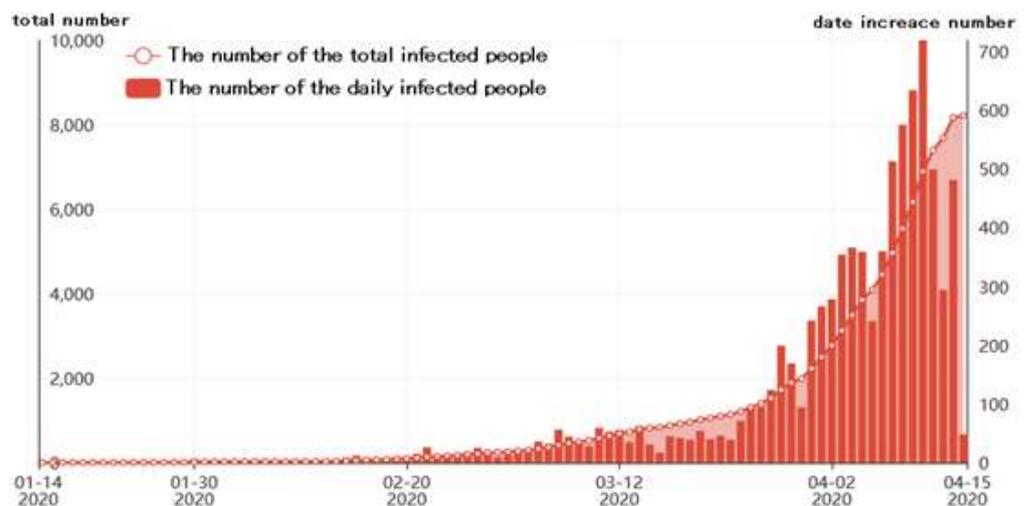


17.04.2020 COVID-19: Brief overview of Risk Governance Approach from Japan (Part 3) [COVID 19 Monitor Apr 17](#)

Risk Governance during any disaster is considered to be the role of government agencies. The COVID-19 pandemic, is a major crisis with the number of cases rising alarmingly throughout the world. As a response to the COVID-19 outbreak, most countries have taken several bold measures targeted towards health recovery and virus containment. The interventions vary from country to country. Some of the significant measures witnessed include: travel bans on immigration and emigration to prevent transboundary transmission, screening at ports of entry, closures of schools and other public places, nation-wide lockdown and restrictions on gatherings, amongst many



others. In this blog we bring brief overview of Policy Actions taken by the Government in Japan.

Graph: the number of infected people in Japan

Case of Japan

The first infected case in Japan was reported on 16th January 2020. The number of cases increased gradually and slowly. At that time, avoiding the spread of COVID-19 was urgent for the Japanese government especially because they expected to hold 2020 Tokyo Olympic and Paralympics. Hosting these two international mega-events as originally scheduled was a concern based on situation of the Global Public health.

On 25th February 2020, the Japanese government formed a COVID-19 cluster task force. Their missions was to reveal clusters as soon as possible, to clarify a route of infected people and to prevent outbreaks of new cluster. As of 2nd April 2020, they have found more than 26 clusters. For example: cruise ships, music nightclubs, welfare facilities, gyms, hospitals and the university's club activities.

Japan recorded relatively low numbers of infected people, however, not only the numbers started to rise but even the percentage of without detected route of infection.

Early actions

It has been the most important policy to prevent collapse of medical care system from an early stage. The task force attempted just to request citizens some self-restraint.

Firstly citizens were advised not to rush to the public health center if light symptoms of COVID-19 are detected. The Japanese government emphasized to keep enough facilities and talents for serious patients at hospitals. Therefore they suggested citizens to call the public health center for an investigation or a doctoral appointment only when a citizen has continuous temperature for 4 days.

Secondly, on March 1st 2020, the authorities requested citizens not to be facilitate *three conditions* for outbreak of clusters, which were as follows

1. Closed space with poor ventilation
2. Gathering place with unspecified number of people
3. Talking at a short distance

They encouraged citizens to stay at home and avoid meetings all at once.

Protection measures at ports and airports

Japanese government responded to passengers from abroad several ways depend on having Japanese nationality or not, and where they were coming from. The Non-Japanese passengers from almost all countries(※1) including China and the US were refused by Ministry of Foreign Affairs based on Immigration Control and Refugee Recognition Act. This measure targeted passengers who reached Japan after midnight on April 3, 2020.

In addition, it also became inoperative for who have special permanent residence. To all other passengers (regardless having Japanese nationality or not) Ministry of Health, Labor and Welfare orders were issued such as:

1. Stay at places designated by the quarantine station chief (at home commonly) for two weeks and not to use public transport
2. Before your entry to Japan, find secure place in which they live no less than two weeks and use non-public transport (own companies' courtesy cars , car rental etc.) to commute.
3. Declare the place and the transport at the quarantine.

※1 — Countries enlisted in this category are:

(Asia) Indonesia, SouthKorea, Singapore, The Kingdom of Thailand, Taiwan, China(including Hong Kong and Macau), Philippines, Brunei, Vietnam, Malaysia

(Oceania) Australia, new Zealand

(North America) : Canada, United States

(South America) Ecuador, Dominica, Chile, Panama, Brazil, Bolivia

(Europe) Iceland, Ireland, Albania, Armenia, Andorra, Italy, U.K, Estonia, Austria, Netherlands, North Macedonia, Cyprus, Greece, Croatia, Kosovo, San Marino, Switzerland, Sweden, Spain, Slovakia, Slovenia, Serbia, Czech, Denmark, Germany, Norway, Vatican, Hungary, Finland, France, Bulgaria, Belgium, Poland, Bosnia and Herzegovina, Portugal, Malta, Monaco, Moldova, Montenegro, Latvia, Lithuania, Liechtenstein, Luxembourg, Romania

(MiddleEast) Israel, Iran, Egypt, Turkey, Bahrain

(Africa) Ivory Coast, Congo, Mauritius, Morocco

The Emergency Declaration

On 7th April 2020, Prime Minister Abe announced an Emergency Declaration in seven prefectures of **Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo and Fukuoka** until 6th May 2020. The main purposes of it is to reduce the contact between people who can lead to infection by 80 percent and to fix healthcare systems.

However, it is different from Lockdown enforced in other countries of the world. But then the question arises, what will be changed by this Emergency Declaration in Japan? The answer to it is that Emergency Declaration will authorize the local governments to ask additional abilities, instructions and requests. The declaration was issued based on the **New Coronavirus Special Measures Law** passed on March 13, 2020. Provisions under this law are as follows:

1. Enforced use of lands for temporary medical facilities:

The local government can expropriate forcefully: the necessary materials such as masks and use lands and buildings; regardless of the owner's consent to expand medical facilities. The failure to comply will result imprisonment or a fine.

2. Restriction in running schools, social welfare facilities and event sites:

The Public schools run by each prefecture can be closed at the discretion of the governor. In addition, for schools run by municipalities and private schools in the administrative area, the instructions and requests can be similarly made as described later. In Tokyo, the Tokyo Metropolitan Board of Education has already decided on April 3, 2020 to close public high schools in Tokyo until next month, and many municipalities have followed that decision.

3. Requests and instructions for each business operator:

Article 45, Paragraph 2 of the Special Measures Law stipulates that "facility used by a

large number of people” specified by law can “request” for restrictions or suspensions. The targeted business are movie theaters, exhibition halls, hotels, museums, cabarets, schools, department stores and supermarkets.(Excluding sales of necessities such as food, pharmaceuticals, hygiene products, and fuel). The requests are only to ask the people to respect the policy set by the government and there is no penalty for disobeying them. The instructions are almost the same, but if not followed, the name of the business can be made public, and legal action can be taken.

Recent Developments

The Prime Minister has stated that he will implement the economic measures equivalent to 20% of GDP i.e, the 108 trillion yen. It is aimed at protecting the lives and employment of the people during the Emergency declaration period. It seems that families and small and medium enterprises facing financial difficulties that will receive a total of 6 trillion yen in cash, interest-free financing to private institutions, 26 trillion yen in tax payments and social insurance premiums.

Some of the people have criticized this declaration to be announced too late as a preventive action. The government is however worried so much about the effect of this pandemic on the economy of Japan. The future response of each prefecture has been closely watched.

Indeed, this global pandemic is a test of time for all, world-wide!

References:

<https://covid-2019.live/>

This article is contributed by: Misato Matsuda and Katsuragawa Haruka from Japan

This Japanese experiment shows how easily coronavirus can spread – and what you can do about it

- Microdroplets less than 100th of millimetre in size may spread the coronavirus.
- Research in Japan shows microdroplets can remain in the air for 20 minutes in enclosed spaces.
- Opening a window or a door can eliminate the droplets.

We’ve all heard the advice about catching sneezes and coughs in a tissue to avoid spreading coronavirus. But new research from Japan suggests that infection could be spread by simply holding a

Using high-definition cameras and laser lighting, NHK, Japan's public broadcaster, conducted an experiment with a group of researchers to capture the movement of microdroplets – particles that are less than 100th of a millimetre in size.

They found these microdroplets are emitted every time we speak – and the louder we talk, the more are emitted. So, two people holding a conversation at a normal distance apart could easily lead to infection.

The findings underline the [social distancing message from the World Health Organization](#), which advises people to keep at least 1 metre apart at all times. It also reinforces the need to keep rooms well-ventilated.

A floating threat

The research sheds new light on the rapid spread of coronavirus. Previous studies focused on sneezes and coughs, which emit larger 1 millimetre droplets that can be seen using a normal camera.

NHK found that droplets from a sneeze fall quickly to the ground and do not travel very far, even in still air. But their cameras also picked up microdroplets, less than 100th of a millimetre across.

Rather than falling to the ground, the microdroplets float in the air and drift about. The researchers estimate that a single cough or sneeze can produce 100,000 microdroplets.

“Microdroplets carry many viruses,” says Kazuhiro Tateda, head of the Japanese Association for Infectious Diseases. “We produce them when we talk loudly or breathe heavily. People around us inhale them and that’s how the virus spreads. We’re beginning to see this risk now.”

Invisible risk

The researchers simulated a situation with 10 people in an enclosed space – the size of an average school classroom. When someone coughed, as expected, the larger droplets fell to the ground within one minute.



How far can microdroplets spread in 10 minutes?

Image: NHK

But 20 minutes after the cough, the microdroplets were still floating in the air – and had spread through the entire room.

However, when a window was opened, the microdroplets were quickly swept away in the breeze. Any airflow, it seems, will get rid of the super-light particles.

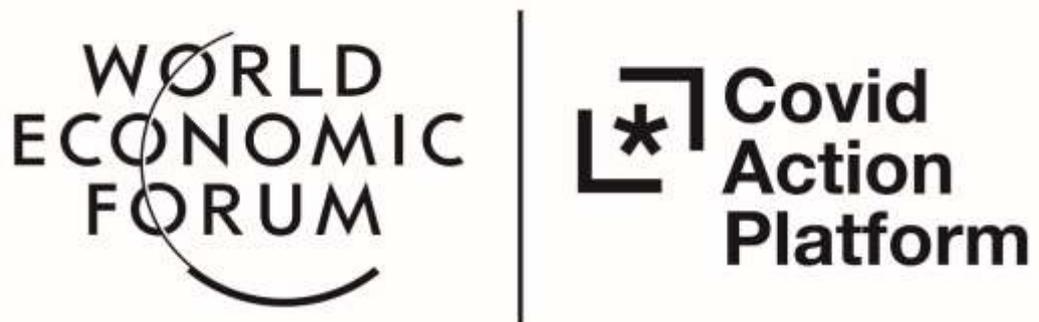
What is the World Economic Forum doing about the coronavirus outbreak?

A new strain of Coronavirus, COVID 19, is spreading around the world, causing deaths and major disruption to the global economy.

Responding to this crisis requires global cooperation among governments, international organizations and the [business community](#), which is at the centre of the World Economic Forum's mission as the International Organization for Public-Private Cooperation.



The Forum has created the [COVID Action Platform](#), a global platform to convene the business community for collective action, protect people’s livelihoods and facilitate business continuity, and mobilize support for the COVID-19 response. The platform is created with the support of the World Health Organization and is open to all businesses and industry groups, as well as other stakeholders, aiming to integrate and inform joint action.



As an organization, the Forum has a track record of supporting efforts to contain epidemics. In 2017, at our Annual Meeting, the [Coalition for Epidemic Preparedness Innovations](#) (CEPI) was launched – bringing together experts from government, business, health, academia and civil society to accelerate the development of vaccines. CEPI is currently supporting the race to develop a vaccine against this strand of the coronavirus.

08.04.2020	<p>Anger as Japanese Prime Minister offers two cloth masks per family while refusing to declare coronavirus emergency (By Emiko Jozuka and Junko Ogura, CNN - April 3, 2020)</p> <p>Japanese Prime Minister Shinzo Abe is facing a public backlash after his announcement to distribute two reusable cloth face masks per household amid growing concern over medical shortages as the country faces a worsening coronavirus outbreak. The number of confirmed cases of the virus has spiked in recent weeks, after it appeared that Japan’s initial response had got the virus relatively under control.</p>
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That spike has seen a raft of new restrictions put in place in Tokyo and other major cities, and a run on protective gear, including face masks.

Government of Japan is prioritizing distributing masks to around 50 million households in areas where coronavirus infections have been spiking. The distribution will kick off later this month and each household with a registered postal address will receive the masks through the post, part of a wider coronavirus economic package that the government is rolling out.

A government panel warned that though Japan has not seen an explosive increase in infections so far, hospitals and medical clinics in Tokyo, Aichi, Kanagawa, Osaka and Hyogo were increasingly stretched and that "drastic countermeasures need to be taken as quickly as possible."

Economic repercussions are also a concern. Earlier this week, Japan's ruling party pledged to secure a 60 trillion yen (\$556 billion) stimulus package to cushion an economy already hit by the postponement of the Olympics and coronavirus pandemic.

Explosive surge

Over the past week, Japan has scrambled to avert an explosive surge in infections. While the current tally stands at around 2,300 cases, Japan -- a country of over 127 million people -- has only tested just over 30,000, compared with 394,000 tests carried out in neighboring South Korea, which has a population of just over 51 million.

The apparently low infection rate has created what many experts fear is a false sense of security, with people still going out in public, some not wearing masks, to see cherry blossoms, a traditional spring pastime.

DIY masks amid shortages

Japan isn't the only place mulling the use of improvised facial wear, amid widespread shortages in proper protective gear.

Mask use has been widespread in Asia since the beginning of the pandemic, but shortages and conflicting advice in many western countries has caused many people to go without, despite widespread evidence that masks help protect against the spread of the virus.

Cloth masks are not as effective as surgical masks or respirators, but they do offer limited protection and are easier to produce.

Across the US, people have been stepping up to create homemade masks for health care workers and other high risk populations amid widespread shortages and complaints from hospitals that they are not receiving supplies fast enough.

In March, US retailer JOANN Fabrics and Craft Stores released a video tutorial on how to make face masks. The retailer encouraged people to drop them off at store locations, where they will be donated to local hospitals.

But with a dwindling supply of N95 respirators and a surge in virus cases, healthcare facilities are bracing for the worst, and Japan may not be the last country to distribute cloth masks to its citizens.

Lead story in New York Times By [Motoko Rich](#) and Hisako Ueno, March 26, 2020

As Japan has seemed to pull off a feat of infection containment, it has presented an intriguing contrast to other countries in Asia, where the pandemic began. It did not put cities on lockdown, as China did. It has not deployed modern surveillance technology like a growing number of countries, including Singapore. Nor did it adopt the kind of

wholesale testing that helped South Korea isolate and treat people before they could spread the disease.

While South Korea, with a population less than half the size of Japan's, has conducted tests on close to 365,000 people, Japan has tested only about 25,000. Japan now has the capacity to conduct about 7,500 tests a day, but its daily average is closer to 1,200 or 1,300. Limited testing was intentional in Japan. Those who are tested are referred by doctors, usually after patients have had fevers and other symptoms for two to four days. Japan's current policy is to admit anyone who tests positive to a hospital, so officials want to avoid draining health care resources with less severe cases. Japan's seeming resistance to infection may result from measures common in the culture, including frequent hand-washing and bowing instead of shaking hands. People are also much more likely to wear masks on trains and in public spaces. "It's a kind of social distancing,".

Japan is moving toward a model where coronavirus patients with mild symptoms could stay at home in order to save hospital beds for the seriously ill.

06.04.2020

Japan	Social assistance	Cash transfers (planned) School feeding (admin/delivery adaptation) (Osaka)	Japan's planned spending package of up to 20 trillion yen (\$190 billion) may likely include cash transfers to households. ⁸ The city of Osaka will offer free lunches for all students at government-run elementary and junior high schools (from April). The program would save parents between 50,000 yen (\$470) and 60,000 yen per child each year, he said. The city estimates the annual cost of covering all 165,000 students at 7.7 billion yen, with funding for fiscal 2020 starting April coming from a reserve fund. The city plans to continue the program beyond the next fiscal year and discuss details such as how to secure funding for fiscal 2021 and beyond. ⁹
	Social insurance	Paid leave	A planned subsidy will reimburse two-thirds of the leave allowance for an SME employer, or half for a large enterprise. The subsidy is capped at JPY8,335 a day per employee on leave as of late February 2020. ¹⁰

05.04.2020

Japan is barely 3000 kms away from China and still as on date, the coronavirus positive cases are 2935 with 69 deaths only there. Earlier it was rumoured that Japan was doing less testing to keep the figures low so that Olympics in Tokyo could take place timely there but now it is not the case as Olympics have been postponed for next year. We need to believe the numbers in Japan and should learn from their best practices.

National Institute of Infectious Diseases control:- The Japanese prime minister and Cabinet Office increased their power to make policy as a result of administrative reforms since the 1990s, while [the power of bureaucrats and MPs](#) declined to some extent. Despite this, Japan's policy towards the coronavirus seems to be centred on discussions at expert meetings under the jurisdiction of the Ministry of Health, Labour and Welfare (MHLW). The MHLW's expert meetings have been led by the director of the [National Institute of Infectious Diseases \(NIID\)](#). The priority of the NIID was epidemiological surveys and its policy recommendations were aimed at "high-quality" testing rather than providing flexible medical treatment to as many patients as possible. Until mid-February, the MHLW permitted [polymerase chain reaction tests](#), which take

	<p>between three and six hours to show a result, to be conducted only at public health centres. In March, the MHLW decided to permit the use of simpler test kits in private hospitals and cover the cost of tests with national health insurance. However, it's still necessary to obtain an authorised doctor's approval to take a test privately.</p> <p>Timely Closing of Schools:- Government recommended to close schools until the beginning of the spring break and the cancellation of sports events and concerts. Prime Minister Abe took this decision without consulting his own party, opposition parties, or the governors and education committees of Japan's prefectures and he was severely criticised.</p> <p>Ban on entry from China:- Japan imposed ban for entry of foreigners from Hubei Province of China into Japan on Feb 1. On Feb 13, it included restrictions on Zhejiang Province of China.</p> <p>Crowd Management:- Japan staggered commute time during peak hours to decrease crowd.</p> <p>Japanese Culture:- Japanese culture is inherently socially isolated from other cultures. Japanese also have been wearing masks when ill or have infections for years now, it is in their practice. Japanese people's reputation for cleanliness may also be relevant in having less number of positive cases.</p> <p>Experience:- Japanese government learnt about crisis management from the Fukushima nuclear disaster in 2011. The problem of insufficient coordination among government ministries and between the government and the private sector identified in the wake of that disaster may have helped Japan being proactive this time to work in better coordination.</p> <p>Japanese Flu Drug Effective:- Chinese Scientists have now confirmed that a drug (favipiravir) used in Japan to treat new strains of influenza appeared to be effective in coronavirus patients. Favipiravir has been developed by a subsidiary of Fujifilm, had produced encouraging outcomes in clinical trials in Wuhan and Shenzhen involving 340 patients. China claimed that it has a high degree of safety and is clearly effective in treatment. Patients who were given the medicine in Shenzhen turned negative for the virus after a median of four days after becoming positive, compared with a median of 11 days for those who were not treated with the drug. In addition, X-rays confirmed improvements in lung condition in about 91% of the patients who were treated with favipiravir, compared to 62% or those without the drug. Doctors in Japan are using the same drug in clinical studies on coronavirus patients with mild to moderate symptoms, hoping it will prevent the virus from multiplying in patients. But a Japanese health ministry source suggested the drug was not as effective in people with more severe symptoms. In 2016, the Japanese government supplied favipiravir as an emergency aid to counter the Ebola virus outbreak in Guinea. Favipiravir would need government approval for full-scale use on Covid-19 patients, since it was originally intended to treat flu.</p>
04.04.2020	<p>The Corona Virus Pandemic spread in Japan started from January 16, 2020 from China;</p> <ul style="list-style-type: none"> • Current Status as on April 1, 2020 <p>Phase 1: Efforts to contain the spread of virus</p> <p>The initial response of the Japanese government to the COVID-19 outbreak was a policy of containment that focused on the repatriation of Japanese citizens from</p>

	<p>Wuhan, the point of origin of the pandemic, and the introduction of new border control regulations.</p> <p>On 24 January, PM Abe convened the "Ministerial Meeting on Countermeasures Related to the Novel Corona virus" at the Prime Minister's Office and announced to introduce appropriate countermeasures to the disease in coordination with the National Institute of Infectious Diseases (NIID).¹</p> <p>On 28 January, PM Abe designated the new coronavirus as an "infectious disease" under the Infectious Diseases Control Law, which allows the government to order patients with COVID-19 to undergo hospitalization.²</p> <p>On 30 January, PM announced the establishment of the "Novel Coronavirus Response Headquarters"</p> <p>On 1 February, PM announced that he would enact restrictions to deny entry of foreign citizens who had a history of visiting Hubei province within 14 days.</p> <p>On 5 February, PM announced to invoke the Quarantine Act to place the cruise ship <i>Diamond Princess</i> under quarantine in Yokohama. Quarantine officers were dispatched to the ship to prevent the disembarkation of crew and passengers, and to escort infected patients to medical facilities.</p> <p>On 6 February, PM Abe invoked the Immigration Control and Refugee Act to deny the entry of the cruise ship MS Westerdam from Hong Kong after one of its passengers tested positive for COVID-19</p> <p>2. Prevention and treatment measures adopted</p> <p>After the COVID-19 outbreak on the cruise ship <i>Diamond Princess</i>, the Japanese government shifted its focus from a containment policy to a prevention and treatment one because it anticipated rising numbers of community spreads within Japan. This policy prioritized the creation of a COVID-19 testing and consultation system based on the National Institute of Infectious Diseases (NIID) and the government's existing 83 municipal and prefectural public health institutions that is separate from the civilian hospital system. The new system handles the transfer of COVID-19 patients to mainstream medical facilities to facilitate patient flow, triage, and the management of limited testing kits on their behalf to prevent a rush of infected and uninfected patients from overwhelming healthcare providers and transmitting diseases to them. By regulating COVID-19 testing at the national level, the Abe Administration integrated the activities of the national government, the local governments, medical professionals, business operators, and the public in treating the disease.</p> <p>On 1 February, the Ministry of Health, Labour and Welfare instructed the municipal and prefectural governments to establish specialized COVID-19 consultation centres and outpatient wards at their local public health facilities by the first half of the month.</p>
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¹ ["Ministerial Meeting on Countermeasures Related to the Novel Coronavirus"](#). Prime Minister of Japan and His Cabinet

² ["Japan will label coronavirus as infectious disease to fight spread : The Asahi Shimbun"](#). The Asahi Shimbun.

Such wards would provide medical examinations and testing for suspected carriers of the disease to protect general hospitals from infection.

On 5 February, PM Abe announced during the Fifth Meeting of the Novel Coronavirus Response Headquarters that the government would begin preparations to strengthen COVID-19 testing capabilities at the NIID and 83 municipal and prefectural public health institutions that are designated by the government as official testing sites. Without any uniform diagnosis kit for the disease, the government has relied on [polymerase chain reaction](#) (PCR) tests to check for infections. As few mainstream medical facilities in Japan had the ability to conduct PCR tests, Abe also promised to increase the number of institutions with such kits, including universities and private companies

On 12 February, PM Abe announced during the Seventh Meeting of the Novel Coronavirus Headquarters that the government would expand the scope of COVID-19 testing to include patients with symptoms based on the discretion of local governments. Previously, testing was restricted to those with a history of travelling to Hubei Province. On the same day, the Ministry of Health and NIID also contracted SRL Inc to handle PCR clinical laboratory testing. Since then, the government has partnered with several more private companies to expand laboratory testing capabilities and to work towards the development of a rapid testing kit.

On 14 February, PM Abe introduced the Japanese government's coronavirus consultation system to coordinate medical testing and response with the public. The Ministry of Health, Labour and Welfare worked with local governments to establish 536 consultation centres that covered every prefecture within the country to provide concerned citizens with instructions on how to receive COVID-19 testing and treatment. The general public needs to contact a consultation centre by phone to get tested at one of the government's specialized outpatient wards

On 16 February, PM Abe convened the government's first Novel Coronavirus Expert Meeting at the Prime Minister's Office to draft national guidelines for COVID-19 testing and treatment. The meeting was chaired by Dr. [Wakita Takaji](#), Director of the NIID, who brought together ten public health experts and medical professionals from across Japan to coordinate a response to the virus with PM Abe and the government's coronavirus task force in a roundtable format. The main concern of the Japanese medical establishment was an overcrowding of hospitals by uninfected patients with light cold symptoms who believed that they had COVID-19. Medical representatives claimed that such a panic would strain medical resources and risk exposing those uninfected patients to the disease itself.

On 17 February, the Ministry of Health released its consultation guidelines to each of the municipal and prefectural governments and their public health centers. The document instructs doctors and public health nurses who staff the consultation centres to limit consultations to people with the following conditions: (1) cold symptoms and a fever of at least 37.5 Celsius for over four days while taking antipyretic medication; and (2) extreme fatigue and breathing difficulties. The elderly, people with pre-existing conditions, and pregnant women with cold symptoms can receive consultation if they have had them for two days. The guidelines also note that people who are dissatisfied with their consultation results can visit one of the specialized outpatient wards for further talks.

3. Mitigation measures for spread of virus _

The objective of the Japanese government's basic policies for control is to "flatten the curve".

On 25 February, the Abe Administration introduced the "Basic Policies for Novel Coronavirus Disease Control" to act as the government's uniform basic policy on COVID-19 control. After a spike of infections in Italy, Iran, and South Korea, PM Abe decided that the government's disease countermeasures would prioritize the prevention of large-scale clusters in Japan. This includes the government's controversial requests to suspend such large-scale gatherings as community events and school operations, as well as its policy to limit patients with light cold symptoms from visiting medical facilities to prevent them from overwhelming hospital resources.³

On 23 February, On PM Abe's instructions, the medical establishment presented its policy recommendations in the form of a views report, concluding that the most important objective of PM Abe's basic policy must be the prevention of large-scale disease clusters and a decrease in the outbreak and death of patients with severe symptoms. They stated that it is not possible for the government to prevent the spread of COVID-19 in Japan on a person-to-person basis, but that there is a possibility that it can regulate the overall speed of infection. They cited the next week or two as a "critical moment" on whether the country would experience a large cluster that could result in the collapse of the medical system and socio-economic chaos. After reviewing and discussing the existing data on the disease, the committee stated that universal PCR testing was impossible due to a shortage of testing facilities and providers, and recommended that the government instead limit the application of available test kits to patients that are at a high risk of complications in order to stockpile for a large cluster. Participants also noted that Japan's medical facilities are vulnerable to "chaos," elaborating that several of the hospital beds and resources in the Tokyo area are already preoccupied with caring for the surge of 700 infected patients from the *Diamond Princess*. They reiterated their warning that a rush of alarmed uninfected outpatients with light symptoms of the disease could overwhelm hospitals and turn waiting rooms into "breeding grounds" of COVID-19.⁴ On 25 February, the Abe Administration adopted the "Basic Policies for Novel Coronavirus Disease Control" based on the advice that it received from the Expert Meeting.

First, the new policies advised local medical institutions that it is better for people with lighter, cold-like symptoms to rely on bed rest at home, rather than seeking medical help from clinics or hospitals. The policy also recommends people at a higher risk of infection -including the elderly and patients with pre-existing conditions – to avoid hospital visits for such non-treatment purposes as completing prescription orders by letting them fill the forms over the telephone instead of in person.⁵

Second, the new policies allow general medical facilities in areas of a rapid COVID-19 outbreak to accept patients suspected of infection. Before this, patients could only get tested at specialized clinics after making an appointment with consultation centres to prevent the transmission of the disease. Government officials revised the previous policy after acknowledging that such specialized institutions would be overwhelmed during a large cluster.

³ ["Basic Policies for Novel Coronavirus Disease Control"](#). Prime Minister of Japan and His Cabinet, 25 February 2020.

⁴ ["Coronavirus Basic Policy Impacts Japan's Health, Education Systems"](#). Nippon.com, 2 March 2020

⁵ ["Coronavirus Basic Policy Impacts Japan's Health, Education Systems"](#). Nippon.com, 2 March 2020

Third, the policy asks those with any cold symptoms to take time off from work and avoid leaving their homes. Government officials urged companies to let employees work from home and commute at off-peak hours. The Japanese government also made an official request to local governments and businesses to cancel large-scale events.

On 27 February, PM Abe requested the closures of all schools from 2 March to the end of spring vacations, which usually conclude in early April. The next day, the Japanese government announced plans to create a fund to help companies subsidize workers who need to take days off to look after their children while schools are closed.

On 27 February, the Japanese government also announced plans to expand the national health insurance system so that it covers COVID-19 tests.

On 9 March, the Ministry of Health reconvened the Expert Meeting after the two week "critical moment." The panel of medical experts concluded that Japan was currently not on track to experience a large-scale cluster, but stated that there is a two-week time lag in analysing COVID-19 trends and that the country would continue to see more infections. Consequently, the participants asked the government to remain vigilant in quickly identifying and containing smaller clusters. With more COVID-19 outbreaks around the world, the panel also proposed that new infections from abroad could initiate a "second wave" of the disease in Japan.

On 9 March, the Health Ministry published a disease forecast of each prefecture and instructed their local governments to prepare their hospitals to accommodate its patient estimates. It predicts that the virus peak of each prefecture will occur three months after their first reported case of local transmission.

4. Cluster countermeasures

On 25 February, the Ministry of Health, Labour and Welfare established a "Cluster Response Section" in accordance to the Basic Policies for Novel Coronavirus Disease Control. The purpose of the new section is to quickly identify and contain small-scale clusters of COVID-19 infections before they turn into large-scale ones. It is led by university professors [Oshitani Hitoshi](#) and Nishiura Hiroshi and consists of a contact trace team and a surveillance team from the National Institute of Infectious Diseases (NIID), a data analysis team from Hokkaido University, a risk management team from Tohoku University, and an administration team. Whenever a local government determines the existence of a cluster from hospital reports, the Ministry of Health dispatches the Section to that area to conduct an epidemiological survey and contact tracing. After the teams determine the original source of infection, the Ministry and local government officials enact countermeasures to locate, test, and place under medical surveillance anybody who may have come into contact with an infected person. They can also file requests to suspend infected businesses or restrict events from taking place there.

On 15 March, the Ministry of Health reported fifteen COVID-19 clusters in Japan. The largest cluster involves more than 80 people across four live music clubs in Osaka from concerts held in mid-February. Another cluster of 50 people occurred at an elderly day care centre in Nagoya in early March, which resulted in 12 deaths.

5. Legislative reforms

To provide a stronger legal basis for its COVID-19 countermeasures, the Abe Administration has proposed an amendment to the "Special Measures Act to Counter New Types of Influenza of 2012" that will allow it to declare a "state of emergency" and mandate the prohibition of large-scale gatherings and the movement of people during a disease outbreak. Currently, school closures and event cancellations are voluntary responses by the public and local governments.

On 5 March 2020, Prime Minister Abe introduced a draft amendment to the "Special Measures Act to Counter New Types of Influenza of 2012". He met separately with the heads of five opposition parties on 4 March to promote a "united front" in passing the reforms. The new law would allow the national and prefectural governors to instruct residents to avoid unnecessary outings and to close such facilities as schools, day care centres, and social welfare facilities for the elderly. To allay the concerns of the opposition parties, Abe said he would include a two-year limit on the power to declare a state of emergency. The Abe Administration plans to submit the revision bill to the National Diet on 10 March, and has coordinated with the opposition parties to have it passed by the Lower House on 12 March, and the Upper House on 13 March.⁶

6. Government support measures

On 12 February, PM Abe announced during the Eighth Meeting of the Novel Coronavirus Response Headquarters that the government would secure a total of 500 billion yen for emergency lending and loan guarantees to small and medium enterprises affected by the COVID-19 outbreak. He also declared that his Cabinet would set aside 15.3 billion yen from contingency funds to facilitate the donation of isolated virus samples to relevant research institutions across the globe.

On 1 March, PM Abe evoked the Act on Emergency Measures for Stabilizing Living Conditions of the Public to regulate the sale and distribution of facial masks in Hokkaido. Under this policy, the Japanese government instructed manufactures to sell facial masks directly to the government, which would then deliver it to residents.

On 5 March, the Japanese government announced that it is organizing an emergency package by using a 270 billion yen (\$2.5 billion) reserve fund for the current fiscal year through March to contain the virus and minimize its impact on the economy.

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