

Results of Questionnaire on Awareness Among Tokyo Residents by the Tokyo iCDC Risk Communication Team

Attachment

- **Survey method:** Online survey
- **Subjects:** Residents of Tokyo in their 20s to 70s
- **Sampling method and number of samples:** Quota sampling by gender and age adjusted to those of the Tokyo population.

10,000 samples

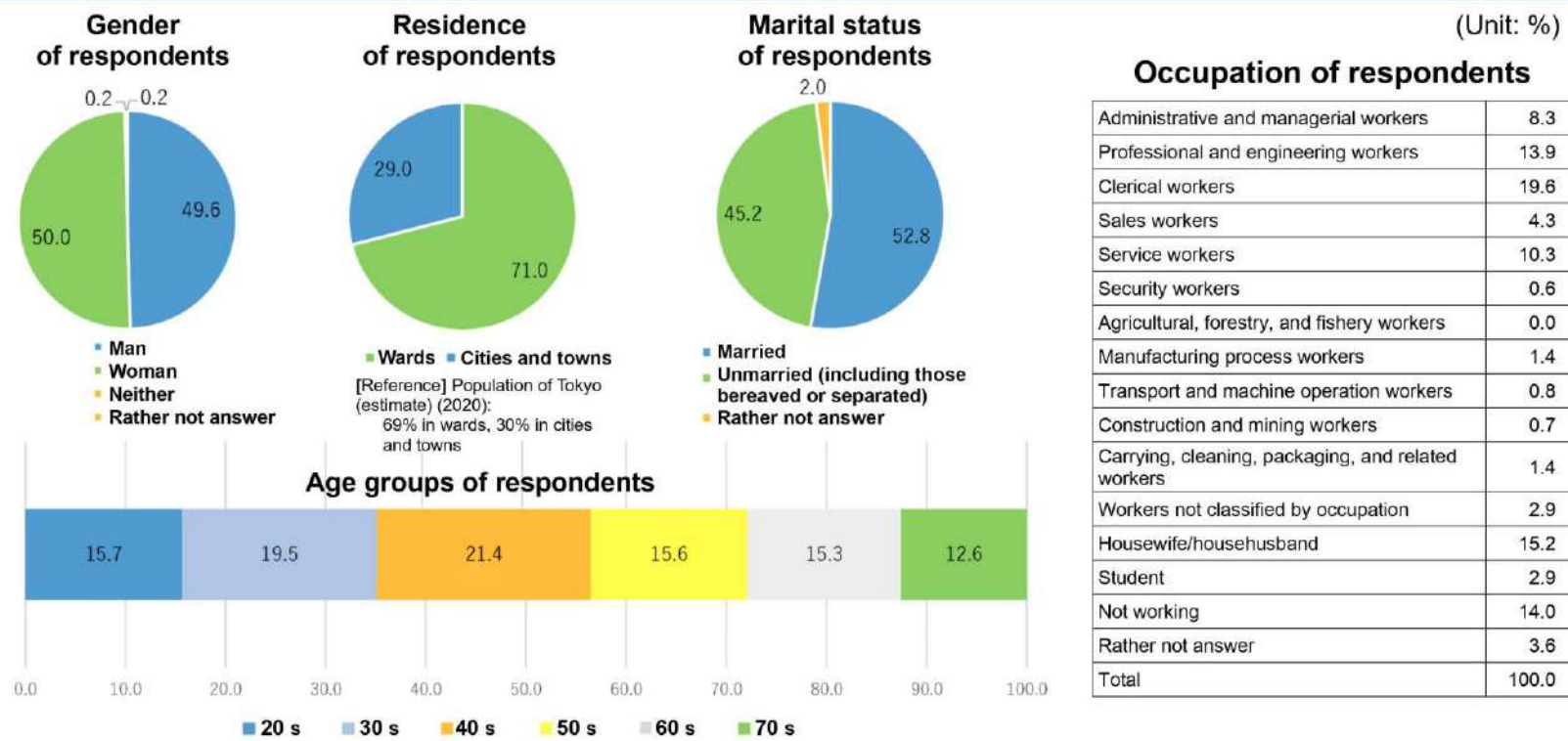
	20-29 y	30-39 y	40-49 y	50-59 y	60-69 y	70-79 y	Total
Men	793	994	1087	804	755	564	4,997
Women	772	953	1048	760	776	694	5,003

- **Survey period:** Feb. 26, 2021 to Mar. 3, 2021 (under the 2nd state of emergency)
- **Survey items:**
 - Infection control measures currently in place (Reason for not taking or being unable to take such measures)
 - Feelings and experiences about COVID-19
 - Awareness and knowledge of vaccines
 - Changes in work and life
 - Information-seeking behavior about COVID-19
 - Experience of infection or response to COVID-19
 - Human relationship and stigmatic experience
 - Awareness and experience of seeing a doctor
 - Health condition
 - Basic attributes, etc.

1

Basic attributes of valid questionnaires

Number of valid questionnaires = 10,000



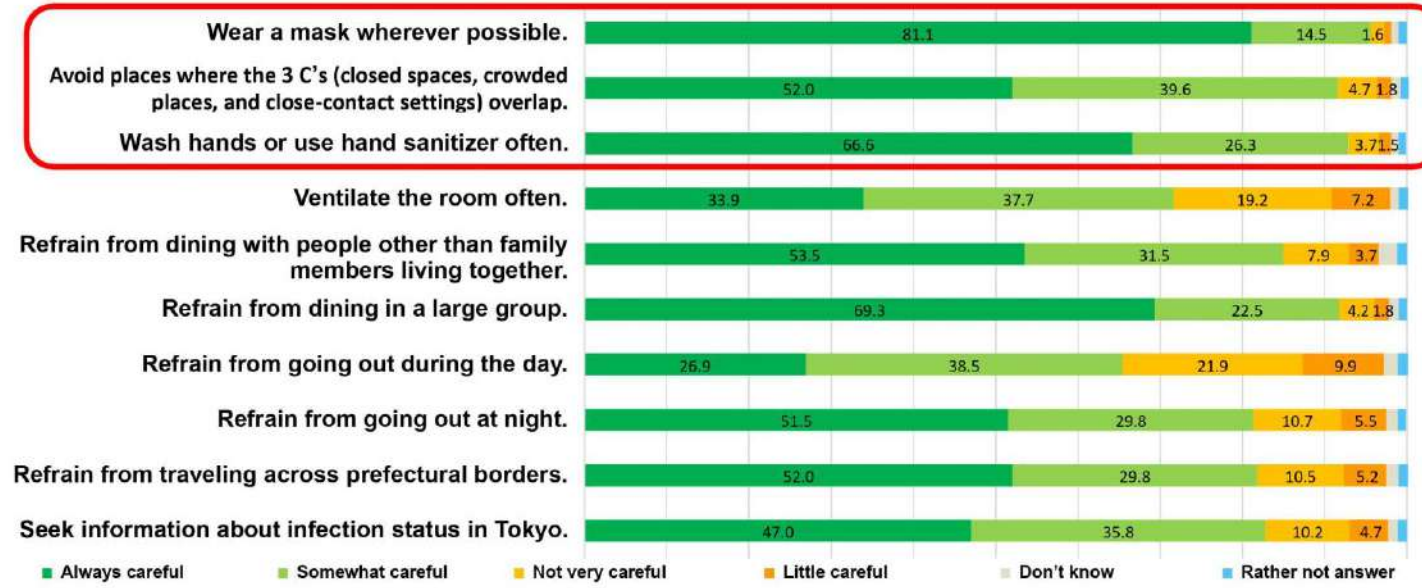
2

Q

Regarding measures against COVID-19, please select one for each that applies to you at present.

(n = 10,000)

0 10 20 30 40 50 60 70 80 90 100 (Unit: %)



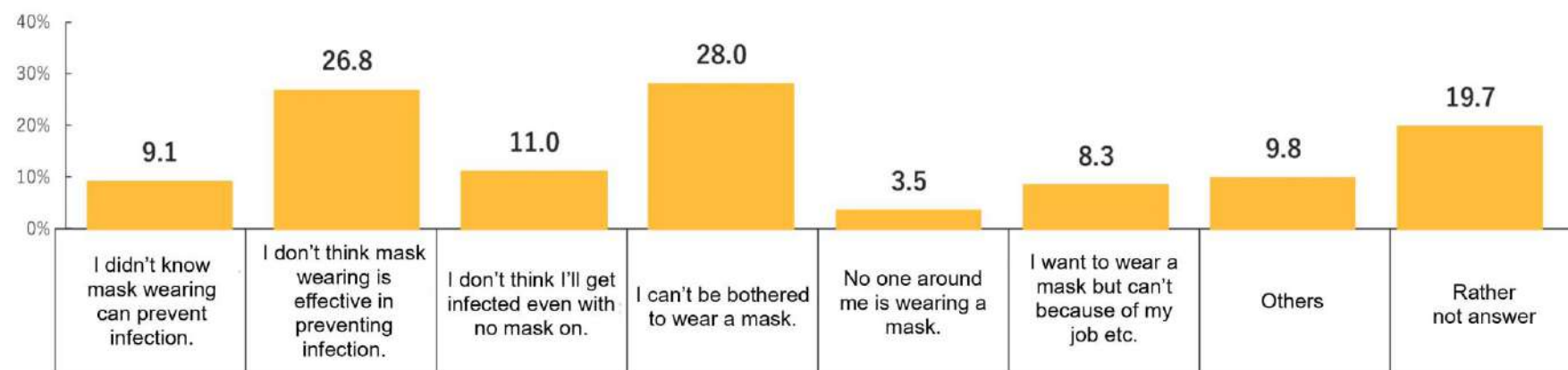
- ◆ Usual precautions: More respondents answered that they were “careful” about wearing a mask, washing hands, and avoiding the 3 C’s, in descending order.
- ◆ Measures requested of residents especially under a state of emergency: More respondents answered that they were “careful” about dining in a large group or with people other than family members, traveling across prefectural borders, and going out at night, in descending order.

3

Q Mask wearing:

If you answered that you were “not very careful” or “little careful”: What is the reason? Please select all the following that apply to you.

(n=254)



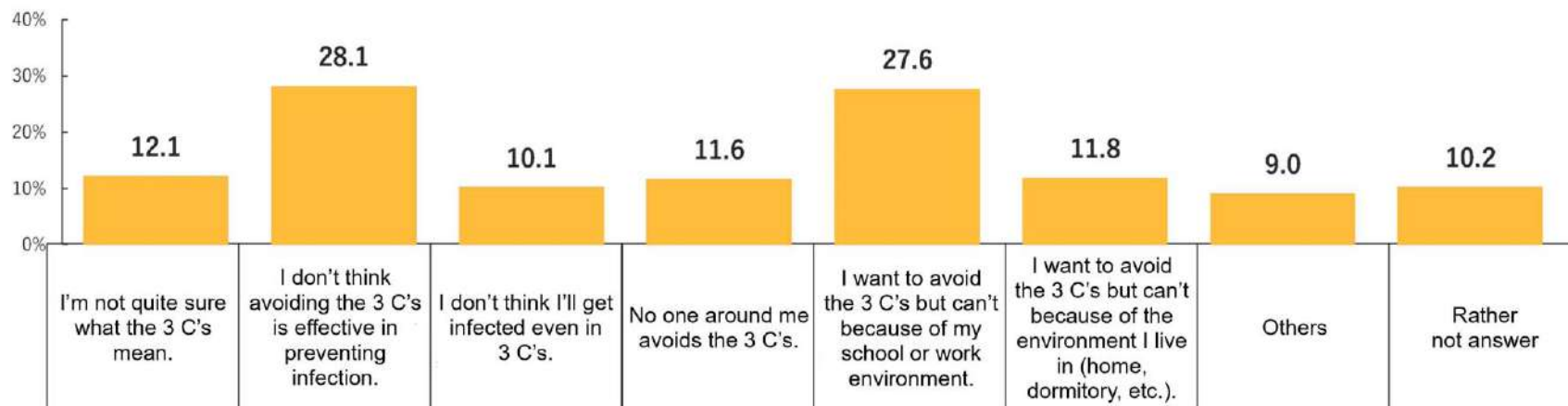
- ◆ Prominent reasons were “I can’t be bothered to wear a mask” and “I don’t think mask wearing is effective in preventing infection.”
- ◆ A further announcement about the effectiveness and method of mask wearing may be required based on the new findings on the preventive effect of masks and a habit of correct wearing to lower the infection risk.

4

Q Avoiding the 3 C's

If you answered that you were "not very careful" or "little careful":
What is the reason? Please select all the following that apply to you.

(n=644)



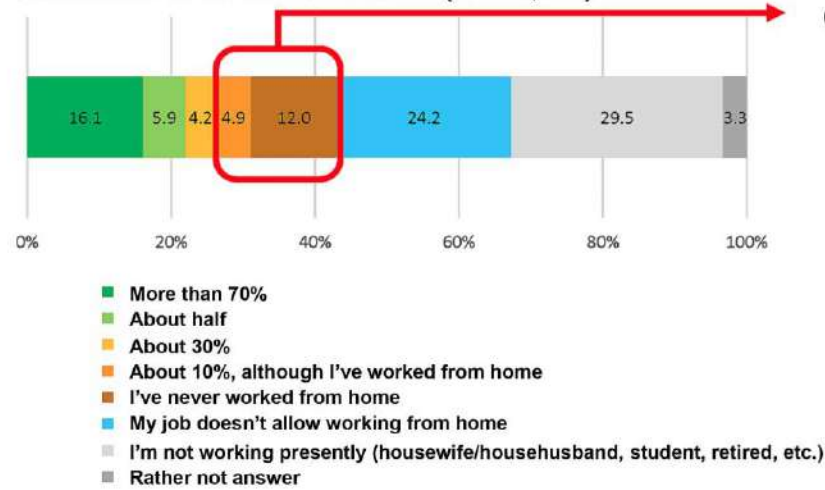
- ◆ Prominent answers were "I don't think avoiding the 3 C's is effective in preventing infection" and "I want to avoid the 3 C's but can't because of my school or work environment."
- ◆ Environmental factors are important to achieve avoidance of the 3 C's.
- ◆ Regarding the concept and risk of the "3 C's," further communication may be required with residents, schools, and workplaces about the mindset and ingenuity to avoid them.

5

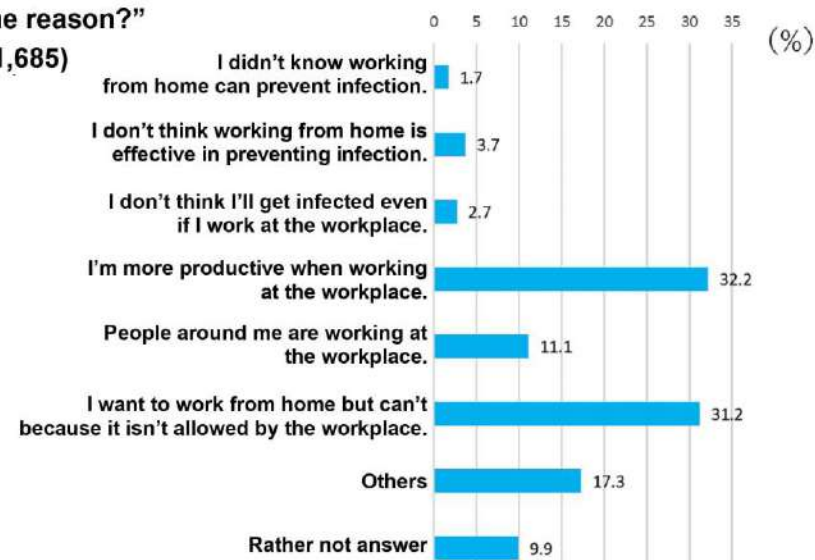
Q Working from home: Degree of implementation

+ If you answered that "about 10%" of your work has been done by working from home or that you "have never worked from home":
What is the reason? Please select all the following that apply to you.

"How much of your job has been done by working from home in the last month?" (n = 10,000)



"What is the reason?" (n = 1,685)

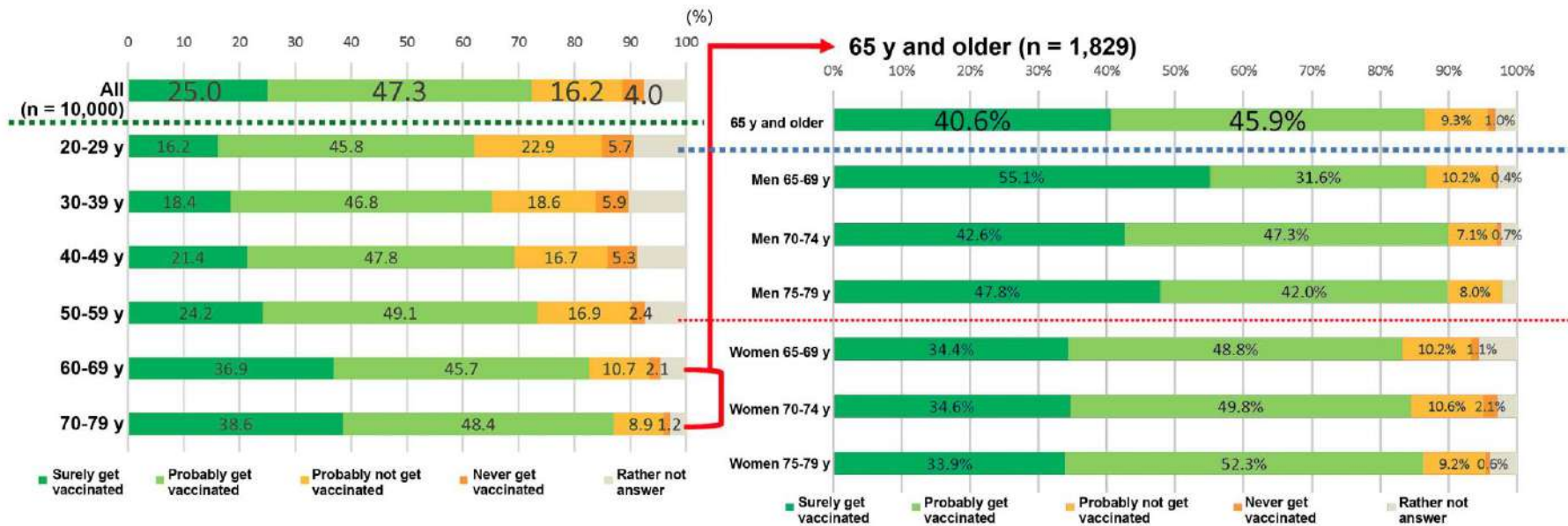


- ◆ When asked why they were unable to work from home, respondents most often answered, "I'm more productive when working at the workplace" and "I want to work from home but can't because it's not allowed by the workplace."
- ◆ Business operators may be required to make more effort to improve the working conditions and environment to promote working from home.

6

Q

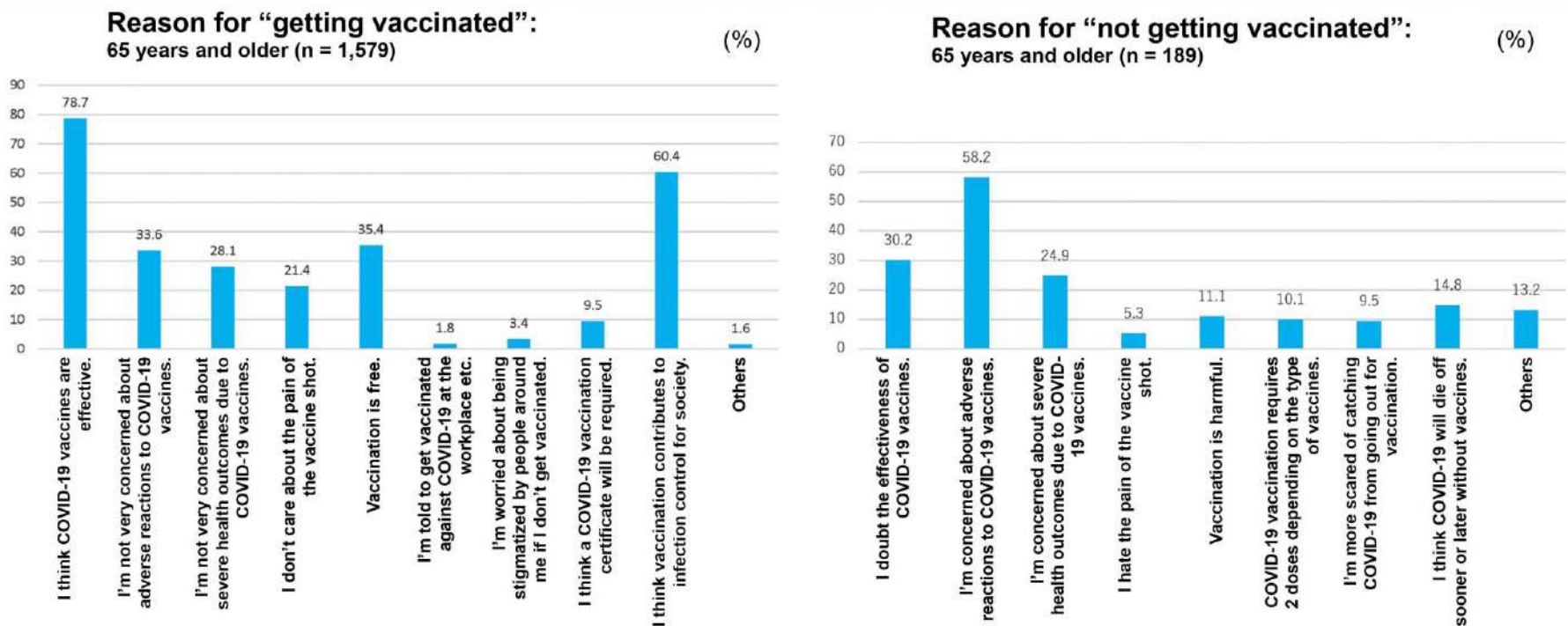
Will you get vaccinated against COVID-19? Please select one of the following that applies to you.



- ◆ The older the respondents get, the more motivated to get vaccinated.
- ◆ Younger groups, being unsure of when they can get vaccinated, might not be able to think of themselves as persons concerned.
- ◆ Among the elderly, 86.5% were motivated to get vaccinated.

7

Vaccination against COVID-19: Reason for “getting vaccinated” or “not getting vaccinated” (65 years and older) (All that apply)



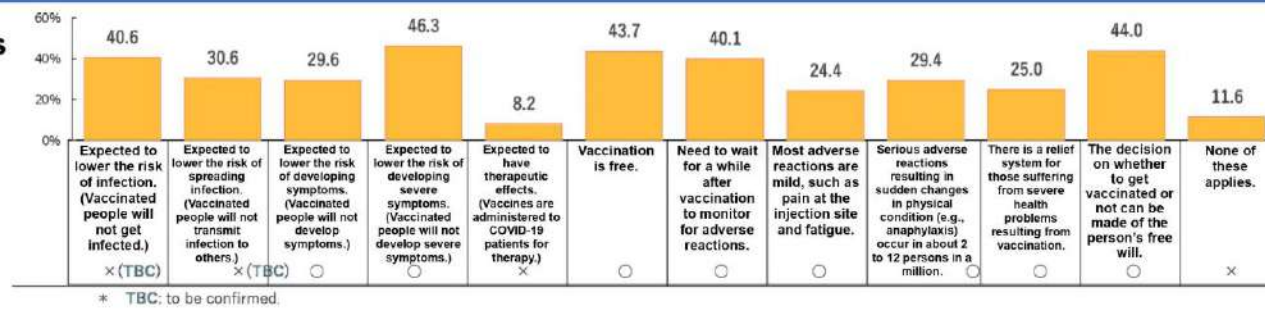
- ◆ Many respondents appreciated not only the benefit to themselves but also the benefit to society.
- ◆ Thorough communication should be continued as concerns about adverse reactions persist.

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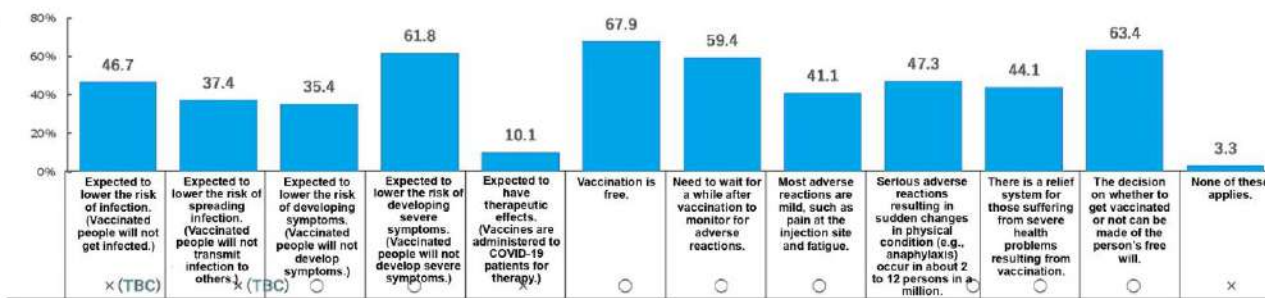
Q

Which do you think are correct about COVID-19 vaccines? Please select all that apply.

All generations
(n = 10,000)



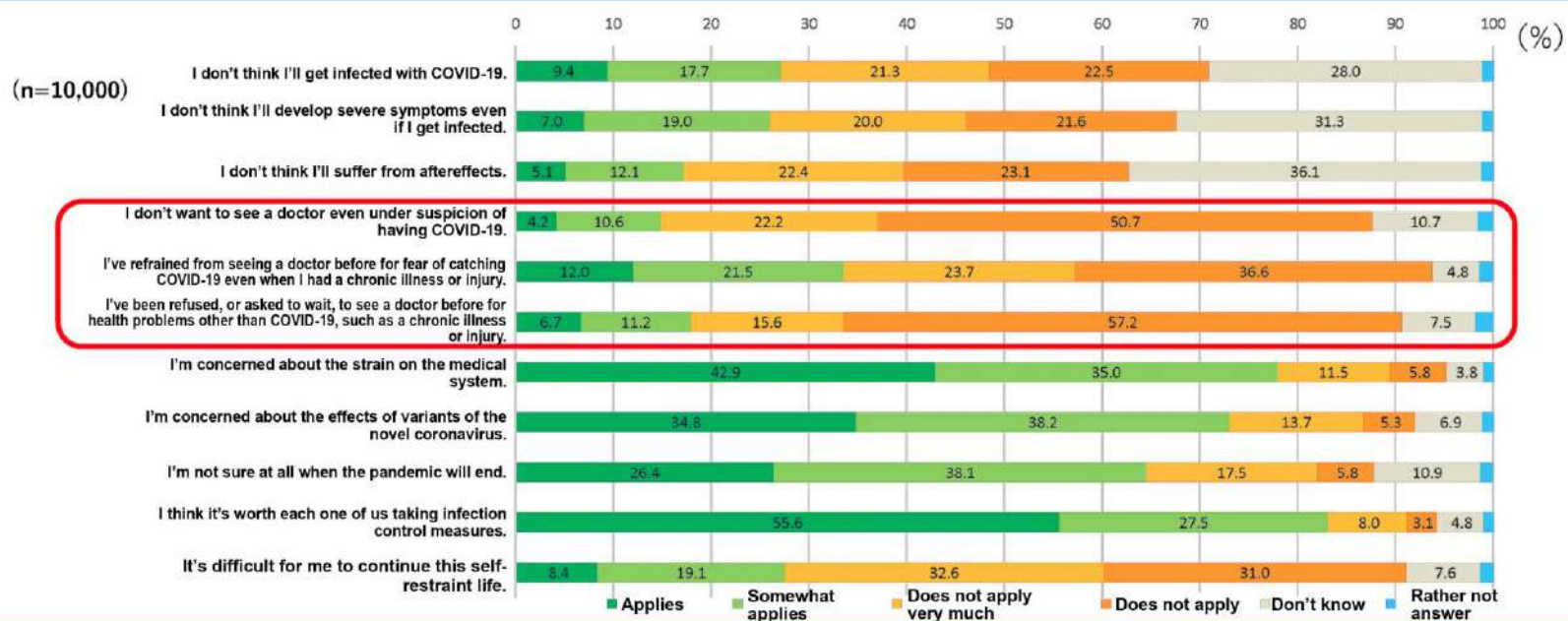
65 y and older
(n = 1,829)



- ◆ A greater percentage of elderly respondents had a better understanding than the average of all generations.
- ◆ However, they slightly more often believed that vaccination was therapeutic or that they would not get infected if vaccinated than the average of all generations.
- ◆ More elderly women than elderly men had a better understanding of the effectiveness of vaccines (other than in lowering the risk of developing symptoms), adverse reactions and health outcomes and the responses thereto, and the voluntary nature of vaccination.
- ◆ It is essential to communicate the importance of continuing basic infection control measures even after vaccination.

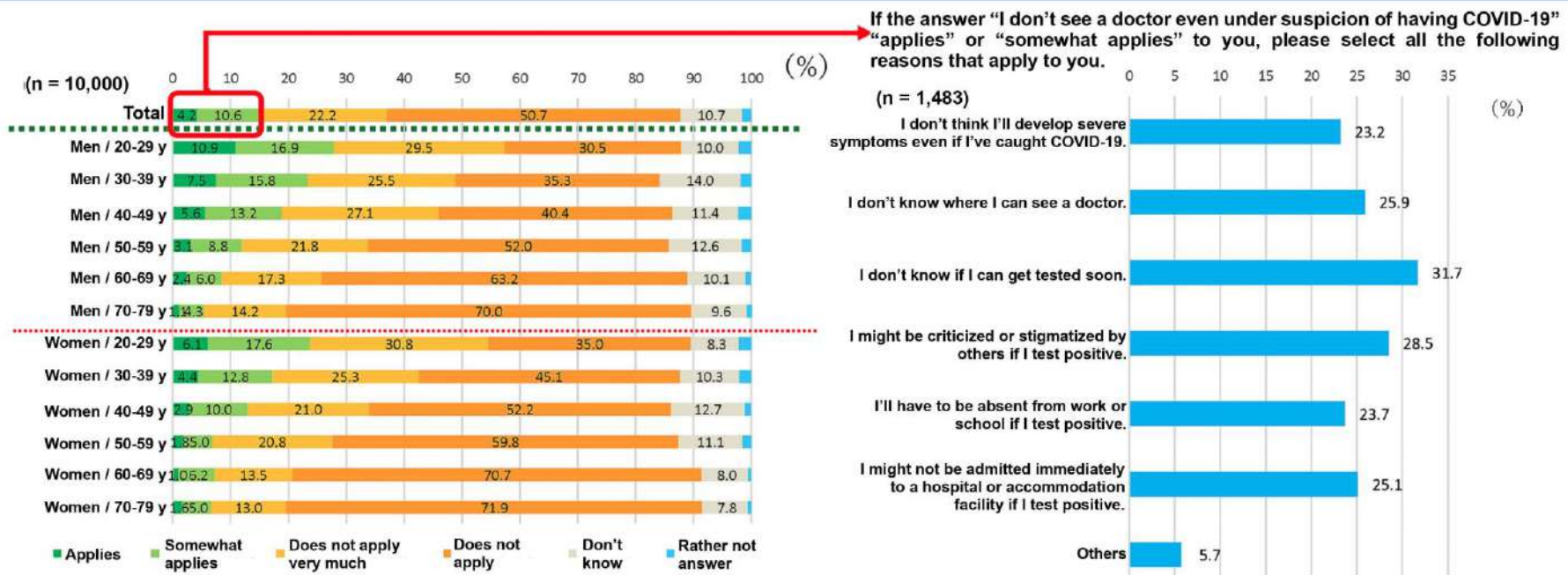
Q

Regarding your feelings and experiences about COVID-19, please select one for each that applies to you.



- ◆ More than 70% were concerned about the strain on the medical system and the effect of variants.
- ◆ 14.8% answered that they would refrain from seeing a doctor even under suspicion of having COVID-19.
- ◆ Effects on chronic illnesses and injuries: 33.5% have refrained from seeing a doctor before for fear of catching COVID-19, and 17.9% have been refused to see a doctor before for health problems other than COVID-19, such as a chronic illness or injury.

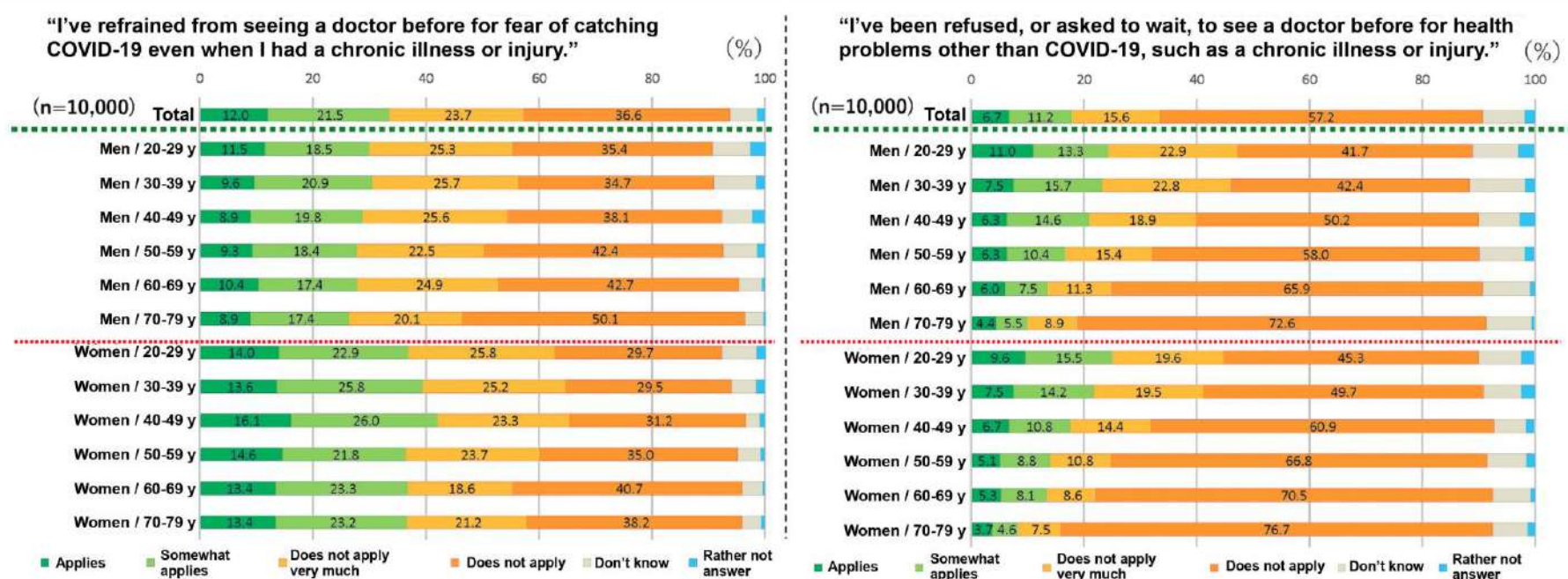
“I don’t want to see a doctor even under suspicion of having COVID-19.” × “Age group and gender” and reason



- ◆ People might have a fixed image of COVID-19 testing; "It is a time-consuming work," or "It is difficult to find test station accessible by foot," and so on. We need to strengthen our communications activities, such as delivering correct information.
- ◆ It is also essential to deliver a strong message to stop stigmatizing infected people.

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“Experience of refraining from seeing, or being unable to see, a doctor for physical problems other than COVID-19” × “Age group and gender”



- ◆ There was no difference between age groups in whether they had refrained from seeing a doctor before for fear of catching COVID-19, which, however, was more common in women than men.
- ◆ Experience of being refused, or asked to wait, to see a doctor for a chronic illness or injury was more common in younger generations in both men and women.
- ◆ Consideration should be given to encouraging people to see a doctor whenever they need and getting rid of the sense of inequality among all generations.

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Questions and answers (Tokyo)

Q1.

In the health care delivery part from the COVID-19 monitoring indicator, why has the number of deaths been excluded?

A1.

Tokyo has seven monitoring items to assess the severity of the COVID-19 situation, which are analyzed by experts weekly. We evaluate the infection status and healthcare provision system in Tokyo based on the analysis results. For evaluations, aspects other than monitoring items are used for an overall analysis. So we also understand the number of deaths in part of daily records.

Q2.

Could people who do not have any symptoms be tested for COVID-19? If possible, how is the COVID-19 testing procedure different from symptomatic people?

A2.

Asymptomatic people can be tested for COVID-19. Test methods and procedures are the same as for people with symptoms.

Q3.

What are the types of COVID-19 screening? (ex)RT-PCR, RADT(Rapid Antigen Detection Test), rapid PCR, self-screening kit)

A3.

We use PCR tests, quantitative antigen tests, and qualitative antigen tests.

Q4.

Who covers the COVID-19 test expense?

A4.

Public testing: For patients with fevers or other symptoms that are reason to suspect infection, the doctor at the medical institution conducts the tests they consider necessary, and the local government pays for it.

Self-pay testing: If someone is tested before going abroad for job-related reasons, participating in an event, conducting social and economic activities, etc., according to company policy or due to their personal needs, the government does not pay for these tests.

Q5.

When medical institutions conduct test, do they install screening spot outside separately?

A5.

It all depends on the situation of the medical institution, but some do testing in a separate location outside the facility.

Q6.

How long does it take to get the results of a COVID-19 test?

A6.

Qualitative antigen tests: about 30 minutes

Quantitative antigen tests: about 30 minutes + time required to transport it to a testing facility

PCR tests: several hours + time required to transport it to a testing facility

Q7.

Who takes the sample? Doctor, nurse or medical technician?

A7.

As there is a risk of exposure, samples are taken by doctors and other medical professionals.

Q8.

Could you elaborate on HER-SYS?

A8.

- This system was introduced (1) to reduce the burden on public health centers, as well as (2) to make it possible for public health centers, governments, and medical facilities to share information and access the situation swiftly.
- Using HER-SYS makes it possible for medical institutions to report cases digitally. It also makes it easier for patients recovering at home to report their health conditions on a daily basis via the patient's smartphone or tablet PC.

As information input by patients recovering at home is shared and recorded at the public health centers having jurisdiction in the region in which the patient lives, they can assess patients' conditions quickly and conduct appropriate follow-ups as needed.

Q9.

What is the at-home cure percentage (average in January)? Could you elaborate on food kit? If an at-home patient is a self-employed person, does the government provide living expenses for them? Who covers it?

A9.

The percentage of patients recovering at home was 54.2% as of January 30. The food kit is sent to people who can't leave home to buy food because they are infected. People who need it are sent about one week's worth of food. Some neighborhood associations and economic organizations support self-employed individuals who are recovering at home.

Q10.

What's the criteria for hospitalization?

Do all hospital units provide negative pressure facilities? How many patients are in a room? (single rooms or multi-bed hospital wards?)

A10.

Criteria for hospitalization:

The decision on whether patients are advised to be hospitalized is based on the Guidelines on Seeking Medical Help for COVID-19 Infection developed by the Ministry of Health, Labour and Welfare. (The Guidelines were updated on January 27, 2022 to edition 6.2. The content, including the items given below, could possibly change again in the near future.)

- (1) Aged 65 or older.
- (2) Has a respiratory disease.
- (3) Is at risk for deteriorating organ functions due to renal disease, heart disease, vascular disease, diabetes, hypertension, obesity or some other issue.
- (4) Is at risk for poor immunological functions due to having had an organ transplant, taking immunosuppressants, anticancer drugs, and so on.
- (5) Is pregnant.
- (6) Is currently exhibiting symptoms of COVID-19 which are either severe or moderate.
- (7) Person other than (1)–(6) above who is judged by a doctor to require hospitalization based on COVID-19 symptoms and overall condition.
- (8) Person other than (1)–(7) above who is judged by a prefectural governor to require hospitalization in order for the local government to carry out measures to prevent the spread of COVID-19.

Hospital facilities:

As ordered by the national government, hospitalized patients are quarantined in private rooms. The order states that it is desirable to keep patients with different virus variants from sharing a room as well as to manage them in a negative-air-pressure environment. It is not required that all patients be treated at hospitals with negative-air-pressure rooms. It is possible for patients with the same virus variant to share a hospital room, and this is done in some cases.

Q11.

How are the Tokyo Body Temperature Counseling Center or COVID-19 Call Center's operated? How's the counselor's qualification? Do they utilize shift-work?

A11.

The work of these centers is outsourced. The Tokyo Fever Consultation Center is staffed by medical professionals (nurses and public health nurses), and the COVID-19 Call Center is manned by clerical workers. Both are operated on a shift system.

Q12.

What are the criteria of people with confirmed COVID-19 infection quarantined at the hotel?

A12.

Patients who meet conditions and agree to recover at a hotel for quarantining are the ones who stay there.

A patient must meet all of the following conditions:

- Has been confirmed COVID-19 positive with a PCR or antigen test.
- Is asymptomatic (has no symptoms, but has not been confirmed negative) or has mild symptoms, and a doctor has decided that the patient does not require hospitalization based on their symptoms and laboratory findings.
- Is able to follow rules to make sure they do not spread the virus to others.
- None of the following applies:
 - (1)Elderly (65 years or over)
 - (2)Has an underlying disease (such as diabetes, heart disease, respiratory disease; getting dialysis). (This item does not apply if patient's condition is under control with medication and they have been prescribed the medication they need for a certain period of time.)
 - (3)Is immune-compromised (taking immunosuppressants or anticancer drugs).
 - (4)Has allergies requiring an allergen-free environment.

(5) Finds it difficult to communicate in Japanese, both written and spoken.

→ Assistance can be provided in the following 11 languages: English, Chinese, Hangul, Nepalese, Portuguese, Spanish, Vietnamese, Burmese, French, Thai, and Tagalog.

Q13.

How many COVID-19 side-effect counseling centers are in Tokyo city? How many counselors are in there, and what are the operating hours?

A13.

There is one. Medical professionals (nurses, public health nurses) are on duty 24 hours a day (including weekends and holidays) for consultation.

Q14.

Is there any compensation system for adverse reactions from vaccine? If so, what are the criteria and scope for it?

A14.

Yes, we have the Relief System for Injury to Health with Vaccination. If someone (1) has an adverse reaction after vaccination stipulated in the Preventive Vaccination Act and (2) has been officially recognized by the Minister of Health, Labor and Welfare that the adverse reaction has come from the vaccination, they will receive payments from their municipality. These payments include medical expenses, medical compensation, disability pension, etc.

Q15.

From the Emergency action plan in Tokyo, we've confirmed that the government requires businesses to shut down after 20:00. Then, is there any other occupancy restriction?

A15.

Business owners of restaurants serving alcoholic beverages are also asked to suspend business or shorten business hours. As for the event companies, etc., they are asked to limit the number of people who can attend events.

Q16.

What is the most important policy change in response to Omicron?

A16.

The sudden increase in Omicron infections has not only impacted the medical system but

is also threatening to shake the very core of social activity. Faced with this increase in infections, citizens, business owners, and the government in Tokyo are working together to share the sense of urgency and take a resolute attitude towards preventing infections and doing what we can on our own initiative to keep it from spreading.

Q17.

Are COVID-19 vaccines free? What is the most important issue in Japan's vaccine pass strategy?

A17.

-COVID-19 vaccines are free of charge.

-There is a limit to vaccine prevention effectiveness, as some people who have been vaccinated find themselves with COVID-19 breakthrough infections. (For that reason, it is necessary to understand that even when 'vaccine-test package' are used, vaccinated people can spread the virus to the unvaccinated.) The government is responsible for providing 'vaccine-test package'. With an eye on the third-vaccination situation, we are now faced with the task of issuing some kind of proof of vaccination and operating a system to utilize it.