

Direction of TMG's Main Policies From April 2024^①

Items		Direction of Policies	
		Up to the end of March (Oct. 1 – Mar. 31)	From April (April 1 onward)
Consultation service	Secure a consultation service	<ul style="list-style-type: none"> ➤ Established Tokyo Coronavirus Support Center (750 lines maximum) 	<ul style="list-style-type: none"> ➤ Ends based on the expansion of medical facilities able to treat patients with fever and consultation results (handled with Tokyo medical facility guidance service, etc.)
		<ul style="list-style-type: none"> ➤ Established support centers for long COVID symptoms at 8 hospitals in Tokyo 	<ul style="list-style-type: none"> ➤ Ends based on consultation results, etc. (Regarding long COVID consultation, medical facilities (564 facilities) treating long COVID will respond)
Testing · Treatment system	Support given to clinics, etc. for maintaining equipment in facilities (outpatient) (clinical laboratory equipment maintenance support, subsidies for facility and equipment maintenance costs, etc.)	<ul style="list-style-type: none"> ➤ Expand support for maintaining testing equipment to facilities other than clinics and laboratories, expanded the number of equipment maintenance including partitions 	<ul style="list-style-type: none"> ➤ Secure a healthcare system determined in the Infectious Disease Prevention Plan. Rearrange and implement as an initiative (support for maintaining equipment in facilities to medical facilities in cooperating agreement) to respond quickly when an emerging infectious disease occurs ➤ Ends in accordance to the national policy (transitioned to a system of general medical facilities responding from a system of designating and releasing)
		<ul style="list-style-type: none"> ➤ Designate and release outpatient-handling medical facilities (approx. 5,800 facilities) 	
		<ul style="list-style-type: none"> ➤ Newly draft a transition plan from Oct. to Mar. 	
	<ul style="list-style-type: none"> ➤ While reminding infection prevention measures, encourage more medical facilities to cooperate in responding (support given to medical facilities for implementing infection prevention training and reminding to organize the duty of filling prescription) 	<ul style="list-style-type: none"> ➤ Secure a healthcare system determined in the Infectious Disease Prevention Plan, rearrange and implement as an initiative (support for maintaining equipment in facilities to medical facilities in cooperating agreement) to respond quickly when an emerging infectious disease occurs 	
	Securing a treatment system during the holidays	<ul style="list-style-type: none"> ➤ Secure a treatment system during weekends, holidays, long holiday seasons, etc. (emergency responses during the spread of infectious diseases) 	<ul style="list-style-type: none"> ➤ Ends based on the transition to a normal healthcare system
	Intensive testing to facility staff	<ul style="list-style-type: none"> ➤ To aged care facilities, facilities for persons with disabilities, medical facilities, special support schools, etc. (Residential-type facilities: 1 PCR test per week, +1-2 qualitative antigen tests per week, Daycare/home-visit care facilities, medical facilities, etc.: 2-3 qualitative antigen tests per week) 	<ul style="list-style-type: none"> ➤ Ends based on increased responsiveness to infectious diseases, etc. at aged care facilities, etc.

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		Up to the end of March (Oct. 1 – Mar. 31)	From April (Apr. 1 onward)
Testing · Treatment system	Storing testing kits	<ul style="list-style-type: none"> ➤ Secure a maximum of approx. 400,000 kits 	<ul style="list-style-type: none"> ➤ The system of distributing stored kits (approx. 110,000 COVID-19 and flu testing kits) in an emergency will be continued until the expiration date (June 2024) in preparation for the spread of infection.
Healthcare system	Public funding (hospitalization)	<ul style="list-style-type: none"> ➤ Public funding of hospitalization expenses (Out-of-pocket expense upper limit for high-cost medical expenses reduced by 10,000 yen) 	<ul style="list-style-type: none"> ➤ Respond according to the national policy (Public funding ends. Similar to other diseases, medical expenses will not exceed the limit according to the patient's income with the application of the high-cost medical expense benefit.) (A project conducted based on the national policy)
	Securing beds (Costs of securing beds)	<ul style="list-style-type: none"> ➤ Support given to cover costs of securing beds by prioritizing targets and periods (respond flexibly according to the transmission situation) 	<ul style="list-style-type: none"> ➤ Respond according to the national policy (Subsidies of covering costs of securing beds ends. Transition to hospitalization not dependent on secured beds.) (A project conducted based on the national policy)
	System development · promote acceptance (funding for accepting patients, promote transfer to another hospital, etc.)	<ul style="list-style-type: none"> ➤ Extend the transition plan that has been decided until the end of September beyond October ➤ Funding given for accepting patients, etc. (promote transfers to other hospitals, promote accepting of aged people needing care and people with disabilities) (emergency response when infections are spreading) 	<p style="text-align: center;">—</p> <ul style="list-style-type: none"> ➤ Ends based on the transition to a normal healthcare system
	Medical support-providing aged care facilities	<ul style="list-style-type: none"> ➤ Operate 8 facilities (692 beds) 	<ul style="list-style-type: none"> ➤ Ends based on increased responsiveness to infectious diseases, etc. at aged care facilities, etc.

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		Up to the end of March (Oct. 1 – Mar. 31)	From April (April 1 onward)
Healthcare system	Storing personal protective equipment	<ul style="list-style-type: none"> ➤ Continue to build a strong city against infectious diseases (legacy) 	<ul style="list-style-type: none"> ➤ Continue to store protective equipment that is secured as a part of COVID-19 measures so that they can be distributed to medical facilities, etc. in times of emergency.
	Support given to hospitals for maintaining equipment and facilities (hospitalization) (subsidies for facility and equipment maintenance costs, etc.)	<ul style="list-style-type: none"> ➤ Continue to support equipment maintenance such as partitions, etc. to build a foundation of living with COVID-19 (Expand targets other than medical facilities admitting patients to create a system where more medical facilities accept patients) 	<ul style="list-style-type: none"> ➤ Secure a healthcare system determined in the Infectious Disease Prevention Plan. Rearrange and implement as an initiative (support for maintaining equipment in facilities to medical facilities in cooperating agreement) to respond quickly when an emerging infectious disease occurs.
	Measures on long Covid	<ul style="list-style-type: none"> ➤ Implement initiatives such as creating a map on medical facilities handling long COVID, and promoting understanding of long COVID to healthcare workers 	<ul style="list-style-type: none"> ➤ Continue as an initiative that should be conducted for the time being even under a normal healthcare system
Recover at home system	Temporary online fever treatment center	<ul style="list-style-type: none"> ➤ Operate during holidays and weeknights to decrease the medical burden on departments, such as emergency and outpatient (emergency response when an infection is spreading) 	<ul style="list-style-type: none"> ➤ Discontinued based on the transition to a normal healthcare system
	Home visit system	<ul style="list-style-type: none"> ➤ Continue to dispatch the home visit team to aged care facilities 	<ul style="list-style-type: none"> ➤ Discontinued based on increased responsiveness to infectious diseases, etc. at aged care facilities, etc. and usage performance
	Window for facilities, immediate responding support team, infectious disease prevention support team	<ul style="list-style-type: none"> ➤ System of dispatching immediate responding support team (10 facilities/day) ➤ Implement infectious disease prevention leader training in aged care facilities ➤ Dispatch the infectious disease prevention support team consisting of doctors, nurses, etc. 	<ul style="list-style-type: none"> ➤ Carried out after rearranging contents as a measure for high-risk facilities (The infectious disease prevention support team will be continued. The establishment and implementation of the window for facilities and immediate responding support team will be considered when an emerging disease occurs.)

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Vaccination and Treatments	Public funding of vaccinations	<ul style="list-style-type: none"> ➤ Fully publicly funded (100% by the Japanese government) (special vaccination) 	<ul style="list-style-type: none"> ➤ Special vaccination is discontinued, and becomes a routine vaccine. (Fees apply) (A project conducted based on the national policy)
	Large-scale vaccination centers	<ul style="list-style-type: none"> ➤ Operate large-scale vaccination centers (North observatory of Tokyo Metropolitan Office and Sanraku Hospital). Send vaccination buses to aged care facilities 	<ul style="list-style-type: none"> ➤ Discontinued due to routine vaccine (A project conducted based on the national policy)
	Public funding of treatment drugs	<ul style="list-style-type: none"> ➤ Publicly funded (a portion paid out-of-pocket) *Set the upper limit based on the copayment rate of medical expenses (Upper limit: 3,000 yen (10% copayment), 6,000 yen (20%), 9,000 yen (30%)) 	<ul style="list-style-type: none"> ➤ Respond according to the national policy (Public funding ends. Similar to other diseases, medical expenses will not exceed the limit according to the patient's income with the application of the high-cost medical expense benefit.) (A project conducted based on the national policy)
Monitoring and surveillance		<ul style="list-style-type: none"> ➤ Monitoring analyses by experts 	<ul style="list-style-type: none"> ➤ Continues after organizing items (Release of monitoring analysis documents ends. Transition to the same release as influenza)
		<ul style="list-style-type: none"> ➤ Monitor for new variants (genome analysis) 	<ul style="list-style-type: none"> ➤ Continues as an initiative that should be conducted for the time being even under a normal healthcare system
Public health center support system		<ul style="list-style-type: none"> ➤ Utilize staff dispatching at Tokyo's public health centers 	<ul style="list-style-type: none"> ➤ Discontinued considering the workload of Tokyo's public health centers
		<ul style="list-style-type: none"> ➤ Promote digitalization in public health centers (Utilize voice mining, create data of progress control) 	<ul style="list-style-type: none"> ➤ Continues to build a strong city against infectious diseases (legacy)
Municipality support		<ul style="list-style-type: none"> ➤ Support given to infectious disease control, etc. carried out by municipalities (Change the menu and continue under TMG's policy (protect high-risk people, build a strong city against infectious diseases). Intensive testing done to daycare users and visitors, consulting service, promote understanding about transition to Class 5 to residents, clinics, etc.) 	<ul style="list-style-type: none"> ➤ Discontinued considering TMG's policy and the status of utilization in municipalities