前に設計されています。

➤機械換気設備の種類は、①中央空調（冷暖房と一緒に換気）②個別分岐空調があります。②の場合は、冷暖房のスイッチと換気スイッチが別になっている場合があります。換気スイッチは常にON！



機械換気設備のない部屋では、窓開け換気をしましょう

- 2方向の窓や扉を開けて、室内全体に空気の流れを作っていますか？ ①
- 高い位置の窓を開け、天井にこもりやすい空気を外に出していますか？ ②
- 扇際に扇風機やサーキュレーターを外向きに設置し、室内の空気を排出していますか？ ③





➤目安として、日中は1~2時間ごとに5~10分間、窓や扉を開ける、または吊钩5~10cmほど開けておくなどで部屋の空気を新鮮に保ちましょう。

レンジフードを利用した換気では

- ユニット内の共同生活室のキッチン換気扇を利用していますか？
- その場合、離れた場所の窓を開放していますか？

➤レンジフードは吸い込み量が大きいので、窓開け換気と併用することにより、効果的に換気ができます。



換気などについての留意事項

- **パーテーションやアクリル板が換気を遮らないようにしましょう**
➤パーテーションなどが多すぎると空気が滞留し換気を阻害する可能性があります。人の顔の位置を各自に、気まがかりの可能性がある場所に留意し、置いてください。
- **夏場は熱中症に気を付けましょう**
➤夏場は熱中症予防のため、適切な冷房に加えて扇風機やサーキュレーターを併用して空気を循環させましょう。水分補給も忘れずに。
➤暑い時は無理をせず、熱中症に十分注意してこの要を過ごしましょう。
- **空気清浄機の活用も有効です**
➤換気を補うため、密閉換気に加え空気清浄機の活用が有効です。
【望ましい配置】
・人の居場所から1.0m（8畳）程度の範囲内に空気清浄機を設置しましょう。
・空気のよどみを発生させないように、外気を取り入れる方向と空気清浄機の方向を一致させましょう。



（参考）換気状態を確認する方法

- ◇ CO2センサー（CO2濃度測定器）を従うことで、CO2濃度を測定でき、室内の換気状態を確認できます。
- ◇ 建築物衛生法に基づくCO2濃度基準値1,000ppmを超える場合は、換気量が不足しています。測定値が800ppmを超えている場合には、窓開け換気など追加の換気対策をお勧めします。

【センサーが正常に動作しているかの確認】

- ・屋外のCO2濃度を測定したとき、測定値が外気のCO2濃度（415ppm~450ppm程度）に近いが確認しましょう。
- ・センサーに呼吸を吹きかけて、測定値が大きく増加することを確認しましょう。
- ・消毒用アルコールをかけた手を近づけても、測定値が大きく変化しないことを確認しましょう。



参考文献

- ・「老健における『換気の悪い密閉空間』を改善するための換気の方法」（令和2年11月27日 厚生労働省）
- ・「二酸化炭素濃度測定器の適正な使用に関するガイドライン」（令和2年11月1日 経済産業省）
- ・「新型コロナウイルス感染症対策の総合手続とチェックリスト」（令和2年12月1日 厚生労働省）
- ・【資料】東京府新型コロナウイルス感染症モニタリング会議資料（令和2年12月1日）
- ・「換気と換気効率の向上」（令和4年12月1日 東京都府庁）

【監修】東京府福祉保健局健康増進課計画課 【令和4年6月発行】

Key Points

Check the mechanical ventilation system

- ✓ Do you know where it is installed?
- ✓ Have you inspected it? Don't forget to clean and replace the filters!
- ✓ Does it run 24 hours a day? The ventilation switch should be set to "on" at all times!

For rooms without mechanical ventilation equipment, open a window to ventilate!

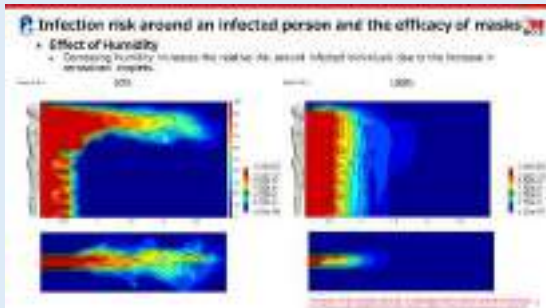
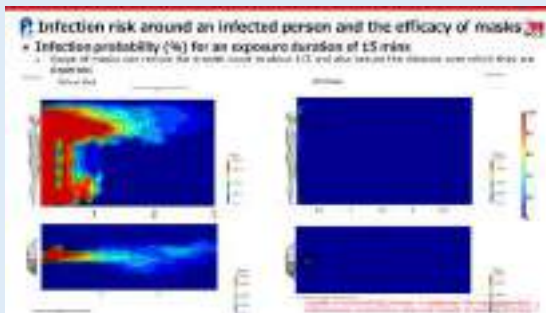
- ✓ Are you creating air flow by opening a window and a door that face in two directions?
- ✓ Use a fan, circulator, range hood etc. together for the best results!

- Simulations conducted with the RIKEN supercomputer Fugaku useful for preventing the spread of infection during the 8th wave of the COVID-19 pandemic, such as the effectiveness of masks and measures to reduce risks in small stores, on public transportation, and in banquet halls were reported at the 108th Monitoring Meeting held on December 1, 2022.

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/022/682/20221212_01.pdf

< Excerpt from Monitoring Meeting materials >

【Mask Effectiveness】

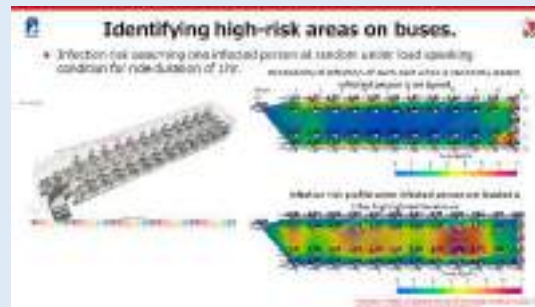


【Measures to reduce risks in small stores, public transportation, banquet halls, etc.】

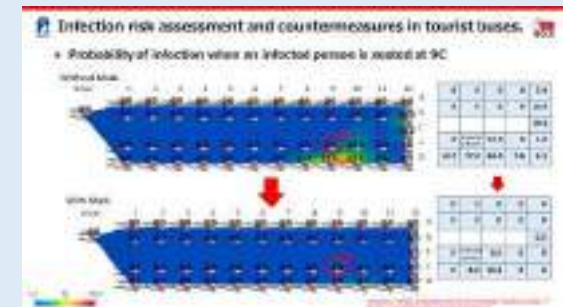
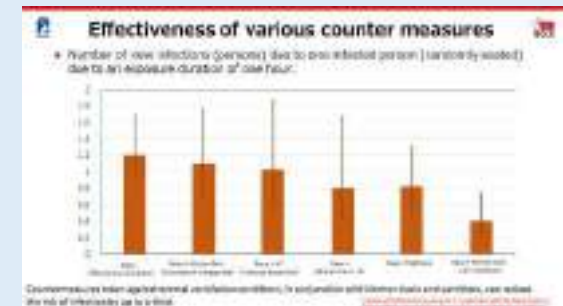
● Small store



● Transportation facilities

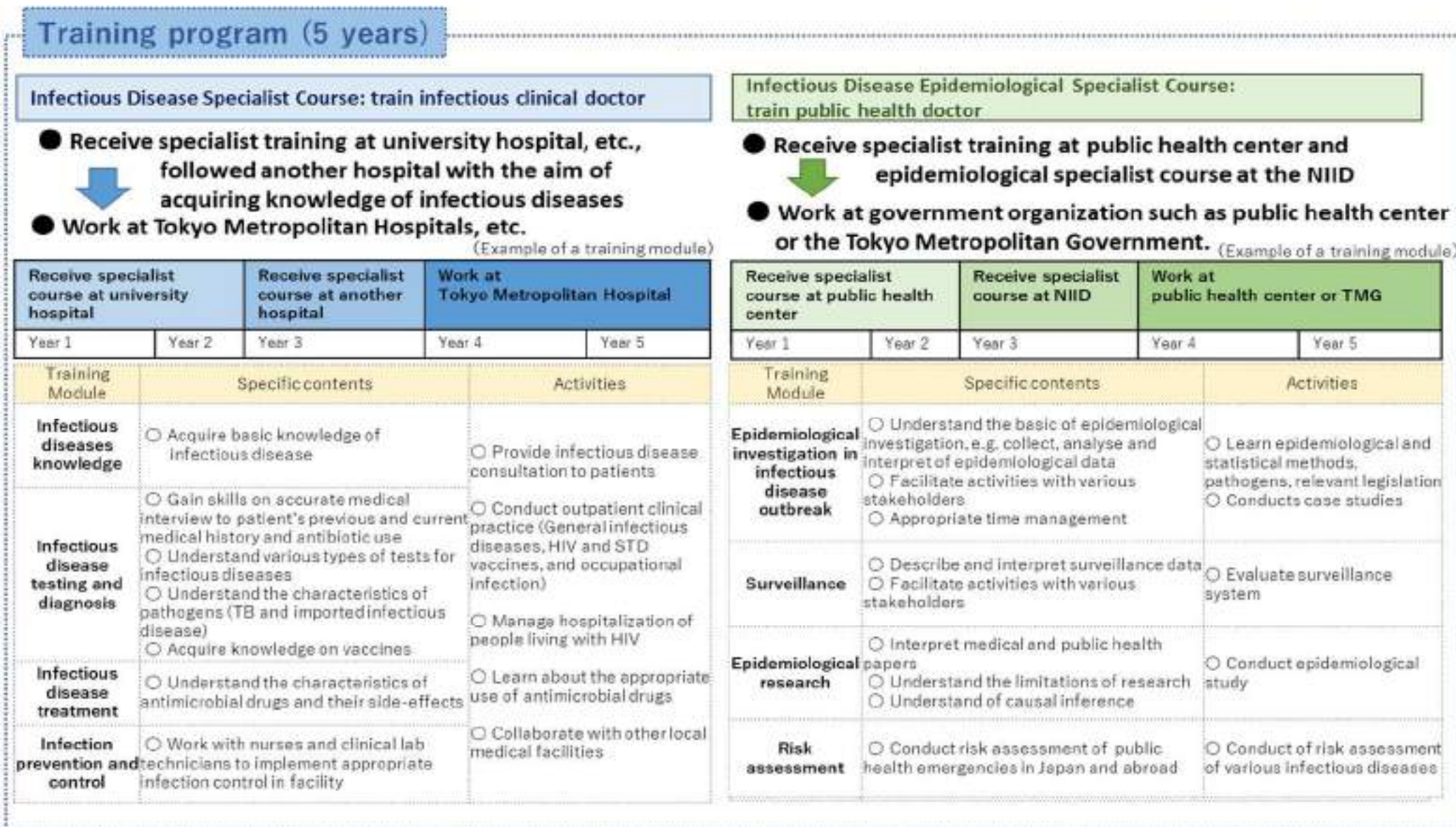


● Banquet halls



- This program aims to train medical doctors as infectious disease specialist and public health specialist

The program is to train doctors to lead the response of TMG, at the time of outbreaks of serious infectious diseases in Tokyo.



- Training by Tokyo iCDC experts on COVID-19 was conducted for persons registered in the Tokyo Healthcare Provider Database.*

*In November 2021, TMG established the **Tokyo Healthcare Provider Database** to prepare for the spread of COVID-19 and to have medical institutions, doctors, nurses, and other personnel register personnel information in advance to allow them to promptly start work at the facilities requested by TMG.

[1st Session] February 28, 2022
Live broadcast

[2nd Session] November 22, 2022 distribution of video recording

Training videos by iCDC experts on characteristics of the Omicron variant, vaccines, treatment, infection control in hospitals, and infection after-effects were disseminated.

- Studies about the consultation and testing structures as well as the consultation structure for patients with a fever in preparation for 2020-21 seasonal influenza

<https://www.hokeniryō.metro.tokyo.lg.jp/kansen/icdc/tokyoicdcuneeiinnkai.files/1029shiryō3.pdf>

新型コロナウイルス感染症とインフルエンザの同時流行に関する タスクフォースによる検討について

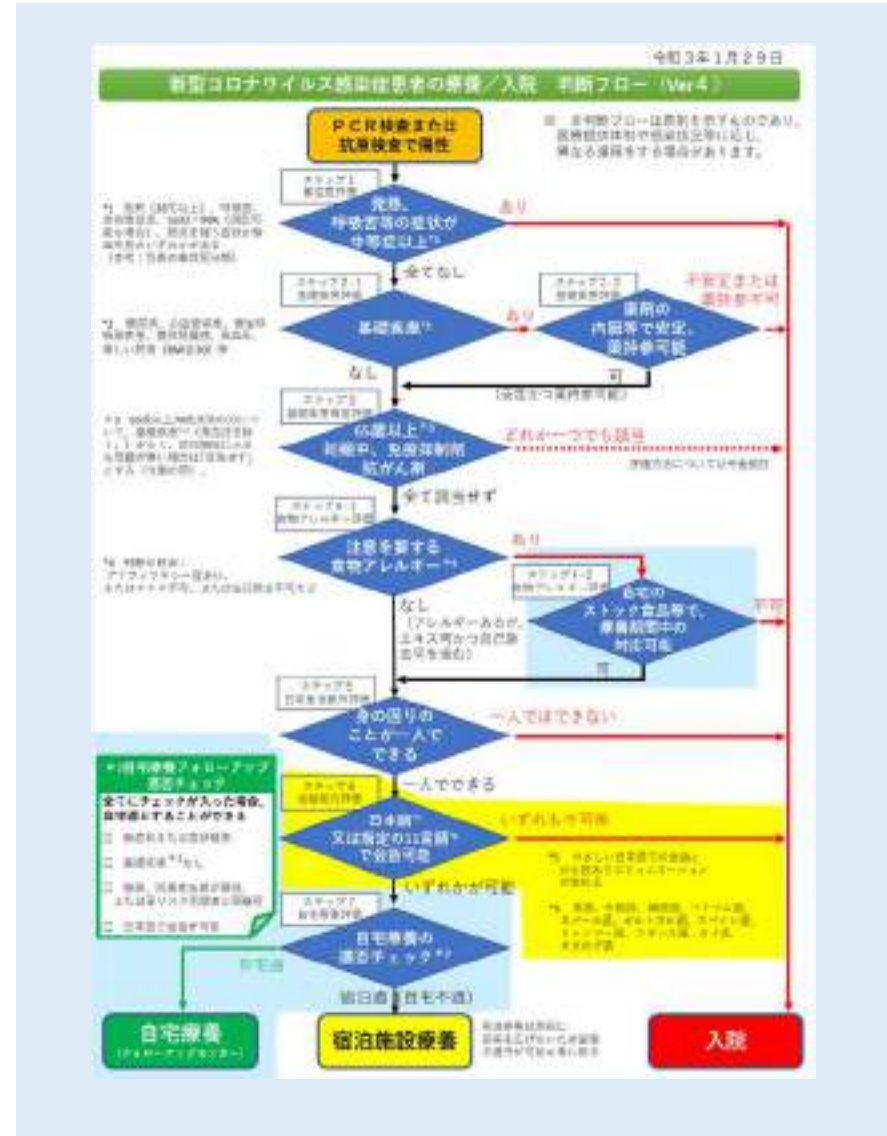
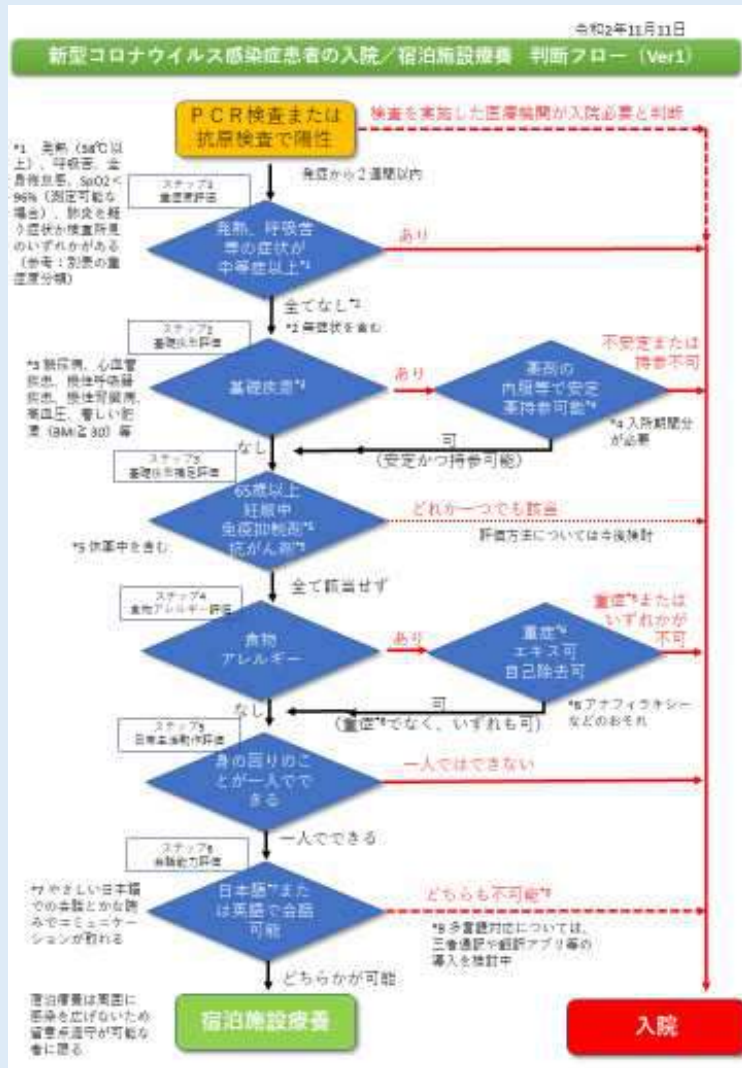
次のインフルエンザに備えた体制整備について、都ではどのように対応するかを検討するため、専門家メンバーによるタスクフォースを立ち上げて、都の担当者と議論し検討を進めてきた。

- 1 座長：森村 尚登 氏（東京大学大学院医学系研究科 救急医学教授） ※委員は「資料4」のとおり
- 2 タスクフォース会議の開催：計3回（9/23・9/30・10/7）

<タスクフォースによる主な意見>

事項	意見の概要
医療提供体制 (相談・診療・検査)	<p>○需要の想定</p> <ul style="list-style-type: none"> ・過去から推計される最大値で想定することは妥当(発熱患者の受診率が上がれば、更なる需要増の可能性) ・土日夜間の医療提供体制は急には増やせない、注意が必要 <p>○診療等の体制</p> <ul style="list-style-type: none"> ・インフルもコロナも「重症化予防」を第一の目的に対応を検討すべき ・間口を広げ、原則全ての医療機関で診療するとの方針でいくべき。特定の機関のみでは対応できない ・PCRセンターや新コロナ外来の検査能力は診療所より高く活用すべき ・かかりつけ医では基礎疾患等を踏まえ重症化リスクを判定し、必要な方に確実にコロナ検査を受けられる流れを作る(PCRセンターや診療連携) <p>○診療・検査(コロナ迅速キットの活用)</p> <ul style="list-style-type: none"> ・かかりつけ医など診療所ではPCR検査、コロナの抗原キットは、入院時など迅速性が求められる医療機関での活用を優先する方向性でよい ・インフル、コロナとも重症化のリスクの高い層にはコロナ検査を実施するなどフローを作成
周知・広報	<p>○発熱患者は「かかりつけ医・地域の医療機関を利用しましょう」というメッセージを発し、流れを作ることが必要</p> <ul style="list-style-type: none"> ・「診療・検査医療機関」を公表するとこの流れが作れない(公表すべきでない) ・「診療・検査医療機関」情報は、公表せず関係機関で共有し活用 <p>○すべて電話相談で医療機関を紹介するのではなく、都民が自ら医療機関を探すよう周知すべき(⇒ひまわりも活用)</p>

- Creating a decision-making flow about COVID-19 designated hotel recovery or hospitalization from the perspective of prioritizing medical resources to people who are serious cases and at risk of developing serious illness (for distribution to Public Health Centers)
- Updated as necessary based on exchange of opinions with Public Health Centers etc. in response to the infection situation



- Produced a leaflet which provides easy-to-understand information of long COVID patients stories, data and symptoms. (Reported at the 51st Monitoring Meeting on June 24, 2021)

https://note.com/tokyo_icdc/n/nd566ada200c4



体験談

体験談-1

パートナーから感染して、半年がたると、咳止まらぬのが再発してまた咳が、咳止まらぬまま、不安な日々を過ごしているのですが、できることを試してみたいと思っています。(30代・Nさん)

体験談-2

発病後のこの痛みがありましたが、その後、全身倦怠感やめまいが頻発しました。仕事に行くのも山崎ない状況です。医療機関に十分な情報がなく、長い時間がかかっています。(40代・Nさん)

後遺症に関するデータ紹介

世界各国の状況

国	割合
フランス	30%
アメリカ	35%

後遺症患者の男女比

性別	割合
女性	47%
男性	53%

罹病後の年代

年齢層	割合
20代以上	33%
30代	22%
40代	22%
50代	15%
60代	8%

罹病時期からの罹病日までの経過日数

経過日数	割合
1週間以内	38%
2週間以内	28%
3週間以内	18%
4週間以内	10%
5週間以内	6%
6週間以上	2%

罹病後の主な症状

症状	割合
倦怠感	93%
めまい	79%
呼吸困難	78%
嗅覚・味覚障害	78%
頭痛	75%
声帯炎	63%

性別に対する割合

性別	割合
女性	95%
男性	50%

症状紹介

新型コロナウイルスの感染から回復しても、様々な症状が後遺症として現れています。また、同時に複数の症状が重なる場合もあります。

強い倦怠感

身体や精神的に「だるい」「重たい」「疲れやすい」といった強い症状から、「体が鉛のように重く感じられる」といった強い症状まで様々な現れがあり、さらに、重症化し「酸素治療（酸素吸入/経皮的酸素吸入）」に訴える事例も報告されています。

味覚・嗅覚障害

「味がわからない」「においがわからない」本来においては鼻のにおいを感じる「など、コロナ感染後も引き続き味覚・嗅覚障害が顕在している事例が報告されています。

せき・たん

新しい咳が継続するなどの事例が報告されています。

呼吸困難

呼吸困難感など呼吸器症状が再発し、中には息苦しさで日常生活に支障をきたす事例も報告されています。

発熱

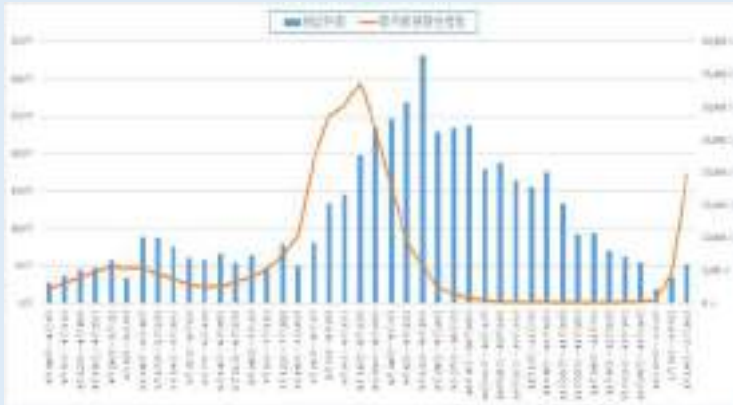
一過的な発熱のほかにも、高熱にわたって「夜熱」が長く続いたりする事例が報告されています。

抜け毛

治療中に症状が重なり、治療後も症状が改善しないといった事例が報告されています。

- Analysis of the 3,857 cases to Tokyo Metropolitan Hospitals' Long COVID Free Telephone Consultation Desks from March 30 to October 31, 2021 (before the appearance of the Delta variant) (Reported at the 77th Monitoring Meeting on February 3, 2022)https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/964/77/20220203_11.pdf

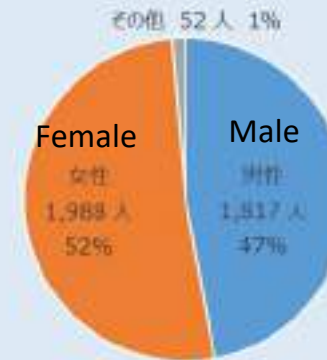
Number of calls and Positive Cases of COVID-19



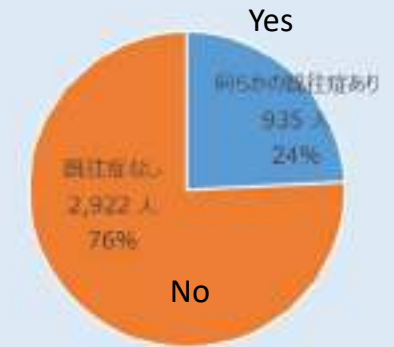
Age



Sex



Previous illness(se)

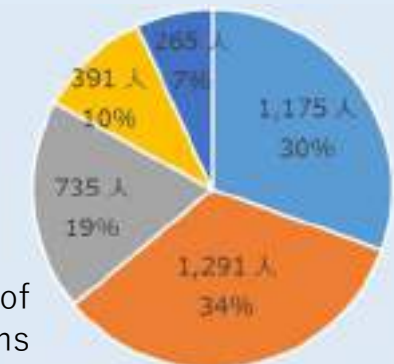


Symptoms consulted about

*Multiple responses were possible as some callers complained of multiple symptoms

Olfactory disorder	Fatigue and exhaustion	Taste disorder	Coughing	High or slight fever	Difficulty breathing
1,174	1,002	900	858	738	581
30.4%	26.0%	23.2%	22.2%	19.1%	15.1%
Hair loss	Chest pain	Numbness	Depression	Other	
361	242	112	75	1630	
9.4%	6.3%	2.9%	1.9%	42.3%	

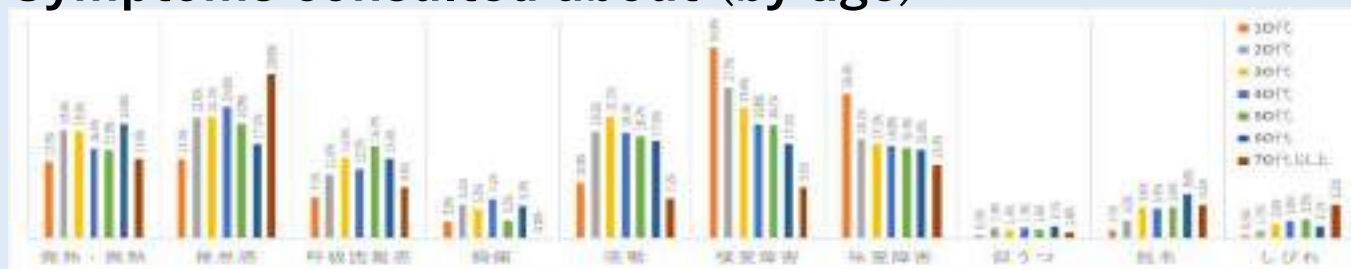
Consulted about



number of symptoms

● 1つ one ● 2つ two ● 3つ three ● 4つ以上 more than four ● その他 other

Symptoms consulted about (by age)

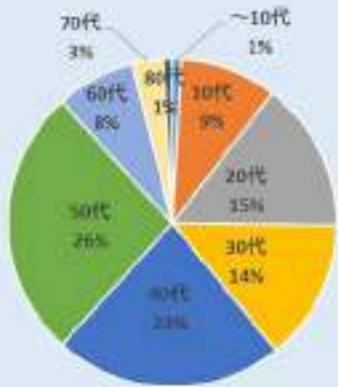


*All information may not have been ascertained due to being a telephone consultation service

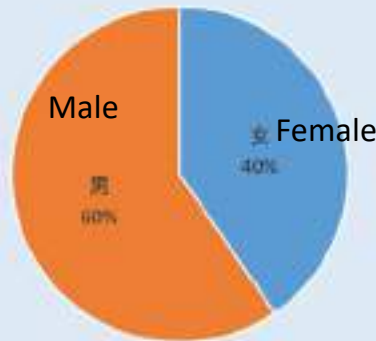
- Detailed case analyses of 230 outpatients suspected long COVID at metropolitan hospitals from May 10, 2021 to January 28, 2022 (before the appearance of the Delta variant) (Reported at the 84th Monitoring Meeting on March 24, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/271/84/20220324_10.pdf

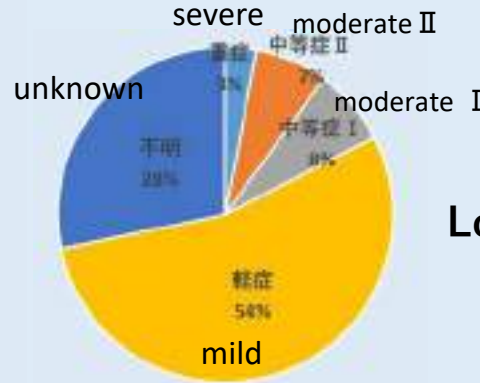
Age



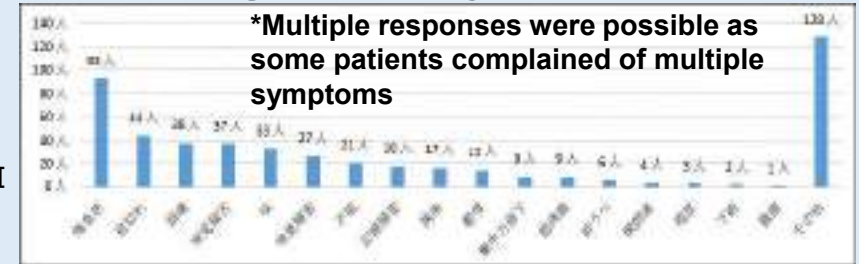
Sex



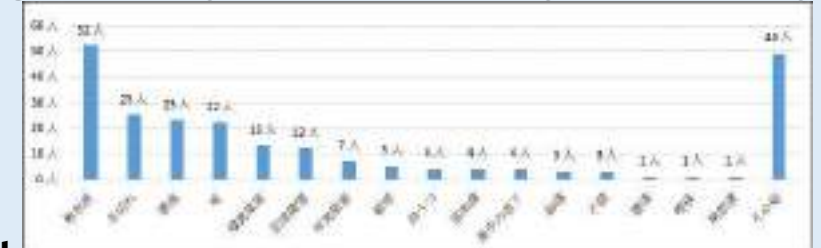
Severity of COVID-19 when infected



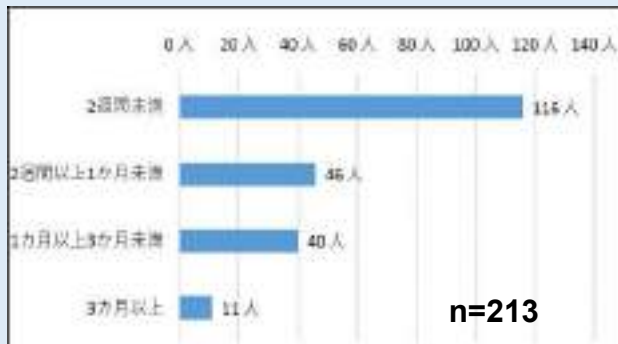
Long COVID symptoms



Long COVID symptoms (main symptoms only)



Timing of Long COVID onset



Improvement status at most recent treatment date

後遺症発症～ 直近受診日	受診後の状況			総計
	改善	症状継続	他院紹介	
1か月以上3か月未満	32	22	3	57
3か月以上6か月未満	31	25		56
6か月以上1年未満	5	6		11
1年以上		1		1
総計	68	54	3	125

Improvement status at most recent treatment date by symptoms

後遺症発症～ 直近受診日	倦怠感		息切れ		頭痛	
	改善	症状継続	改善	症状継続	改善	症状継続
1か月以上3か月未満	9	5	6	2	1	1
3か月以上6か月未満	8	4	2	1	9	5
6か月以上1年未満	1	1	1	2	2	2
1年以上		3				
計	18	13	9	5	12	8

*Excludes cases where the period from contracting COVID-19 until treatment date or the improvement status is unclear and until the most recent treatment date is less than one month.

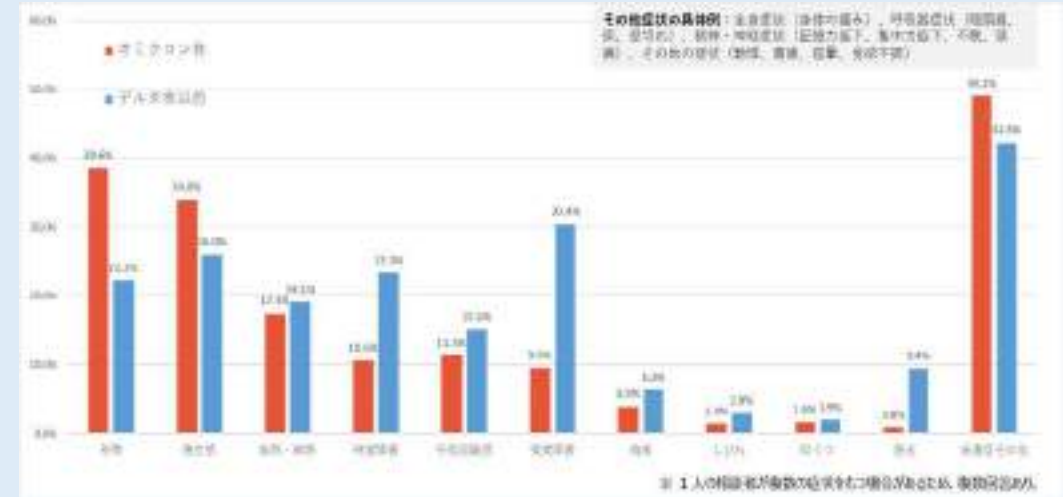
- Analysis of the 2,039 cases to Tokyo Metropolitan Hospitals' long COVID Free Telephone Consultation Desks from January 1 to April 30, 2022 (after the appearance of the Omicron variant) (Reported at the 88th Monitoring Meeting on May 26, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/633/88/20220526_12.pdf

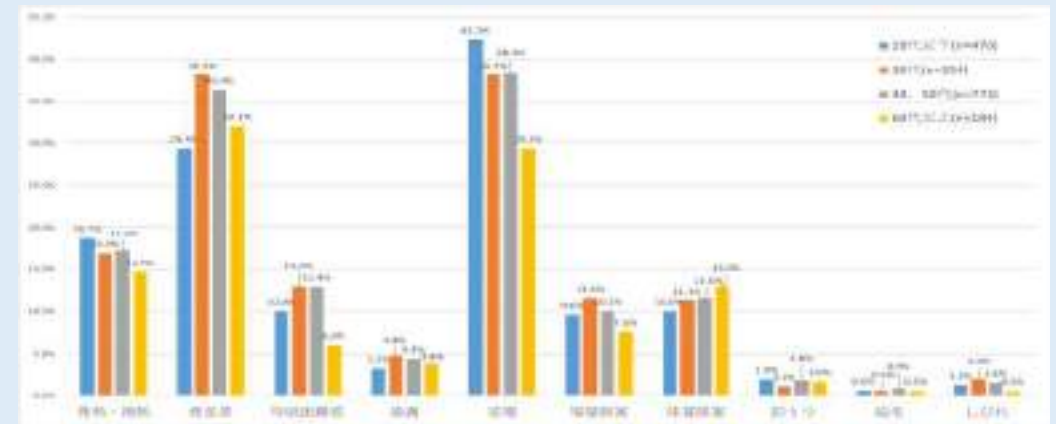
Basic information of consulted persons

	Omicron variant n=2039	Reference: Delta variant n=3857
Age		
Previous illness(es) yes/no		
Severity when infected		

Symptoms by variant



Symptoms by age

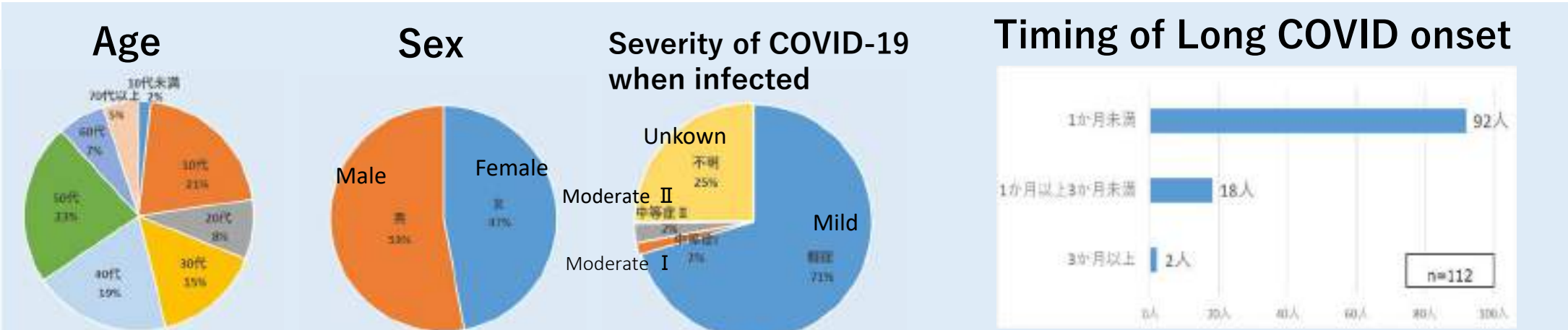


*Not all information about the caller may have been ascertained due to being a phone consultation service

- Detailed case analyses of 119 outpatients suspected long COVID at Tokyo Metropolitan Hospitals before July 20, 2022, who diagnose as COVID-19 (suspected the Omicron variant) after January 1, 2022.

(Reported at the 99th Monitoring Meeting on August 25, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/022/059/99/20220825_10.pdf



Long COVID symptoms



Improvement status at most recent treatment date by symptoms

直近受診日における改善状況

※ 発症～直近受診日が2か月未満の症例は除く。
 ※ 発症～直近受診日が3か月以上の症例は除く。改善状況が「不明」の症例は除く。

※ 症状別については、発症後経過に比べて改善する割合が高い。

発症期間	発症状況	
	改善	症状継続
2か月から3か月	0	4
3か月から4か月	0	0
4か月から5か月	0	13
5か月から6か月	1	4
計	1	21

発症期間	発症状況	
	改善	症状継続
2か月から3か月	2	2
3か月から4か月	1	2
4か月から5か月	2	3
5か月から6か月	0	1
計	5	8

発症期間	発症状況	
	改善	症状継続
2か月から3か月	0	5
3か月から4か月	0	2
4か月から5か月	1	4
5か月から6か月	1	0
計	2	11

発症期間	発症状況	
	改善	症状継続
2か月から3か月	1	1
3か月から4か月	0	0
4か月から5か月	1	0
5か月から6か月	2	2
計	4	3

発症期間	発症状況	
	改善	症状継続
2か月から3か月	0	13
3か月から4か月	0	2
4か月から5か月	0	2
5か月から6か月	0	0
計	0	17

発症期間	発症状況	
	改善	症状継続
2か月から3か月	0	1
3か月から4か月	1	1
4か月から5か月	0	1
5か月から6か月	0	0
計	1	3

- An online seminar was held in July 2022 for medical professionals etc. to deepen their understanding of the state and treatment of symptoms after COVID-19 infection
- The seminar featured lectures from specialists and doctors engaged in long COVID. As well as sharing the latest knowledge and information about the state of long COVID and treatment methods, the seminar is currently available as video on the website of TMG

https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/link/kouisyuu.html

**東京ICDC 後遺症タスクフォースによる
新型コロナウイルス後遺症オンラインセミナー**

東京ICDC後遺症タスクフォースでは、医療従事者等の皆様に新型コロナウイルス感染症の罹患後遺状(いわゆる後遺症)の概要や治療についての理解を深めていただくため、オンラインセミナーを開催いたします。本セミナーでは、専門家や後遺症治療に当たっている医師等を講師に、後遺症の概要や治療方法等、最新の知見や情報を提供いたしますので是非参加ください。

日時 令和4年7月31日(日)
14:30~16:30 (14:00 配信開始)

形式 Web開催 (オンラインによるライブ配信)

定員 1,000名 ※事前申込先着順

対象 医師、看護師、薬剤師などの医療従事者等

申込期限 令和4年7月22日(金) 17時まで

プログラム(予定)

- 1 開会挨拶
高橋 況夫 先生 東京ICDC専任サポートスタッフ
東京医科大学 医学部感染症学教室 准教授 / 東北大学 附属病院
- 2 基本講演「コロナ後遺症の国際的な動向」
小坂 健 先生 東京ICDC後遺症タスクフォース座長
東北大学 人文学部心理学研究科 医学心理学国際研究センター
- 3 後遺症タスクフォースメンバーによる発表
 - (1) 国立国際医療研究センターでのコロナ罹後遺状に対する取組
森田 康一朗 先生 国立国際医療研究センター 再発・再感染感染症センター
総合感染症科 医療救済部門 副科長
 - (2) コロナ後遺症に対する漢方治療の有効性
小田口 浩 先生 北里大学 呼吸器科 研究科
 - (3) Brain Fogに対する脳血流評価とrTMSによる治療効果について
上田 知也 先生 聖マリアンナ医科大学 脳神経内科学 臨床
 - (4) 診療所におけるコロナ後遺症診療の実態
平畑 光一 先生 ヒフハタクリニック 院長

◆申込方法等は次ページをご覧ください



View of the seminar

Number of seminar participants

Occupation etc.	number of participants
Doctors(working at hospitals)	135
Doctors(working at clinics)	287
Doctors(working at research institutes at university, etc.)	14
Pharmacists	241
Nurses	144
Licensed social insurance consultant	45
Staff at Public Health Centers	23
Media	11
Other	76
Total	976

- From the perspectives of further understanding of long COVID and sharing information between medical institutions, this online workshop in November 2022 - led by doctors on the front line of long COVID - provided information about effective treatment and testing
- This workshop aimed to share information with medical institutions. It provided reporting on survey results (including responses from 195 medical institutions) about the treatment actually being carried out at medical institutions responding to long COVID, and the workshop is currently available on the website on video of TMG
https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/link/kouisyu.html

新型コロナウイルス後遺症 オンライン研修会

新型コロナウイルス感染症の罹患後症状(いわゆる後遺症)への対応は、現在是对症療法が中心ですが、医療機関によっては様々な取組が行われています。今般、後遺症に関する更なる理解や医療機関同士の情報共有の観点から、後遺症に対応している医療機関の現場医師を講師に、効果的な治療方法、検査等について情報を提供します。

日時 令和4年11月20日(日)
14:30~16:30(14:00配信開始)

形式 Web開催(オンラインによるライブ配信)

対象 医師、看護師、薬剤師などの医療従事者等

プログラム(予定)

- 1 東京iCDC後遺症タスクフォースの取組
 小坂 健 先生 東京iCDC後遺症タスクフォース座長
 東北大学大学院歯学研究所 災害科学国際研究所 教授
- 2 後遺症対応医療機関による発表
 - ① 診療所におけるコロナ後遺症診療の実際
 平畑 光一 先生 ヒラハタクリニック 院長
 - ② コロナ後遺症に対する上咽頭擦過療法について
 茂木立 学 先生 もぎだて耳鼻咽喉科 院長
 - ③ 小児における罹患後症状への診療
 堀越 裕歩 先生 東京都立小児総合医療センター感染症科 医長

Survey results related to long COVID treatment Survey carried out from October 21 to November 7, 2022

Symptoms	Testing	Treatment
Feeling of fatigue and exhaustion	Blood tests (86%), X-rays (32%), ECGs (16%)	Traditional Chinese treatments (bu-zhong-yi-qi-tang, shi-quan-da-bu-tang, shimbu-to, kami-kihi-to, ren-shen-yang-rong-tang, yi-gan-san, etc.), internal treatments (steroidal medications, antiallergic agents, iron preparations, vitamin compounds, etc.), epipharyngeal abrasive therapy, environmental control and pacing, nasal rinse, lifestyle guidance, psychotherapy, breathing exercises
Coughing	X-rays (75%), blood tests (54%), respiratory function tests (23%), chest CTs (20%)	Internal medicine (anti-inflammatory agents, antibiotics, cough medicines, expectorants, bronchodilators, anti-allergic agents, etc.), inhalants (steroid drugs, beta-adrenoceptor stimulants, etc.), traditional Chinese medicine (mai-men-dong-tang, chai-pu-tang, ban-xia-hou-pu-tang, goko-to, ma-kyo-kan-seki-to, etc.), epipharyngeal abrasive therapy
Shortness of breath(difficulty breathing)	Blood tests (76%), X-rays (72%), respiratory function tests (44%), ECGs (36%), chest CTs (24%)	Inhalation treatment (steroids, bronchodilators), traditional Chinese medicine (ren-shen-yang-rong-tang), epipharyngeal abrasive therapy, administering oxygen
Expectoration	Blood tests (47%), X-rays (44%), endoscopes (22%)	Internal treatments (expectorants, cough medicines, respiratory tract mucosa restoratives, etc.), traditional Chinese medicine (mai-men-dong-tang, xiao-qing-long-tang, etc.), epipharyngeal abrasive therapy, inhalation treatment
Olfactory disorder	Blood tests (47%), others (olfactometry, nasopharyngolaryngoscope, etc.) (44%), endoscopes (42%)	Internal (antihistamine, Methycobal, zinc, vitamin B12), nasal drip (rinderon), inhalation (nebulizer), traditional Chinese medicine (dang-gui-shao-yao-san, ren-shen-yang-rong-tang, ge-gen-tang), olfactory sense rehab, nasal irrigation, gargling, epipharyngeal abrasive therapy
Taste disorder	Blood tests (88%), endoscopes (19%)	Internal medicine (zinc preparations, vitamin tablets, etc.), epipharyngeal abrasive therapy, traditional Chinese medicine (dang-gui-shao-yao-san), nasal irrigation, gustatory sensation rehab, stellate ganglion blocking injections
Hair loss	Blood tests (100%), ECGs (16%), X-rays (16%), respiratory function tests (16%)	Prescription of zinc preparations, administering medication (antiallergic agents, medication for spot baldness), stellate ganglion blocking injections, traditional Chinese medicine (shi-quan-da-bu-tang, ren-shen-yang-rong-tang)
Chest pain	Blood tests (77%), ECGs (77%), X-rays (66%), chest CTs (33%)	Traditional Chinese medicine (Saiko-ka-ryukotsu-borei-to, ban-xia-hou-pu-tang, etc.), internal treatments
High or slight fever	Blood tests (94%), X-rays (29%), chest CTs (17%)	Traditional Chinese medicine (chai-hu-gui-zhi-tang, bu-zhong-yi-qi-tang, etc.), administering medication (fever medicine, etc.), epipharyngeal abrasive therapy
Brain fog	Blood tests (75%), head MRIs (62%)	Traditional Chinese medicine (kami-kihi-to, zhong-yi-qi-tang, ba-wei-di-huang-wan, ren-shen-yang-rong-tang, shi-quan-da-bu-tang, etc.), epipharyngeal abrasive therapy, pharmacotherapy, psychotherapy
Headache	Head MRIs (55%), blood tests (44%), X-rays (33%), endoscopes (22%)	Traditional Chinese medicine (wu-ling-san, Tsumura #82, Tsumura #23, ge-gen-tang, goshuyu-to, etc.), internal treatments (vasodilator agents, antiplatelet drugs, antiepileptic drugs, analgesic drugs, NSAID, SG dosing), epipharyngeal abrasive therapy
Loss of concentration	Blood tests (88%), head MRIs (22%)	Traditional Chinese medicine (Saiko-ka-ryukotsu-borei-to, ren-shen-yang-rong-tang, bu-zhong-yi-qi-tang, yoku-kan-san-ka-chinpi-hange, etc.), Cortril replacement therapy, epipharyngeal abrasive therapy
Depression	Blood tests (75%)	Psychotherapy, pharmacotherapy (antidepressants, anti-anxiety agents, sleeping pills, etc.), traditional Chinese medicine (jia wei xiao yao wan, etc.), counseling

Number of Participants

Doctors	437	Other medical professionals	70
Pharmacists	230	Licensed social insurance consultant	12
Nurses	80	Other	37
Total		866	

- Created a map showing the healthcare facilities providing long COVID services on TMG website for residents with long COVID.



- **With the cooperation of people recovering at a hotel or at home, internet questionnaires were carried out on an ongoing basis about their actions before becoming infected, infection prevention measures taken, and noticeable symptoms**
- **Responses were received from 203,191 people by May 7, 2023 and reported at Tokyo Metropolitan Government Monitoring Meetings**

*45th Monitoring Meeting on May 13, 2021 https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/013/767/45kai/2021051309.pdf

*56th Monitoring Meeting on July 29, 2021 https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/014/349/56kai/20210729_09.pdf

*63rd Monitoring Meeting on September 16, 2021 https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/015/548/63/20210916_09.pdf

*69th Monitoring Meeting on November 11, 2021 https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/578/69/20211111_08.pdf

*78th Monitoring Meeting on February 10, 2022 https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/014/78/20220210_10.pdf

Responses during each wave

Wave*	Number of responses*	14 days immediately preceding the date of disease onset (test date for people with no symptoms)						Top five symptoms complained of by people recovering at a hotel or at home (multiple responses are possible)				
		Participated in “parties involving alcoholic drinks” or “eating and drinking in large numbers or for a long period”	Talked without wearing a mask with people other than those listed on the left or the people they live with	Proportion of people who answered “I always did this”				1	2	3	4	5
				Masking	Hand washing	Ventilation	Avoiding the three Cs					
3rd wave	150	11.3%	21.3%	70.0%	76.0%	41.3%	45.3%	Fever	Feeling of fatigue	Coughing	Headache	Olfactory disorder
5th wave	15,397	14.1%	30.3%	63.5%	67.3%	43.6%	41.7%	Fever	Feeling of fatigue	Coughing	Headache	Sore throat
6th wave	59,016	12.1%	23.3%	70.0%	71.8%	38.6%	47.2%	Fever	Sore throat	Coughing	Feeling of fatigue	Headache
7th wave	65,970	21.1%	33.8%	61.5%	71.0%	42.0%	41.2%	Fever	Sore throat	Coughing	Feeling of fatigue	Sputum
8th wave	27,796	27.0%	39.9%	62.6%	70.3%	34.4%	35.2%	Fever	Sore throat	Coughing	Feeling of fatigue	Nasal discharge

*The number of responses for each wave is collated into the number of people who began responding in the following periods as at May 2, 2023.

3rd wave: December 1, 2020 to February 28, 2021

5th wave: July 1 to September 30, 2021

6th wave: January 1 to March 31, 2022

7th wave: July 1 to September 30, 2022

8th wave: November 1, 2022 to January 31, 2023

- Based on the results of the September 2021 internet questionnaire relating to the actions of people recovering from COVID-19 (hotel recovery/recovery at home), encouraging people to see their family doctor without hesitation if their noticeable symptoms fit the distinctive pattern
- Also releasing checklists on the TMG website and LINE

新型コロナウイルス感染症

症状がある方はためらわずに連絡を！

✓ これらの症状を複数感じたら、ためらわず、「かかりつけ医」や「発熱相談センター」にご相談ください。

発熱

頭痛

体のだるさ

せき

のどの痛み

【かかりつけ医・身近な医療機関】

※発熱外来を実施している医療機関の一覧(福祉保健局HP)
自治体 医師会のホームページも活用してください

【東京都発熱相談センター】

Materials from the Governor's regular press conference

宿泊療養・自宅療養者アンケート調査の結果

✓ コロナ感染が判明する前から、多くの方が、次のいずれかの「自覚症状」を訴えていました。

発熱 頭痛 体のだるさ せき のどの痛み

✓ これらの症状を感じたら、ためらわず、「かかりつけ医」や「発熱相談センター」にご相談ください。

【かかりつけ医・身近な医療機関】

※発熱外来を実施している医療機関の一覧(福祉保健局HP)
自治体、医師会のホームページも活用してください

【東京都発熱相談センター】

Extract from Monitoring Meeting materials

自覚症状

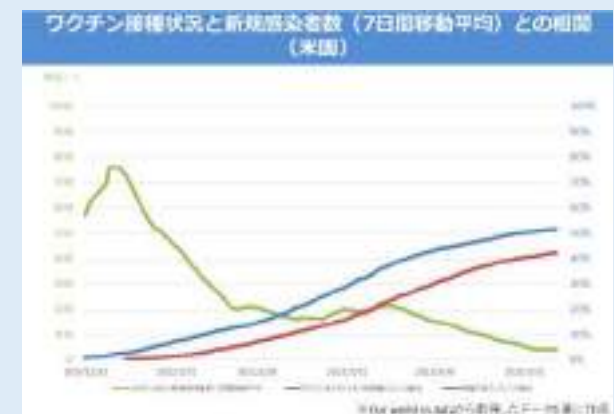
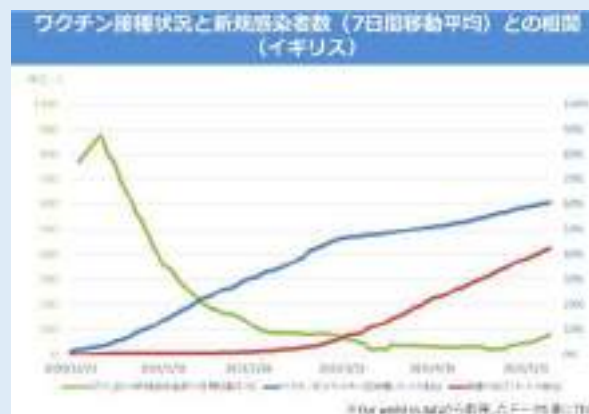
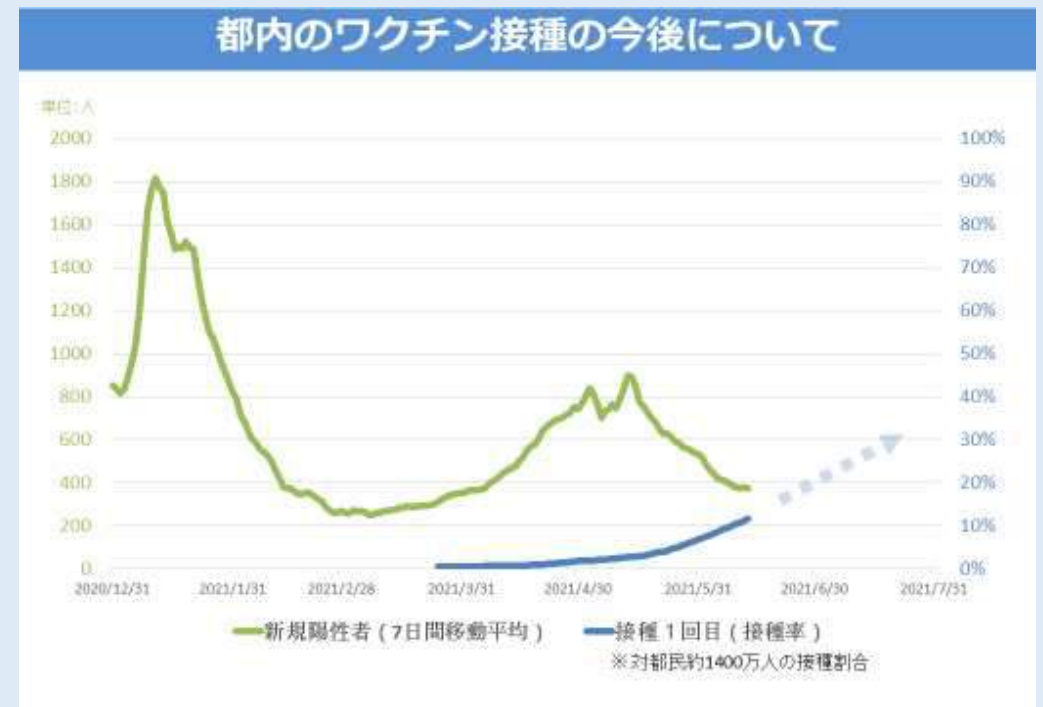
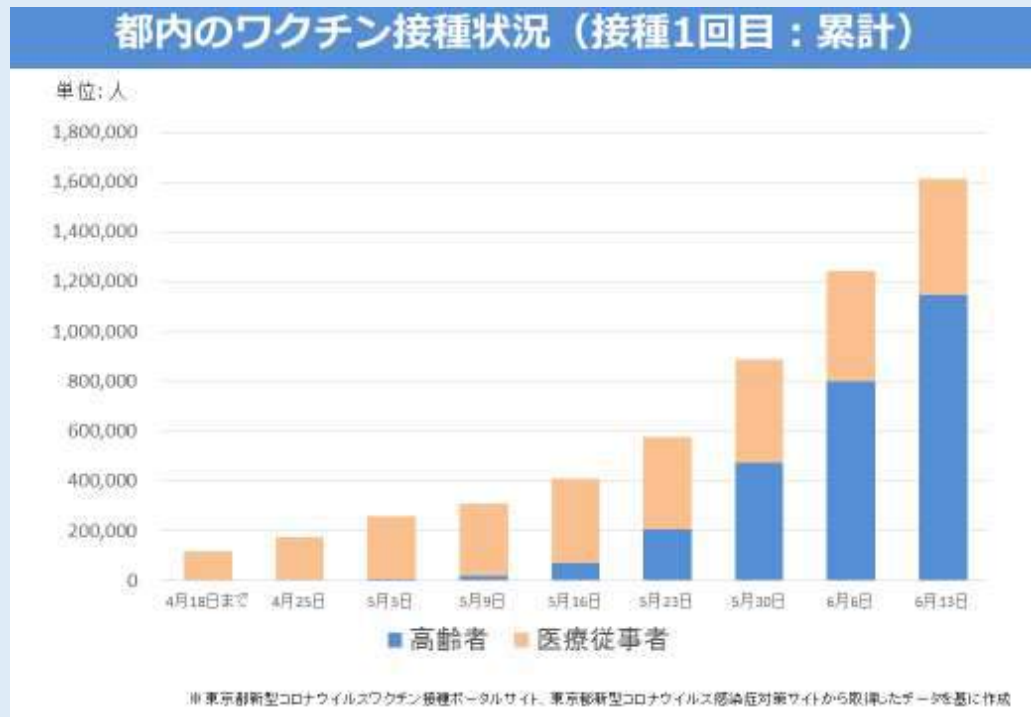
感染したことがわかる14日前から現在までにおいて、自覚のあった症状について教えてください。(複数回答可)

5～6月回答分 (n=3,171)			7～8月回答分 (n=11,726)		
自覚症状	回答者数	割合	自覚症状	回答者数	割合
1 発熱	2,135名	57.3%	1 発熱	9,059名	77.5%
2 倦怠感(体のだるさ)	1,823名	57.5%	2 頭痛	7,657名	65.4%
3 頭痛	1,805名	56.9%	3 倦怠感(体のだるさ)	7,631名	64.1%
4 咳(せき)	1,381名	43.6%	4 咳(せき)	6,626名	56.5%
5 喉痛(のどの痛み)	1,179名	37.2%	5 喉痛(のどの痛み)	5,293名	45.2%
6 関節痛	999名	31.2%	6 倦怠(だる)	4,428名	37.8%
7 喉痛(大人)	835名	26.3%	7 喉痛(大人)(喉の痛み)	4,416名	37.7%
8 悪汗	774名	24.4%	8 喉痛	4,271名	36.4%
9 筋肉痛	687名	21.7%	9 悪汗	3,630名	31.0%
10 喉痛(子供の痛み)	676名	21.3%	10 喉痛(子供の痛み)	5,997名	50.7%

● 自覚症状は、宿泊療養者・自宅療養者の半数以上の方が、発熱、頭痛、倦怠感(体のだるさ)を訴えている。

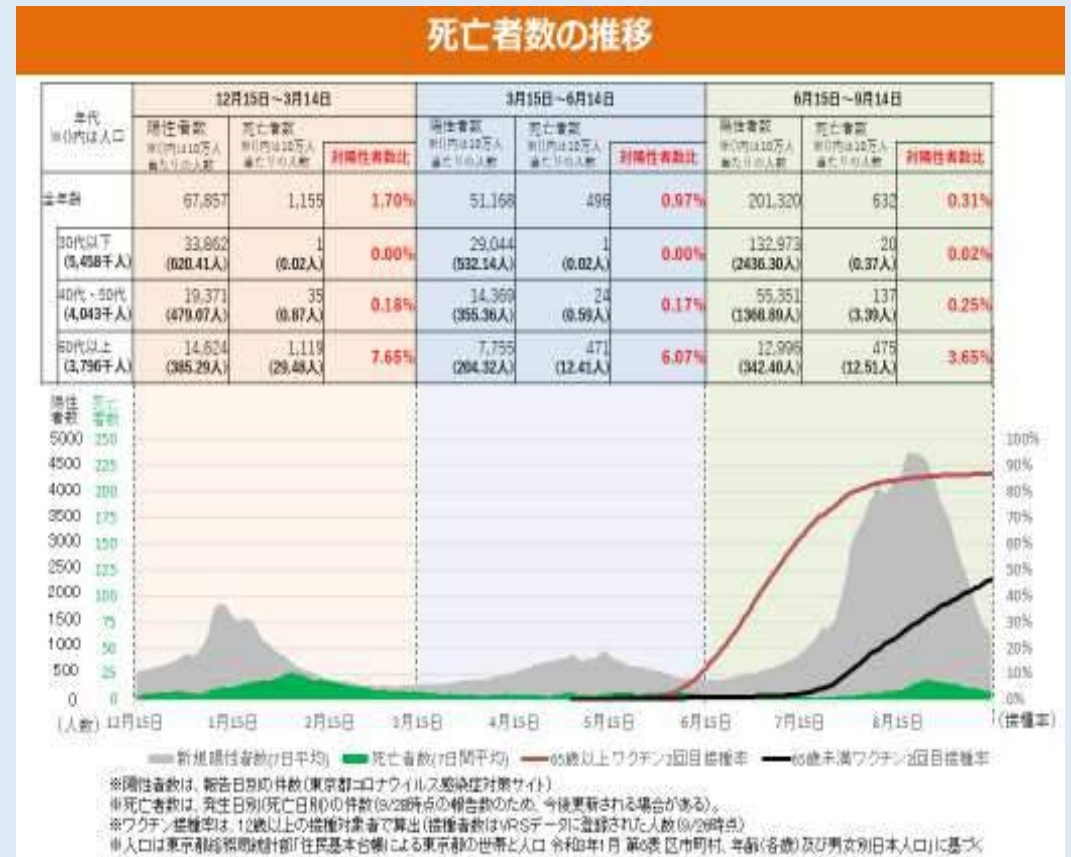
- Vaccination began with the elderly and health workers. A report was made to the 50th Monitoring Meeting on June 17, 2021 regarding the June 2021 vaccination situation in Tokyo and comparable countries overseas

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/014/026/49kai/2021061709.pdf

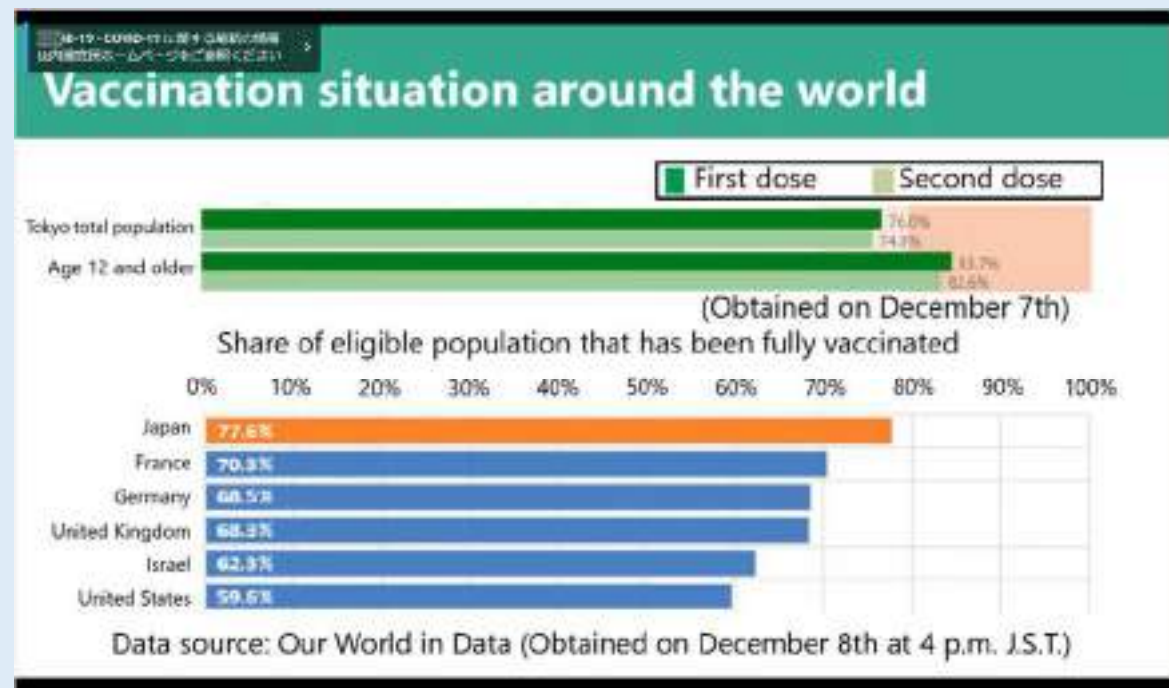


- Trends in serious illnesses and deaths were divided into three 3-month periods between December 15, 2020 and September 14, 2021 and the incidence rate per 100,000 people calculated by age
- On charting the vaccination rates for people aged 65 and over and under 65, it was reported at the 65th Monitoring Meeting on September 30, 2021 that the rate of deaths appeared to be on a decreasing trend as second vaccinations progressed, providing further impetus to promote vaccination

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/015/652/64/20210930g.pdf



- While the number of new positive cases was being reduced due to the vaccination rollout, it was reported that the proportion of new infections among people who had been vaccinated twice (breakthrough infections) was increasing due to the growing number of people who had been vaccinated (71st Monitoring Meeting on December 9, 2021)
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/679/71/20211209_09.pdf
- As well as discussing the possibility of infection after being vaccinated twice, the Infection Prevention and Control Team's report focused on the key points of promoting third vaccinations and the importance of basic infection prevention measures even after vaccination. This report was also disseminated on the iCDC blog
https://note.com/tokyo_icdc/n/nae99ff0089dc



Covid-19 Monitoring Information -Tokyo's New Normal- (December 9th 2021)

Covid-19 Monitoring Information -Tokyo's New Normal- (December 9th 2021)

<https://tokyodouga.jp/b8uolnzpj6s.html>

- The Ventilation and Indoor Infection Measures Taskforce provided reports to Monitoring Meetings about the importance of ventilation and how to make it happen. Given that ventilation tends to be neglected during cold times of the year such as New Year, it was reported on at the 72nd Monitoring Meeting on December 23, 2021
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/757/72/20211223_09.pdf

換気の基本ポイント

- ✓ 換気が悪いと、空気中に長時間、ウイルスが漂っていることも。部屋の十分な換気が必要。
- ✓ 部屋の対角線にある2か所の窓や扉を常時5~10cm開ける。
- ✓ 寒い日でも、室温は18℃以上、湿度は40%以上に。

良い換気経路
対角線上に窓を開ける

24時間換気システムを活用した換気

- ✓ **24時間換気システム**が正常に稼働していれば、十分な換気量を得ることが可能。**常時オン**に。
- ✓ 換気システムの寿命は一般的に10年程度。正常に動作しているか、注意して管理が必要。
- ✓ **換気口**のフィルタを定期的に清掃し、換気量を確保。

※24時間換気システムは、建築基準法により、2003年以降に建設された住宅への設置が義務づけられています。

お家の中のこんな設備、見たことありませんか？

24時間換気システムのスイッチ

換気口

レンジフードを活用した換気

✓ キッチンのレンジフードは、吸い込む風量が大いなので、**窓開けとの併用**により、換気が効果的に実施できる。

レンジフードを活用した換気

①窓 閉めている

②レンジフード OFF

①窓 10cm開け

②レンジフード ON

空気清浄機の活用

窓を十分に開けられない場合等、換気不足を補うため、**空気清浄機の併用が有効**

- ✓ 人の居場所から**約10m (6畳) 以内**に設置
- ✓ サーキュレータなどを使い、きれいな空気が室内に行き渡るようにするとより効果的

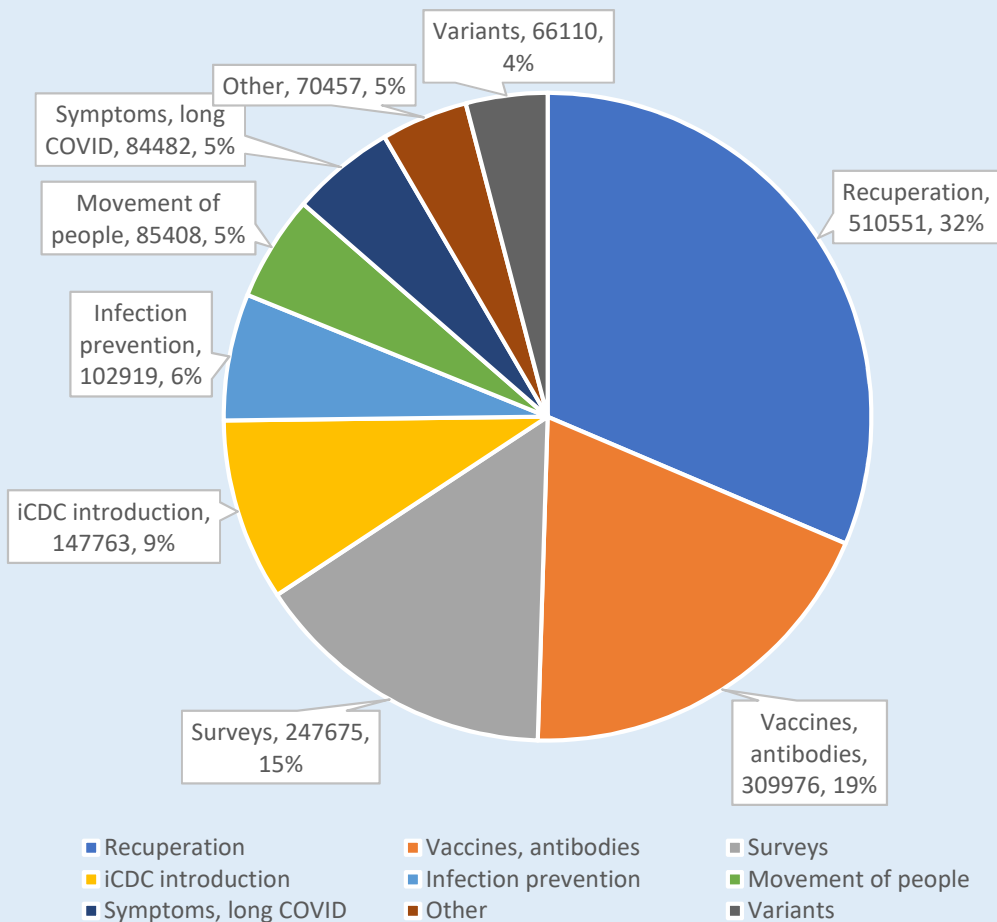
空気清浄機置き方のイメージ図

10m

外気を取り入れる風向きと空気清浄機の風向きが一致するように置く。

- The Tokyo Center for Infectious Diseases Prevention and Control account on the Tokyo iCDC blog - an information dissemination tool - was launched in order to enhance public education about infectious diseases
- A Tokyo iCDC initiative to provide information to residents in an easy-to-understand format
- Total number of views: 1,638,021 (as at July 26, 2023) https://note.com/tokyo_icdc/

Proportion of articles by category



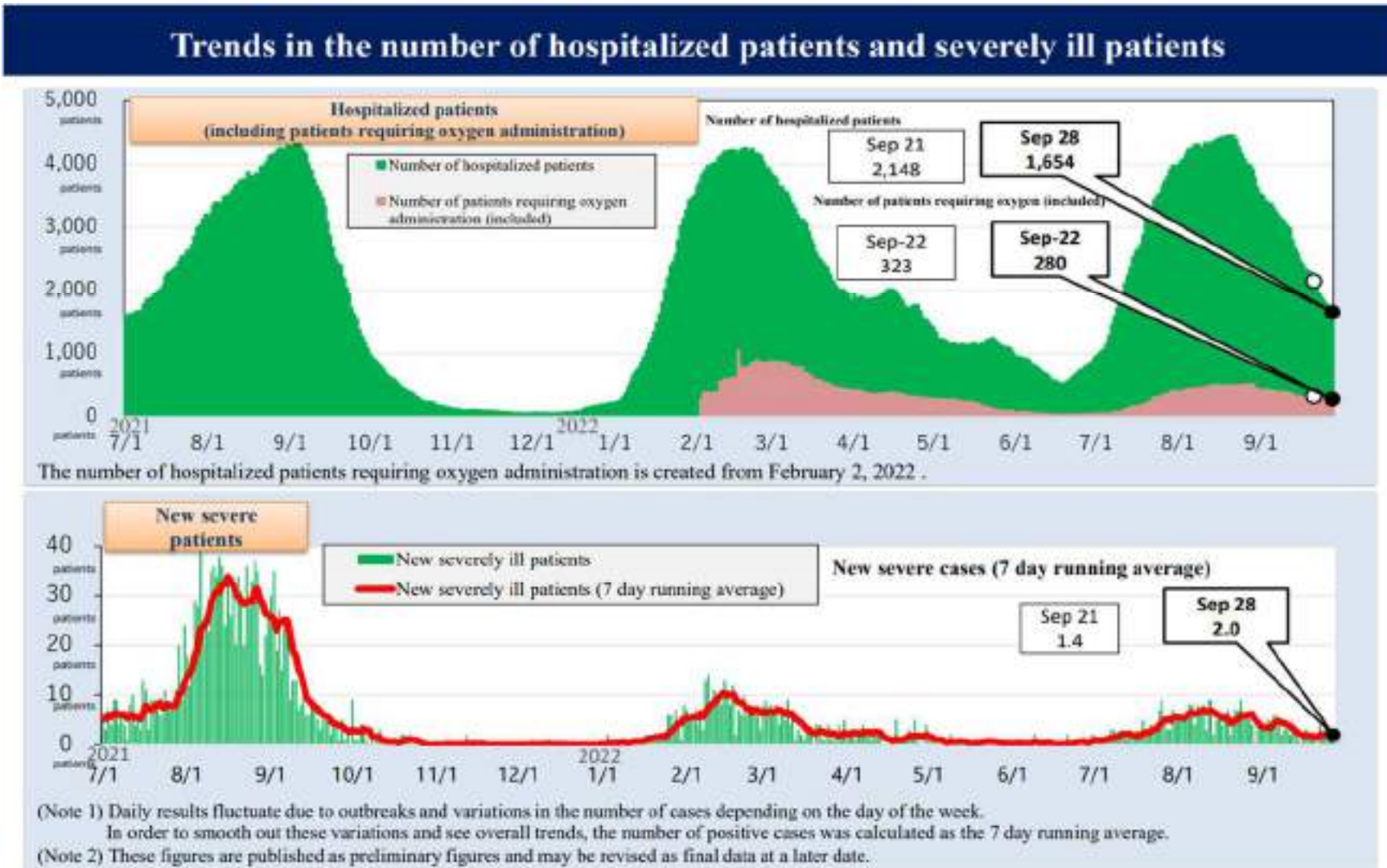
List of top ten viewed articles

Articles	Number of views
If you need to recover at a hotel, here's what you need to know about staying there! (March 16, 2021)	464,375
How many people have COVID-19 antibodies? We asked Professor Obara. (February 2, 2021)	157,097
Not much has been reported about them, but expectations are rising for Japanese-made COVID vaccines (January 12, 2021)	153,173
New team established in the Expert Board (November 27, 2020)	46,977
We've created the COVID-19 Home Recovery Handbook so you can recuperate in peace of mind (January 22, 2021)	45,397
We take a look at how people's patterns of movements have changed during the state of emergency (January 26, 2021)	44,117
The fear of long COVID: We asked Professor Omagari about the virus and what happens after you get it. (November 19, 2021)	37,810
What you need to know about home ventilation! Interviews with ventilation experts, part 1 (November 19, 2021)	36,449
Announcing the COVID-19 Infection Prevention Handbook for Tokyo Citizens! (December 17, 2020)	35,961
Messages from people in their 20s and 30s who've had COVID to people their age (March 10, 2021)	32,665

- Comparison between the 5th wave (July and August 2021) and 6th wave (January 2022) regarding the differences in people hospitalized (proportion of light vs moderate to severe illness), expressed in terms of the hospital bed occupancy rate (status of medical institutions) due to the increase in hospitalizations

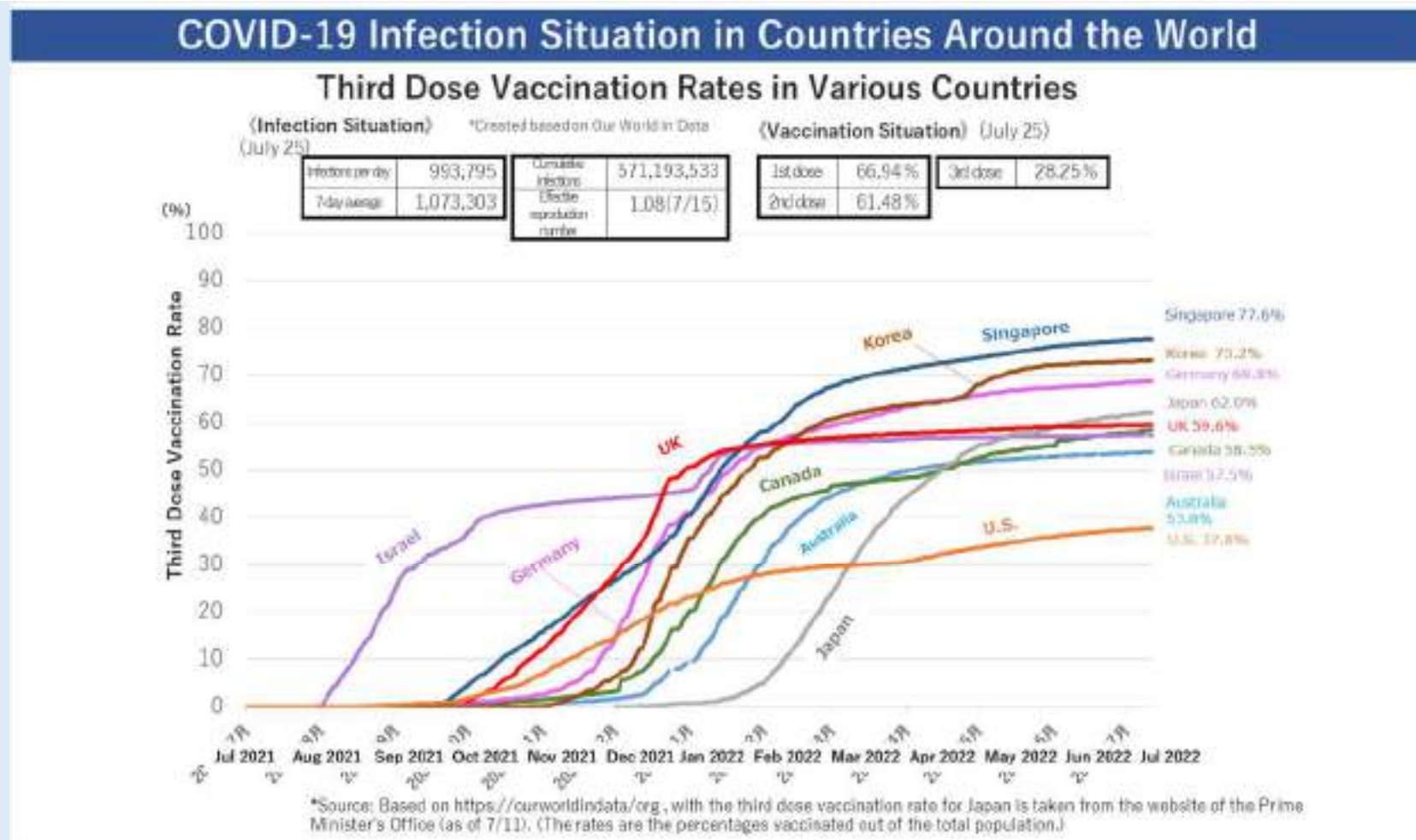
(Report of the 76th Monitoring Meeting on January 27, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/922/76/20220127_10.pdf



- In January 2022, in many countries overseas infections continued to spread despite increasing vaccination rates (including third vaccinations). The World Health Organization Director-General Tedros Adhanom Ghebreyesus stated at the Executive Board meeting that if all nations take measures such as vaccinating at least 70% of their populations, the global health emergency may end this year. Based on this view, the infection situation, vaccination rollout progress, and infection prevention measures being taken in various countries overseas were reported at the 76th Monitoring Meeting on January 27, 2022

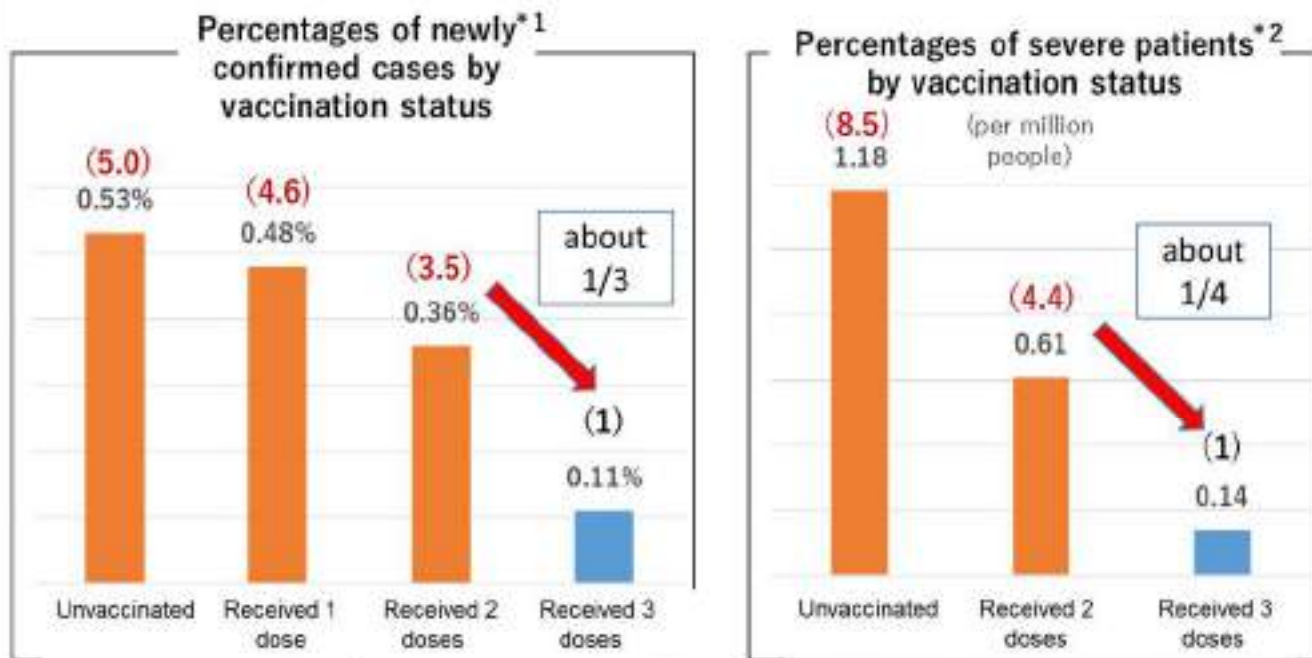
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/922/76/20220127_13.pdf



- The proportion of new positive cases and serious cases by vaccination status were reported. Further support was given to promoting vaccination given the importance of additional vaccinations (3rd vaccinations) (86th Monitoring Meeting on April 21, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/411/85/20220421_09.pdf

Percentages of Confirmed Cases and Severe Patients by Vaccination Status



Numbers in parentheses () are the figures if the rate for persons administered 3 doses of vaccine is "1."

1. Incidence rates for confirmed cases are average values calculated by dividing the total number of confirmed cases (on the reporting date) during each weekly period from March 1 to April 18, broken down by vaccination status, including cases whose vaccination status is unknown, by the population of Tokyo on the last day of each period, also broken down by vaccination status. Caution should be exercised when interpreting the results.

2. Incidence rates for severe patients are calculated by dividing the number of newly confirmed cases who developed severe symptoms (patients on a ventilator or using ECMO)* between March 1 and April 18, broken down by vaccination status, including cases whose vaccination status is unknown, by the population of Tokyo on April 18, also broken down by vaccination status (taking into account the effects of vaccination). Caution should be exercised when interpreting the results. The graph excludes people who only received one dose of vaccine as the incidence rate was zero.

3. The numbers of people by vaccination status uses data reported by TMG based on VRS data.

*This document was compiled based on data as of April 21.

Reference: Confirmed Cases by Vaccination Status

Percentages of Confirmed Cases by Vaccination Status

- Confirmed cases were tallied by vaccination status, including cases whose vaccination status is unknown, in order to calculate the percentages of confirmed cases by vaccination status.
- Numbers in parentheses () are the figures if the rate for persons who have received 3 doses of vaccine is "1." *Excludes patients using ventilators and ECMO from the total number of patients.

Period	Total Number	1st Dose			2nd Dose			3rd Dose			Unvaccinated	Unknown
		Confirmed Cases	Percentage	Percentage	Confirmed Cases	Percentage	Percentage	Confirmed Cases	Percentage	Percentage		
April 7	10,712	4,899	45.73%	1,740	16.24%	2,273	21.22%	87	0.81%	2,243	20.93%	18,227
April 14	10,423	4,848	46.52%	2,294	22.00%	2,881	27.63%	93	0.89%	2,307	22.13%	17,848
April 21	10,144	4,581	45.16%	2,481	24.46%	3,182	31.38%	99	0.97%	2,081	20.52%	17,917
April 28	10,043	4,302	42.83%	2,589	25.78%	3,152	31.39%	112	1.12%	2,088	20.79%	17,848
April 29	10,254	4,311	42.04%	2,714	26.47%	3,226	31.50%	119	1.16%	2,088	20.35%	17,848
April 30	10,177	4,242	41.68%	2,791	27.41%	3,154	31.00%	160	1.57%	2,030	19.93%	17,848
April 31	10,019	4,088	40.80%	2,751	27.45%	3,180	31.74%	139	1.38%	2,012	20.12%	17,848
Period			42.8%		26.5%		31.4%		1.2%		20.3%	

*The number of people by vaccination status uses data reported by TMG based on VRS data. The number of unvaccinated people are calculated by subtracting the number of people who have received a total of one dose of vaccine from the population of Tokyo. (20,242,222 people) (reference data for the data as of April 18). *Excludes patients using ventilators and ECMO from the total number of patients.

Reference: Severe Patients by Vaccination Status

Severe patients by vaccination status (severe cases per million people)

- Patients with severe symptoms (on a ventilator or using ECMO)* were tallied separately by vaccination status, including patients whose vaccination status is unknown, in order to calculate the number of severe patients per million people by vaccination status. *Excludes confirmed cases using ventilators and ECMO from the total number of patients.
- Numbers in parentheses () are the figures if the rate for persons who have received 3 doses of vaccine is "1."

	Total	3rd Dose	2nd Dose	1st Dose	Unvaccinated	Unknown
Number of vaccinated persons (as of April 21)	12,842,329	6,506,760	4,407,375	1,794,100	2,938,092	-
Number of severe patients	387	0	37	0	33	37
Severe patients per million	-	0.14 ()	0.83 (1.0)	- ()	1.18 (1.5)	-

*The number of people by vaccination status is based on data reported by TMG based on VRS data. The number of unvaccinated people are calculated by subtracting the number of patients who have received a total of one dose of vaccine from the population of Tokyo. (20,242,222 people) (reference data for the data as of April 18). *Excludes patients using ventilators and ECMO from the total number of patients.

- With the risk of heat stroke increasing and other concerns heading into summer, the wearing of masks has become an issue. Based on this, whether countries overseas require people to wear a mask or not was reported on at the 87th Monitoring Meeting on May 12, 2022

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/537/85/20220512_06-3.pdf

Mask-Wearing Situation in Various Countries (as of May 11, 2022)

	Mask Mandates	Places Where Wearing a Mask is Required
UK	None	—
U.S.	None (*Recommended in certain settings)	※(Wearing a mask continues to be recommended when using public transportation (airplanes, trains, etc.) and indoors transit areas)
France	In certain settings	Medical facilities and nursing homes for the elderly ※The mask mandate for public transportation was lifted on May 16
Germany	In certain settings	Specific settings such as public transportation, medical facilities, and nursing homes *The requirement to wear a mask is strengthened in areas where the infection situation has worsened.
Israel	In certain settings	Medical-related facilities such as hospitals and certain other facilities such as onboard aircraft
Korea	Exist to a certain extent	•Indoors* •When participating in an outdoor gathering of more than 50 people or when 50 or more people are watching a performance or sports outdoors (※) Inside structures such as buses, taxis, trains, ships, airplanes and other vehicles, and all structures that are demarcated on all sides and separated from the outside.

*Sources: U.S. CDC, Japanese embassies in each country, JETRO, and various news reports

- Based on the approach to wearing masks laid out by the national government in May 2022, three key points taking the risk of infection into account, key settings in which to wear a mask, and children wearing masks were summarized in an easy-to-understand manner

(Report of the 88th Monitoring Meeting on May 26, 2022)

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/020/922/76/20220127_10.pdf

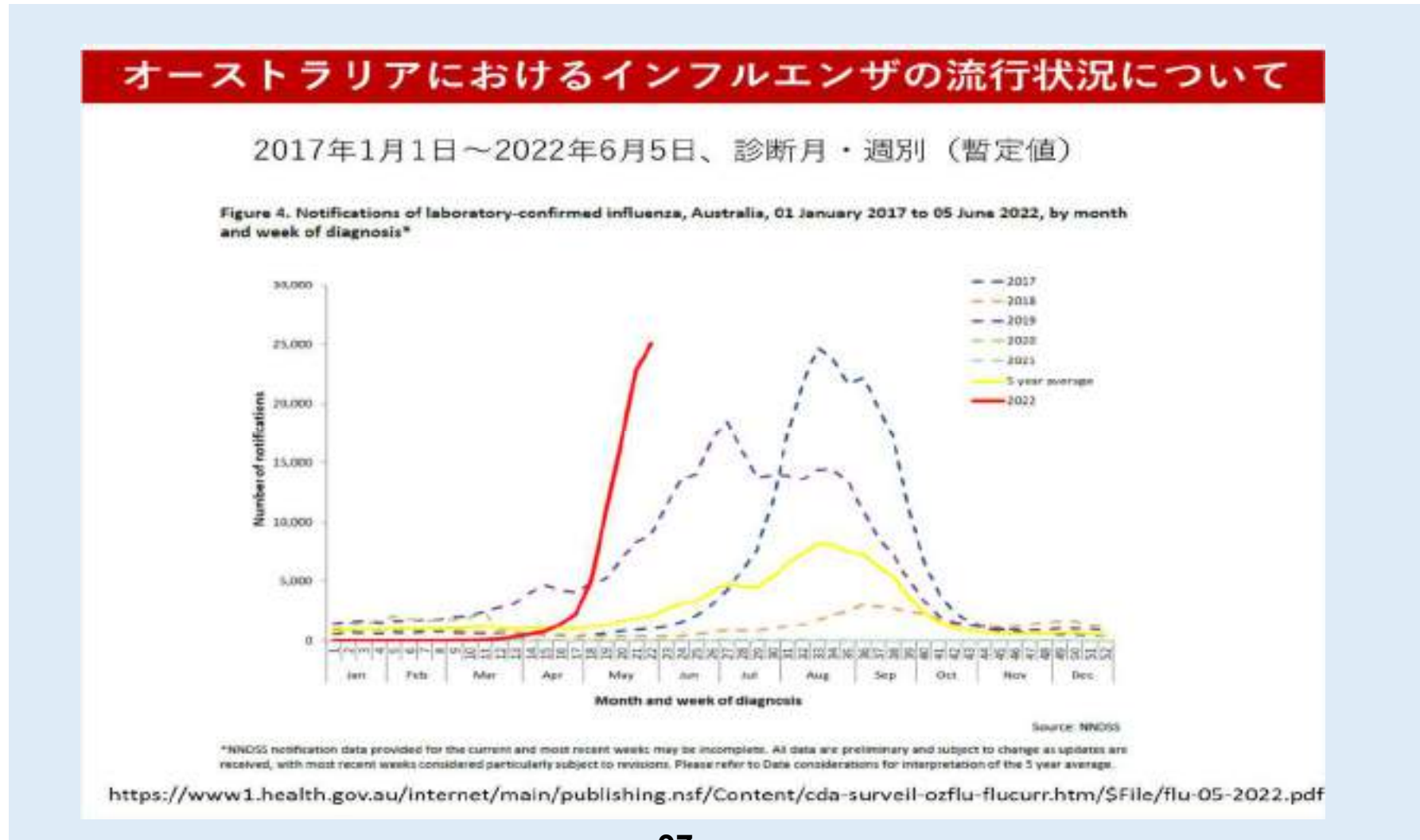
Basic Concept of Wearing Masks

- Mask Wearing is important as a **Basic Infection Control Measure**
- **Three points to consider** when thinking about wearing a mask, taking into account the risk of infection

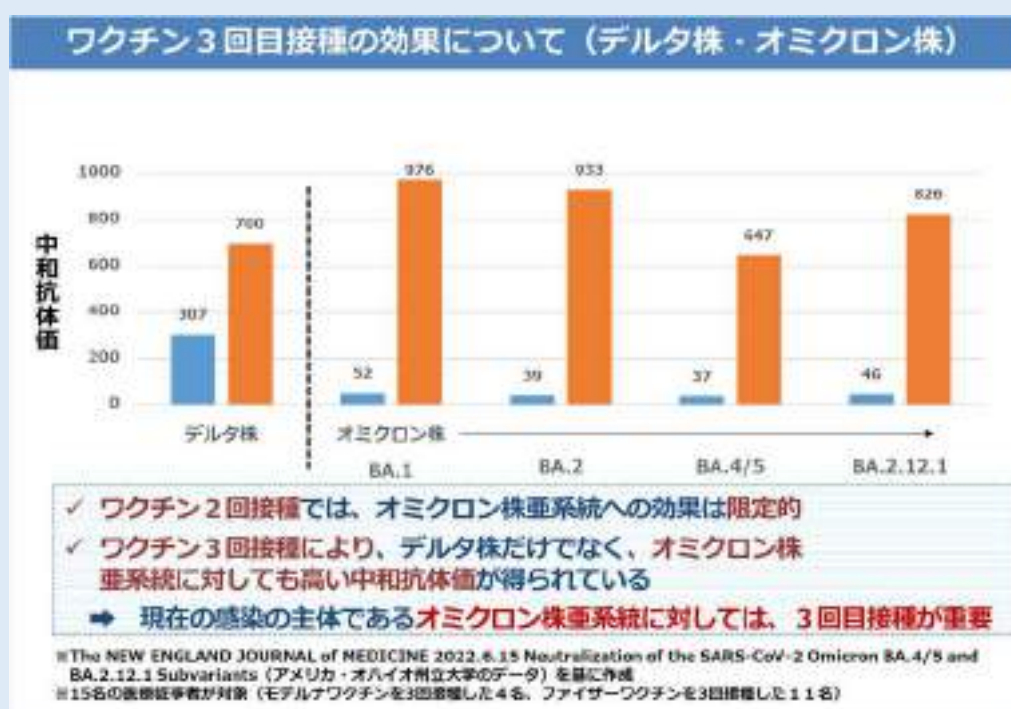
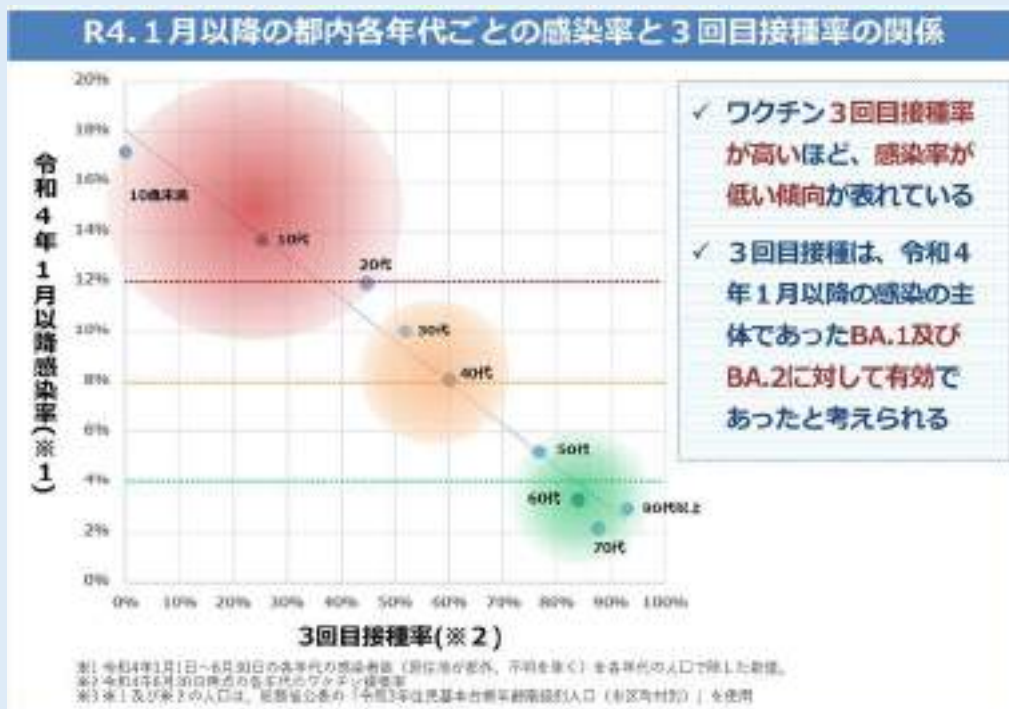
Is the "physical distance" secured	Droplets, one of the routes of infection, are said to reach 1m to 2m away , so it is important to keep a distance of at least 2m from uninfected person
Outdoor? or Indoor?	The risk of infection is lower in Outdoor settings than indoors due to air circulation .
Conversation or No Conversation	The infection can be transmitted through conversation or vocalization . If there is no conversation, the risk of infection is low.

- The situation in the Southern Hemisphere is a valuable reference point for predicting the prevalence of influenza in the coming Northern Hemisphere winter. Community transmission of influenza, which had been minimal in Australia the previous two seasons, was evident in June 2022
- Due to concerns about the future prevalence of influenza in Japan as well, the situation in Australia was reported on at the 90th Monitoring Meeting on June 23, 2022

https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/756/90/20220623_10.pdf



- Graphs were created to represent the relationship between the infection rate in various age groups and the rate of 3rd vaccinations since January 2022, when Omicron became the predominant strain
- The rate of 3rd vaccinations is higher in older age groups, and the infection rate accordingly tends to be lower. It was reported at the 92nd Monitoring Meeting on July 7, 2022 that it is therefore believed that additional vaccinations (3rd vaccinations) are effective against Omicron, providing further support to promoting vaccination
- At the same time, overseas research results about the benefits of 3rd vaccinations were also presented https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/822/92/20220707_13.pdf



- In July 2022, Japan's cumulative deaths per million people became the lowest among the 38 member countries of the OECD. However, Japan's daily number of new positive cases* reached its highest-ever point (*as of July 28, 2022)
- Report on comparison of the infection situation and vaccination rate around the world (Report of the 95th Monitoring Meeting on July 28, 2022)
https://www.bousai.metro.tokyo.lg.jp/_res/projects/default_project/_page_/001/021/904/09.pdf

COVID-19 Infection Situation in Countries Around the World

	U.S.	Canada	UK	Germany	Australia	Israel	Korea	Singapore	Japan
Confirmed cases (daily)	166,598	7,385	738	121,780	49,460	5,990	100,182	12,419	196,362
Confirmed cases per million people (7-day average)	382 →	129 →	295 →	1,033 ↓	1,780 ↑	589 ↓	1,402 ↑	1,599 ↓	1,414 ↑
Deaths (cumulative: people)	1,027,369	42,695	182,912	143,364	11,300	11,300	24,907	1,483	31,946
Deaths per million (cumulative: people)	3,050	1,120	2,718	1,720	439	1,219	481	272	257
Percentage of BA.5 strain³	81.9% ↑	78.3% ↑	81.8% ↑	88.8% ↑	69.7% ↑	79.1% ↑	81.0% ↑	45.9% ↓	83.3% ↑
Vaccination rate									
1st dose	78.7%	86.0%	79.8%	77.6%	86.4%	72.3%	87.0%	92.1%	83.3%
2nd dose	67.2%	82.5%	74.8%	76.0%	83.8%	66.2%	86.1%	91.7%	82.2%
3rd dose	37.8%	58.5%	59.6%	68.8%	53.8%	57.5%	73.2%	77.6%	62.0%

1. The figures for confirmed cases uses data from July 26, 2022 (excluding certain countries *The figure for the UK uses data from July 22). *Source for 1, 2, 4: <https://ourworldindata.org/>
 2. Deaths (cumulative) are based on data up to July 25, 2022.
 3. Data for the U.S. is genome analysis results from July 17 to July 23 (source: CDC website). Data for Japan is variant PCR testing results at the Tokyo Metropolitan Institute of Public Health from July 12 to July 18. Data for other countries is genome analysis results from July 11 to July 17. *For Korea, data is from June 27 to July 3. (Source: covSPECTRUM)
 4. Vaccination rates are based on data up to July 11. (The third dose vaccination rate for Japan is from the website of the Prime Minister's Office (as of July 11). The rates are the percentages vaccinated out of the total population.)

- COVID-19 has had significant effects not only on the fields of health care and public health, but across society, including on the economy, behavioral patterns, and how children live. In addition, it has catalyzed social changes which are likely to continue and further develop in the future, including tele-health and remote learning enabled by digital transformation, as well as greater diversity in working styles such as remote working
- The Tokyo Metropolitan Government has hosted round-table discussions featuring specialists from the Tokyo iCDC and experts from many fields, analyzing COVID's various effects on society from a wide range of angles based on three themes: (1) Society and economy, (2) behavior patterns and digitization, and (3) children and education

Experts and Main Comments	
<p>Tokyo iCDC Experts</p> <p>Mr. Mitsuo Kaku (Director of Tokyo iCDC)</p> <p>Mr. Norio Ohmagari (Infectious Disease Medical Treatment Team)</p> <p>Mr. Hiroshige Mikamo (Testing and Diagnosis Team)</p> <p>Mr. Tetsuya Matsumoto (Infection Prevention and Control Team)</p> <p>Ms. Yumiko Nara (Risk Communication Team)</p> <p>Mr. Mikihiro Tanaka (Risk Communication Team)</p> <p>Ms. Kaori Muto (Risk Communication Team)</p>	<p>[Establishing basic infection prevention measures, etc.]</p> <ul style="list-style-type: none"> ○ In one sense, infection was limited compared with other countries because the Japanese people already had high risk awareness. ○ We are under the impression that actual experiences such as our own infection and that of family members gradually enabled normal risk assessment. ○ There is a trade-off between infection prevention and continuing economic activities; the priority also depends on the position. <p>[Coexisting with COVID-19]</p> <ul style="list-style-type: none"> ○ Japanese society will slowly return. It is important to consider how society will change in the meantime. ○ Which diseases will we always exist with? We must face the next pandemic from the perspective of this "with." ○ The fact that Tokyo took up leadership and held the Olympics by combining the power and wisdom of other regions will have a major effect on the future development of Japan. <p>[Realizing a sustainable recovery]</p> <ul style="list-style-type: none"> ○ For Tokyo to further increase its resilience in the future, it needs to create comfortable spaces and pandemic-ready spaces. ○ With the advancement of digitalization, public awareness of ways to use AI will be important. ○ Tokyo should appeal to the world with its value creation through DX and its safety. ○ How to assess the impact on children? We need to see this in the medium- and long-term.

*Source: Supplement to "Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response,"
 "Special Feature 'Analyzing the impact of the COVID-19 pandemic on society from a wide range of angles'"

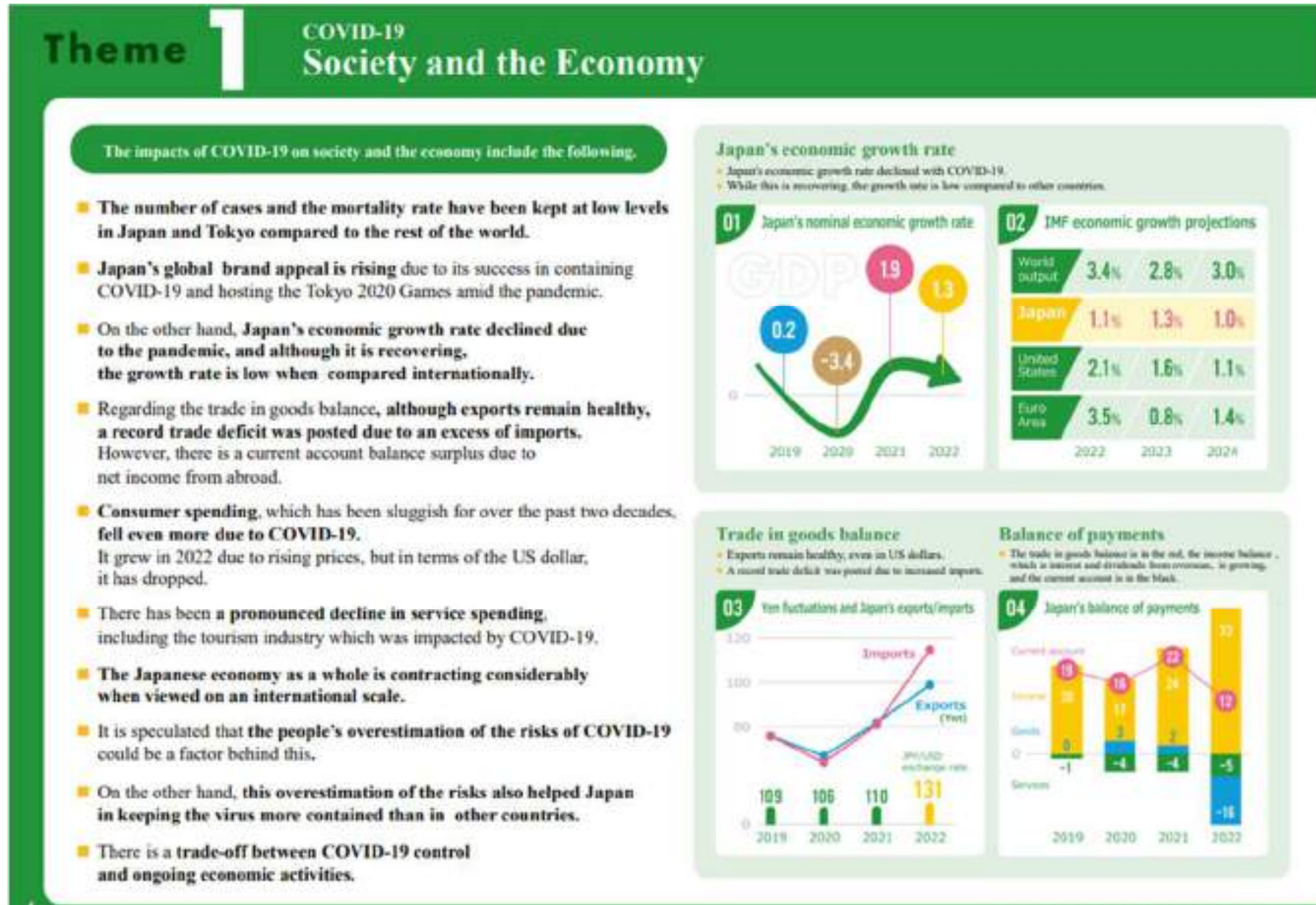


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● Infectious Disease Response Support Team

Large clusters occurred in many hospitals during the first wave of COVID-19 due to healthcare-acquired infections and delayed responses. The Tokyo Metropolitan Government therefore worked with Public Health Centers and the Tokyo Metropolitan Institute of Public Health to **establish the Infectious Disease Response Support Team in October 2020 in order to provide on-site assistance for infection prevention measures in facilities.**

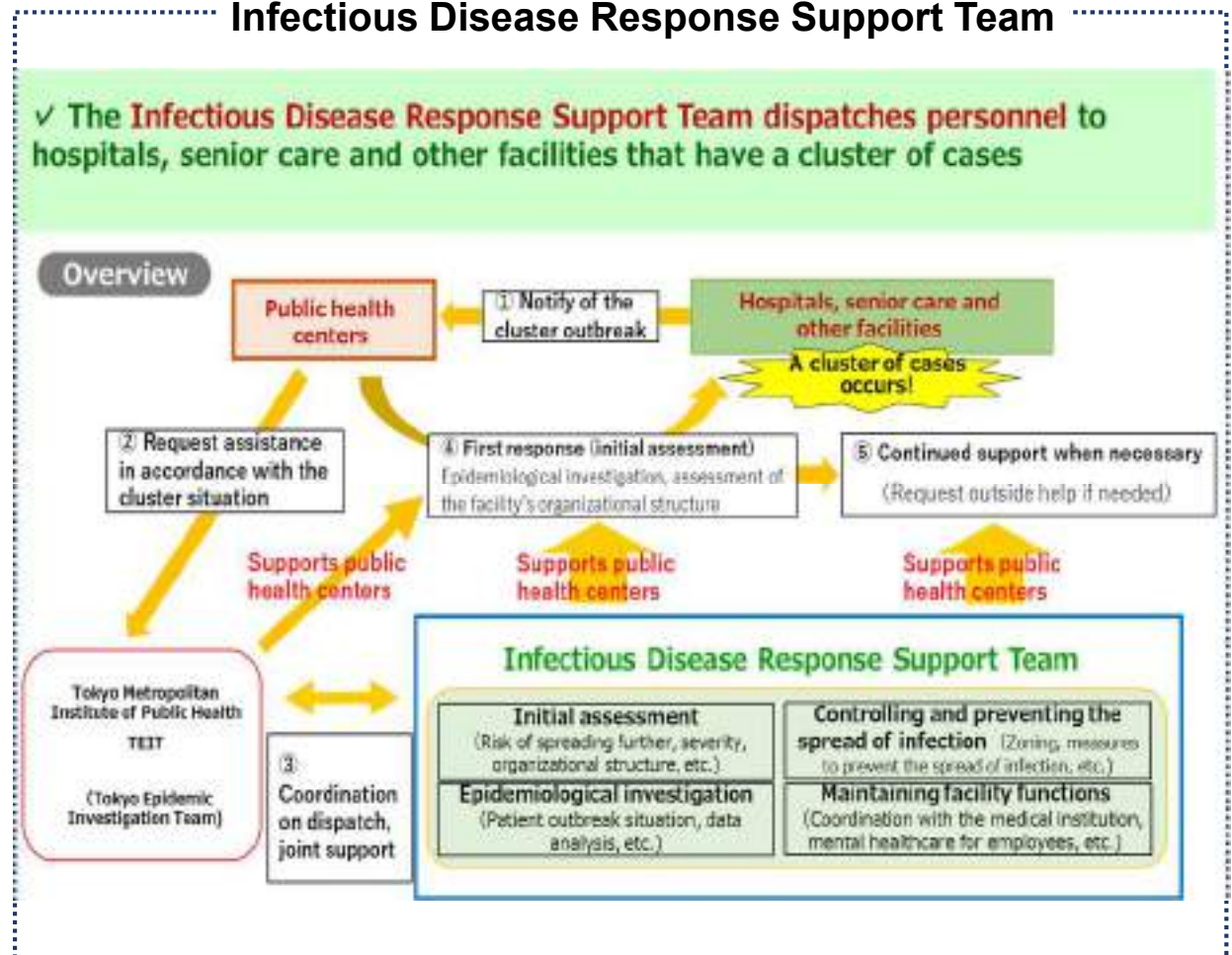
The Infectious Disease Response Support Team is comprised of doctors, nurses, and other medical professionals working at medical institutions in Tokyo.*

Teams were dispatched on request from Public Health Centers, providing advice about infection prevention measures such as **zoning and how to wear and remove PPE(personal protective equipment), supporting** prevention of the spread of infection inside hospitals and other health facilities.

To date, support has been provided to day care centers, hospitals, and social welfare facilities such as retirement homes.

*Graduates of the Field Epidemiology Training Program Japan (FETP-J) run by the National Institute of Infectious Diseases, nurses certified in infection control, DMAT (Disaster Medical Assistance Teams), etc.

Diagram of the assistance provided by the Infectious Disease Response Support Team



● Assistance provided by the Infectious Disease Response Support Team

Assistance to day care centers etc. also began from FY 2022

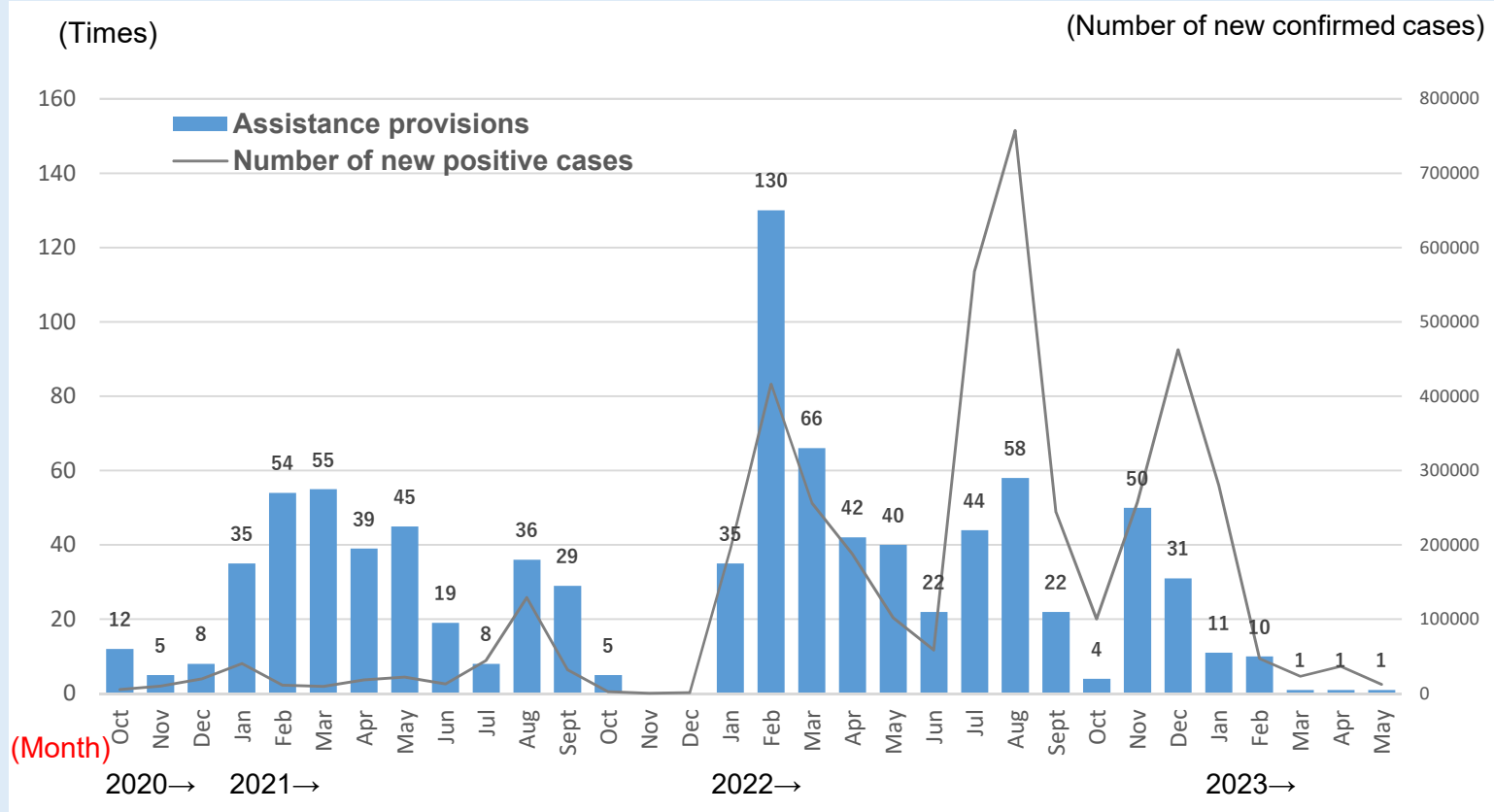
Assistance was provided to 414 facilities as at May 7, 2023 (total of 918 facilities)

Achievements of the Infectious Disease Response Support Team (October 1, 2020 - May 7, 2023)

- Facilities supported ⇒ 414
- Assistance provisions ⇒ 918 times *Assistance was provided multiple times to some facilities

Medical institutions	167
Retirement homes etc.	228
Day care centers etc.	19

*Medical institutions also includes assistance to two facilities for reasons other than COVID-19.



*Numbers of positive cases for May 2023 include those reported by May 8

- **System for project proposals from university researchers***

The Tokyo Metropolitan Government worked in collaboration with Tokyo Medical and Dental University to analyze cluster cases to date, in the facilities the Infectious Disease Response Support Team provided support to. The results were used to increase community infection resilience through developing educational materials and holding workshops based on the cases analyzed. Studies and analysis began in FY 2022, with workshops etc. being held in FY 2023 onwards.

*Aiming to liaise and collaborate with researchers and universities to launch projects, the Tokyo Metropolitan Government calls for project proposals from researchers at universities in Tokyo based on research findings and topics. This scheme was initiated in 2018 (FY 2019 budget compilation), and adopted in FY 2021 for full-scale operation in FY 2022

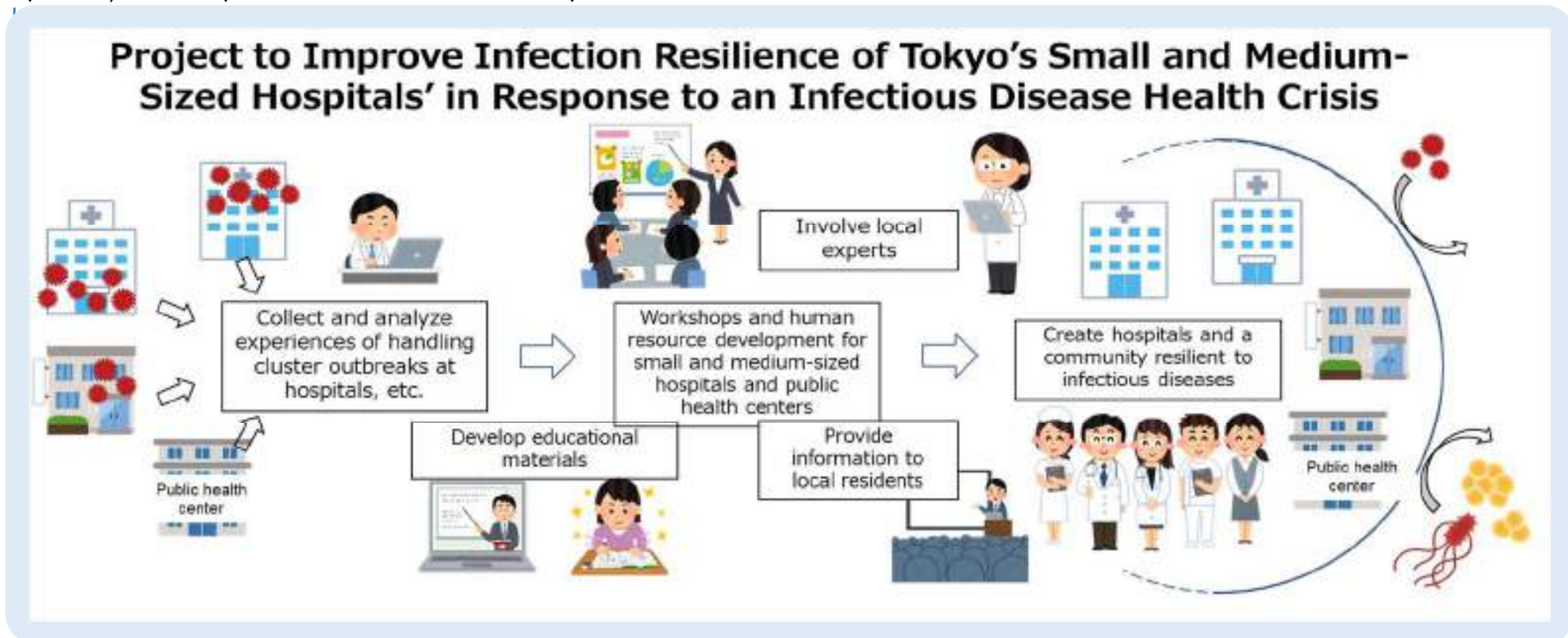


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- **Distributing the Director of Tokyo iCDC's remarks about the Tokyo Metropolitan Government's COVID-19 response to overseas government agencies in English**

Director of Tokyo iCDC's remarks (overview)

- **Contents**

- 1. The COVID-19 pandemic in Japan**
- 2. Features of the Japanese public health and medical system, and popular attitudes**
- 3. The Tokyo Metropolitan Government's COVID-19 response**
- 4. The team of specialists supporting the science-based infectious disease response**
- 5. Results of the Tokyo Metropolitan Government's response**
- 6. Conclusion**

- **Key Points of the Tokyo Metropolitan Government's response**

- **Proactive response built on strong leadership from the Governor**
 - **Implementing measures to allow all cases (from serious to mild) can recuperate in peace of mind**
 - **Highly-attentive support structure for recovering patients**
 - **Response incorporating analysis and opinions from specialists**
- **Deaths per million people are among the lowest across OECD countries.**

- The Director of Tokyo iCDC introduced the iCDC and the Tokyo Metropolitan Government’s initiatives from the first to the eighth wave at the Online Meetings for the 17th Conference on Countermeasures to Combat Infectious Diseases in Asia* held from January 30 to March 3, 2023

*This project began in 2004 with the objective of building a strong and permanent network among experts (doctors and researchers). Based on concern about the rapid spread and impact of infectious diseases such as SARS and avian influenza, agreement was reached in Jakarta in 2004 regarding initiatives about infection prevention measures in the Asian region. Initiatives taken to date include human resources development and joint research

<https://www.hokeniryu.metro.tokyo.lg.jp/kansen/kansensyoproject/ccida2023.html>

Extract from presentation slides



● Contents

1. The Tokyo Metropolitan Government’s basic stance towards COVID-19 response
2. Trends in the number of new confirmed cases in Tokyo
3. The Tokyo Metropolitan Government’s initiatives (January 2020 to September 2022)
4. Overview of the Tokyo iCDC
5. Main activities of the Tokyo iCDC Expert Board



Dates: Sunday, January 29 to Wednesday, February 1, 2023

Aims: From a global perspective, Singapore's COVID-19 measures have kept the numbers of both infections and deaths from COVID-19 at an extremely low level, and also resumed social and economic activities at an early stage. As well as learning about how lessons from Singapore can be applied to the Tokyo Metropolitan Government's future COVID-19 response, the visit also aims to begin building a pan-Asian network of specialists

Major Visits to:

1. Singapore National Center for Infectious Diseases (NCID)
2. Singapore General Hospital
3. Singapore Ministry of Health (MOH)

Features of the COVID-19 response in Singapore

1. Whole of Government, Whole of Society Approach

- Related government agencies created response taskforces built on strong leadership from the Prime Minister
- The state crisis response slogan "Prevent, Detect, Respond" was embraced by related institutions, with the Ministry of Health, general hospitals, and the National Center for Infectious Diseases working closely together
- As well as securing the necessary medical supplies, pharmaceuticals, etc., government departments harnessed specialist knowledge to formulate guidelines, poured effort into training of medical human resources such as by having mild cases treated by general practitioners (GPs), and transferred non-COVID inpatients to private hospitals as necessary during surges in infections
- Easy-to-understand messages were conveyed to the public (especially the elderly), and follow up was provided to ensure actions were being taken (e.g. information provision on TV, house visits to the elderly, guidance to people recovering at home about how to avoid infecting other household members, etc.)

2. Preparing for an infectious disease crisis from normal times (the importance of preparedness and readiness)

- An ICS (Incident Command System) was created. To utilize a pre-arranged framework in the event of a crisis
- Based on their experience with the Nipah virus and SARS outbreaks, the national government and hospitals had a stockpile of several weeks' worth of medical equipment and supplies ready for influenza
- During the 20 years after SARS, GPs had been trained and their assistance requested during the pandemic. Constructive relationships were built

3. Sense of urgency

- COVID-19 treatment guidelines were formulated in February 2020 ⇒ Mild cases were treated by (GPs)
- At the end of August 2021, the Prime Minister declared the transition to a COVID-resilient society (living with COVID and overcoming it), changing policies to position vaccines and therapeutic medicines as game-changers
- On February 13, 2023, the color-coded, four-stage Disease Outbreak Response System Condition (DORSCON) framework was shifted to the lowest infection risk level: green

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Review of Initiatives to Date

- **Since its establishment in October 2020, the Tokyo iCDC has focused responding to the most pressing issue of the time, the COVID-19 pandemic. Its initiatives have spanned a wide range - covering infection control, treatment of infected people, epidemiology, genome surveillance, and risk communication - supporting the Tokyo Metropolitan Government's approximately three-year COVID-19 response.**
- **Tokyo iCDC was also established with the aim of being the central command point relating to all infectious diseases - including COVID-19 - in order to realize the vision of Tokyo being a city resilient against infectious disease. These initiatives are not limited to times of crisis, but are being constantly taken in order to improve their performance and maximize their effectiveness, including in preparation for unknown infectious diseases yet to come after COVID is downgraded to a Class 5 illness.**
- **We have gained many valuable experiences from the long battle against COVID-19. These experiences should not be allowed to fade away, but instead be integrated into society as functioning systems in readiness for the threat from new infectious diseases which may emerge in the not-too-distant future. It is necessary to increase Tokyo's collective strength and readiness such as by promoting initiatives to raise community resilience. We believe that the Tokyo iCDC must play an integral part in those efforts.**
- **Infectious diseases do not respect national borders. Making preparations by expanding Tokyo iCDC networks - one of its core roles - to overseas as well is extremely valuable for the Tokyo Metropolitan Government. Looking ahead, the Tokyo iCDC will thoroughly carry out this and all its other initiatives.**

Pillars of Future Tokyo iCDC Initiatives

Tokyo iCDC advances its initiatives organized around the following three pillars in order to realize the vision of Tokyo being a city resilient against infectious disease

Upgrading intelligence functions



Upgrading Tokyo iCDC's intelligence functions by expanding its networks and strengthening its studies and analysis structure

- Promoting collaboration with the Tokyo Metropolitan Institute of Public Health and the Tokyo Metropolitan Hospital Organization
 - Enhancing human and organizational networks (Visits to the WHO, the U.S. CDC, and ECDC, showcasing Tokyo Metropolitan Government initiatives at academic symposiums, international conferences, etc.)
- (Upgrading Tokyo iCDC back-office functions - in July 2023, the Survey and Analysis Section was established within the Infectious Disease Control Division, expanding survey, analysis, and data management functions)

Supporting effective infectious disease response by the TMG



Broadening the scope of Tokyo iCDC activities from COVID-19 to cover all infectious diseases, supporting effective infectious disease response by the Tokyo Metropolitan Government

- Collaborating with the lead departments within the agency regarding all infectious diseases in addition to restructuring the taskforce
- Strengthening preparations for unknown infectious diseases (Considering prevention, detection, and treatment measures against infectious diseases originating from animals)
- Securing and developing human resources skilled in infectious disease medicine (Training infectious disease clinicians and public health physicians based on training programs formulated by the iCDC)

Increasing the infection resilience of society overall



Working to increase the infection resilience of society overall and contributing to creating a sustainable city

- Contributing to the infectious disease prevention plan (basic plan to comprehensively promote infectious disease prevention) from the formulation stage
- Providing advice across a wide range of fields such as building a resilient city
- Conducting public education initiatives to residents about infectious diseases to increase the infection resilience of local communities

Reference: Establishment of the Tokyo Metropolitan Government Infectious Diseases Response Liaison Committee

- To create a state of constant readiness for any infectious diseases and be able to promptly consider the necessary measures, the Tokyo Metropolitan Government has established a new liaison committee based on the following guidelines. The new committee was established on May 8, 2023 and met for the first time on May 18. <https://www.hokeniryō.metro.tokyo.lg.jp/kansen/renrakukaigi.html>

Inaugural meeting materials:
Syphilis and measles prevalence

Tokyo Metropolitan Government Infectious Diseases Response Liaison Committee

- A new liaison committee has been established following the downgrade of COVID-19 to Class 5 (common infectious disease), to ensure readiness for all infectious diseases including emerging diseases, and to promptly consider and implement necessary

The committee shall meet when:

- The infection situation requires attention
- It is necessary to consider upgrading the healthcare system
- A new outbreak has been confirmed (including new COVID-19 variants)
- Any other reason as deemed necessary by the Chair

Agenda

All matters related to infectious diseases (COVID-19, monkeypox, syphilis, Ebola virus disease, etc.) as follows:

- Status of outbreaks
- Measures to prevent the spread of infectious disease
- Health system
- Communication with Tokyo residents

Structure

- Chair: Vice Governor (oversees Bureau of Social Welfare)
- Deputy Chairs: Chief of the Bureau of Social Welfare, Chief of Bureau of Health Crisis Management
- Members: Deputy chief and section chiefs of the Bureau of Social Welfare, chiefs of relevant bureaus

※ Non-members may be called upon to attend Committee meetings and share their views

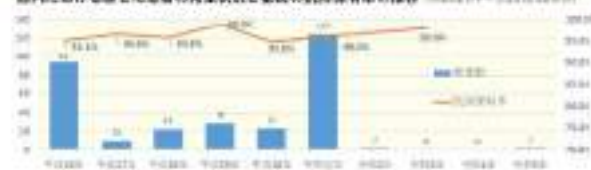
国内での梅毒の発生状況について

- 国内では、2021年以降大きく増加しており、2022年の報告数は13,228件で、2021年の報告数7,983件の約1.7倍
- 都内でも同様に2021年から増加しており、2022年の報告数は3,677件で、2021年の報告数2,465件の約1.5倍
- 都内の2023年の報告数は、2022年に比較して2割程度高くなっている。



麻しん（はしか）について

都内における麻しん患者の発生状況と都民の抗体保有率の推移



都の取組状況

- 麻しんワクチンのキャッチアップ接種
 - 定期接種を受けられなかった人に対して、区市町村包括補助により予防接種を受けられる制度を設けている。(1/2補助)
- 普及啓発
 - 第1期の接種率向上を図るため、新たにチラシを作成し、東京都出産・子育て応援事業を通じて配布
 - 第2期啓発用チラシの作成、配布 (国産生乳・都内産牛乳/産学連携での啓発)

Reference: Monitoring of COVID-19 after its Downgrade to a Class 5 Illness

- The Tokyo Metropolitan Government will **continue monitoring and analysis** by specialists of the following aspects regarding COVID-19 even after its downgrade to a Class 5 illness

- ① Accurately ascertaining infection trends
- ② Ascertaining the load being placed on the health system
- ③ Monitoring the emergence of new variants

Promptly consider necessary responses to infection trends etc.

COVID-19 monitoring and analysis results after the downgrade to a Class 5 illness are released on the Tokyo Metropolitan Government website every Thursday

https://www.hokeniryu.metro.tokyo.lg.jp/kansen/corona_portal/info/monitoring.html

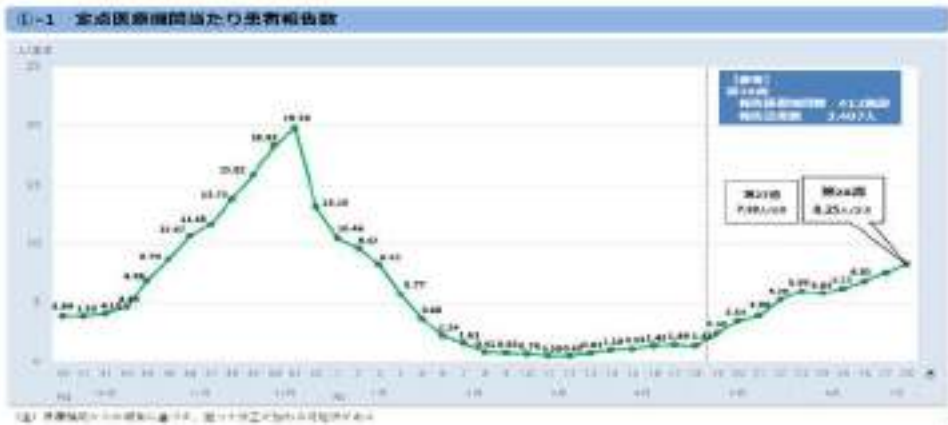
①-1 定点医療機関当たり患者報告数



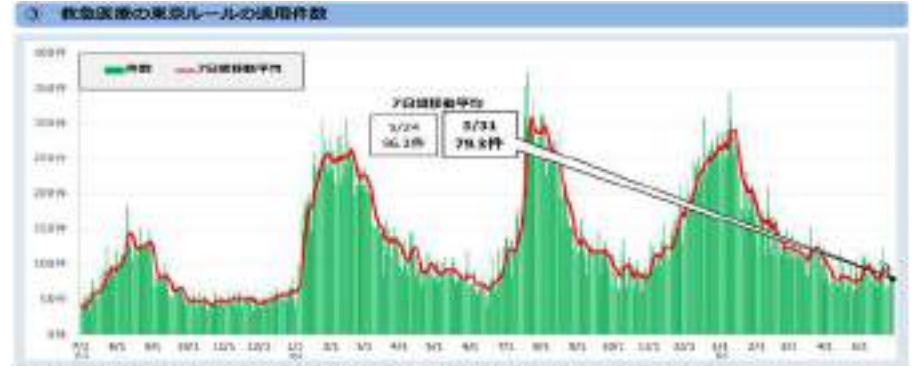
(注) 医療機関からの報告に基づき、週によって修正が加わる可能性がある。

【Reference: Monitoring of COVID-19 after its Downgrade to a Class 5 Illness (specific indicators)】

Infection



Load being placed on the health system



Monitoring variants



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Tokyo iCDC Related Videos

*1 These links is to a summary page as the content is split into several videos.

*2 These links are to the top page for each fiscal year.

Please select the video of interest from the related information on each page.

Content	QR code
<p>Online training about preventing the spread of infection at retirement homes, facilities for the disabled, etc.</p> <p>The basics</p>	 <p>*1</p>
<p>Online training about preventing the spread of infection at retirement homes, facilities for the disabled, etc.</p> <p>Case studies</p>	 <p>*1</p>
<p>Online seminar about Long COVID (July 31, 2022)</p> <p>Part 1: Opening greetings, basic lecture, presentations (1), (2), and (3)</p>	 <p>*1</p>
<p>Online seminar about Long COVID (July 31, 2022)</p> <p>Part 2: Presentation (4), Q&A</p>	 <p>*1</p>
<p>Online workshop about Long COVID (November 20, 2022)</p>	 <p>*1</p>

Content	QR code
<p>Tokyo Daily News Lessons from Professor Kaku Parts 1 to 3</p>	 <p>*1</p>
<p>Tokyo Daily News Questions to Professor Taya Parts 1 to 3</p>	 <p>*1</p>
<p>Message from Professor Kaku</p>	 <p>*1</p>
<p>Training videos from leaders in the battle against COVID-19</p> <p>Digest</p>	
<p>Tokyo Metropolitan Government COVID-19 Monitoring Meeting</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  FY 2020 </div> <div style="text-align: center;">  FY 2021 </div> <div style="text-align: center;">  FY 2022 </div> <div style="text-align: center;">  FY 2023 </div> </div> <p>*2</p>

Major Websites Listing Data Related to COVID-19

Names	Content	URL
Tokyo iCDC	Contains overview minutes and materials of Tokyo iCDC Management Committee and respective team meetings	https://www.hokeniryo.metro.tokyo.lg.jp/kansen/icdc/index.html
Tokyo iCDC (Tokyo Metropolitan Government official) blog	Information about resident survey results and various initiatives regarding COVID-19	https://note.com/tokyo_icdc
Initiatives Taken by the Tokyo Metropolitan Government for COVID-19 Response	Materials summarizing the initiatives taken by the Tokyo Metropolitan Government for COVID-19 response from the first to the eighth wave	https://www.seisakukikaku.metro.tokyo.lg.jp/cross-efforts/corona/torikumi.html
Tokyo Metropolitan Government open data catalog website	Open data relating to COVID-19	https://portal.data.metro.tokyo.lg.jp/1097/
COVID-19 public health and medical data portal	Data relating to COVID-19 infection trends etc.	https://www.hokeniryo.metro.tokyo.lg.jp/kansen/corona_portal/index.html
COVID-19 vaccinations portal	Information about COVID-19 vaccinations	https://www.hokeniryo.metro.tokyo.lg.jp/kansen/coronavaccine/index.html
Tokyo Metropolitan Government COVID-19 Support Information Navigator	Information about COVID-19 support from the Tokyo Metropolitan Government and national government	https://covid19.supportnavi.metro.tokyo.lg.jp/
Tokyo Metropolitan Government COVID-19 Monitoring Meeting analysis materials	Provides Tokyo Metropolitan Government COVID-19 Monitoring Meeting analysis materials	https://www.bousai.metro.tokyo.lg.jp/taisaku/saigai/1023407/index.html
Tokyo Metropolitan Government COVID-19 Response Headquarters meetings	Provides Tokyo Metropolitan Government COVID-19 Response Headquarters and Tokyo Metropolitan Government COVID-19 Response Deliberation Council meeting materials	https://www.bousai.metro.tokyo.lg.jp/taisaku/saigai/1021421/index.html
Olympic and Paralympic Games Tokyo 2020 TMG Portal Site	Provides results of Tokyo 2020 Games COVID-19 countermeasures, etc.	https://www.2020games.metro.tokyo.lg.jp/special/guide/taikaijitorikumi/index.html

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