

Tokyo

The screenshot displays the CCIDA16 Tokyo website interface. At the top, it features the CCIDA16 logo, a Japanese flag, and the text 'TOKYO' with tabs for 'Organizational Systems' and 'Vaccination'. A note in the top right corner reads: 'PLEASE CLICK THE BOX OF RIGHT TOP CORNER TO MAXIMIZE THE QUESTION WINDOWS.' The main content area is divided into three sections:

- MEDIA PLAYER:** Displays a slide titled '16th Conference of Countermeasures to Combat Infectious Disease in Asia Project'. The slide content includes:
 - Tokyo Presentation
 - 1. Tokyo COVID-19 Measures (highlighted with a red box)
 - 2. Joint Survey (COVID-19 Risk Communication)
 - 3. COVID-19 Infection Control at Tokyo 2020 Olympic/Paralympic GamesThe slide footer identifies the organization as '東京都福祉保健局 Bureau of Social Welfare and Public Health Tokyo Metropolitan Government'.
- DOWNLOAD:** A list of downloadable PDF documents:
 - General remarks Tokyo COVID-19 Measure
 - Detailed Exposition 01 FY2020 Joint Survey Report COVID-19 Risk Communication
 - Detailed Exposition 02 Infection Control against COVID-19 in Tokyo 2020 Olympic Paralympic Games
 - Results of Questionnaire on Awareness Among Tokyo Residents Feb26 2021 to Mar3 2021
 - 総論: 新型コロナウイルス感染症対策に係る東京都の取組
 - 各論1: 令和2年度共同調査研究 (新型コロナ、リスコミ)
 - 各論2: 東京2020大会におけるコロナ対策
- Question Windows:** Four floating windows on the right side of the page, each containing a question and its answer:
 - Question 1 to 6:** (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
 - Question 7 to 10:** (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.
 - Question 11 to 16:** (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) he work of these centers is outsourced. The
 - Question 17:** (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.

“Tokyo COVID-19 Measures”

“Joint Survey (COVID-19 Risk Communication)”

“COVID-19 Infection Control at Tokyo 2020 Olympic/Paralympic Games”

16th Conference of Countermeasures to Combat Infectious Disease in Asia Project

Tokyo Presentation



1. Tokyo COVID-19 Measures
2. Joint Survey (COVID-19 Risk Communication)
3. COVID-19 Infection Control at Tokyo 2020 Olympic/Paralympic Games

東京都福祉保健局

Bureau of Social Welfare and Public Health Tokyo
Metropolitan Government

Hello, everyone. Thank you to all cities participating in the Countermeasures to Combat Infectious Diseases in Asia Project.

I'm Yoshitake HAYASHI, from the Disease Prevention and Data management Section of TMG's Infectious Disease Control Div.

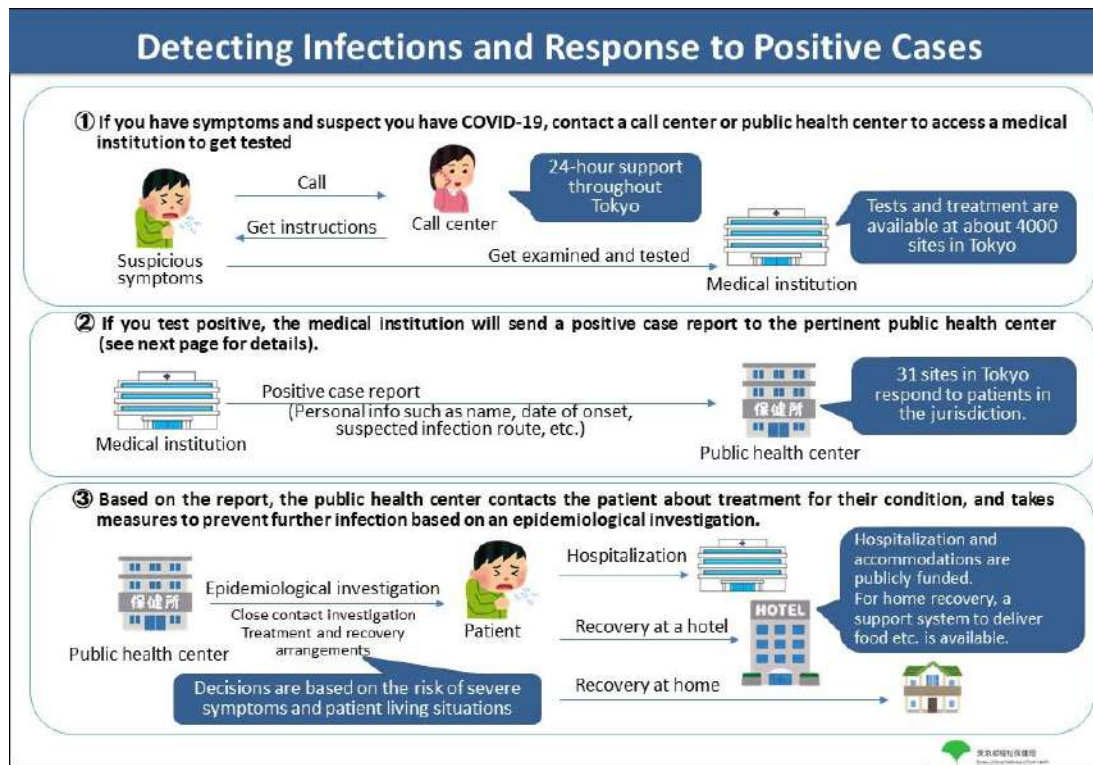
Sharing information and exchanging opinions online, instead of face-to-face, is a challenge.

We appreciate the participation of so many cities.

I'm sure COVID-19 responses are keeping you busy, but I hope we can encounter new insights together today.

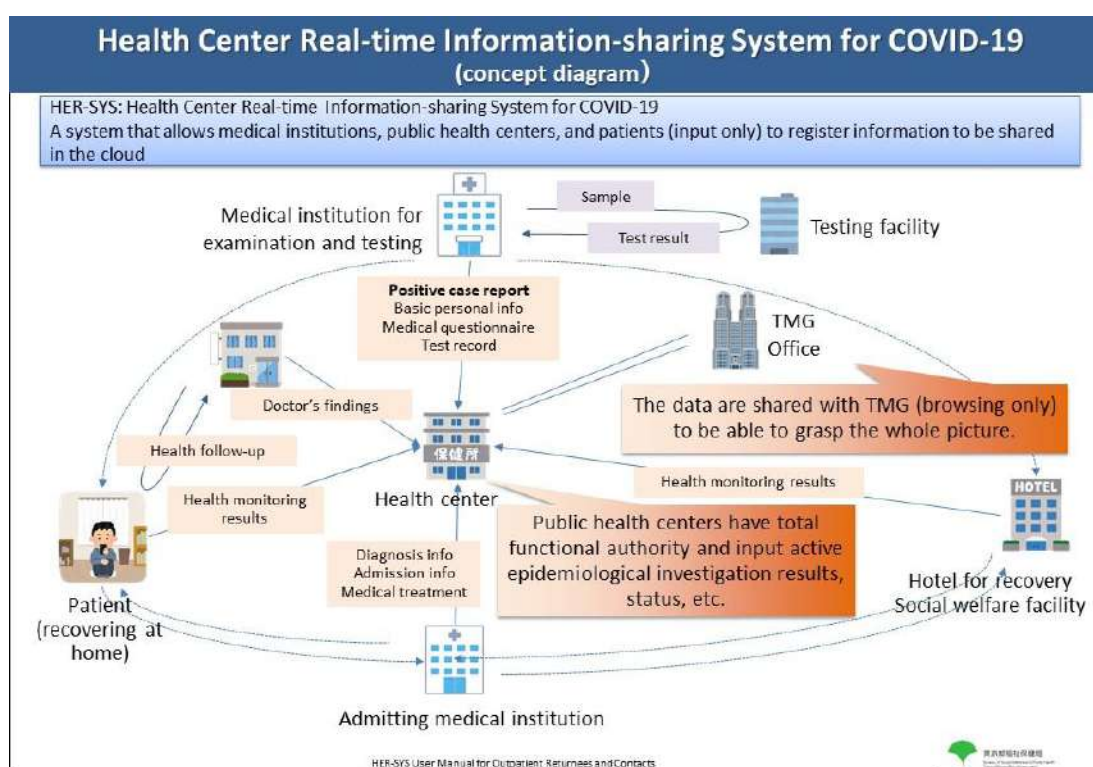
From Tokyo, I have three major topics: Here are the topics I'm going to briefly explain using some of the slides in the presentation materials.

First, Tokyo COVID-19 Measures.



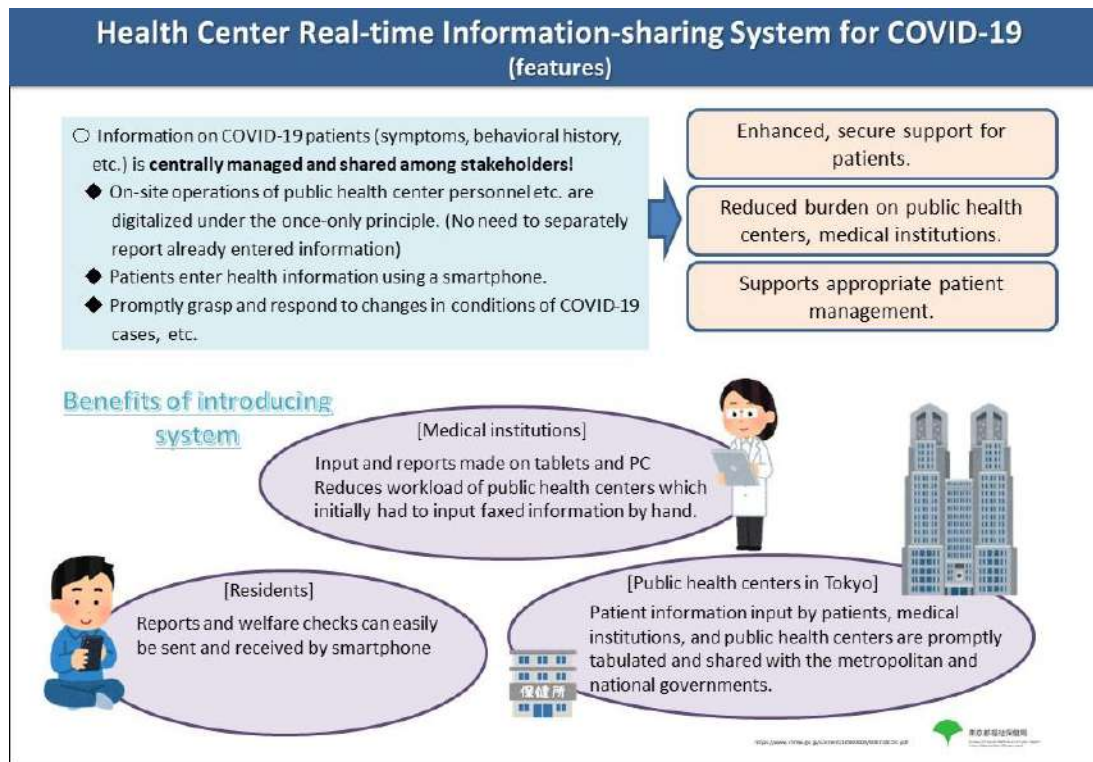
(1) Accessing a medical institution for suspected infection case for testing.
 (2) Medical institution sends positive case report to public health center, and
 (3) health center conducts epidemiological investigation and arranges for hospitalization.

As of Dec. 2021, we have about 4,000 medical institutions to test and treat COVID-19.
 Call centers respond 24/7 to people with symptoms.
 31 public health centers trace close contacts and work with quarantined patients, who are hospitalized, stay at hotels with medical staff, or at home, depending on condition or risk of severity.

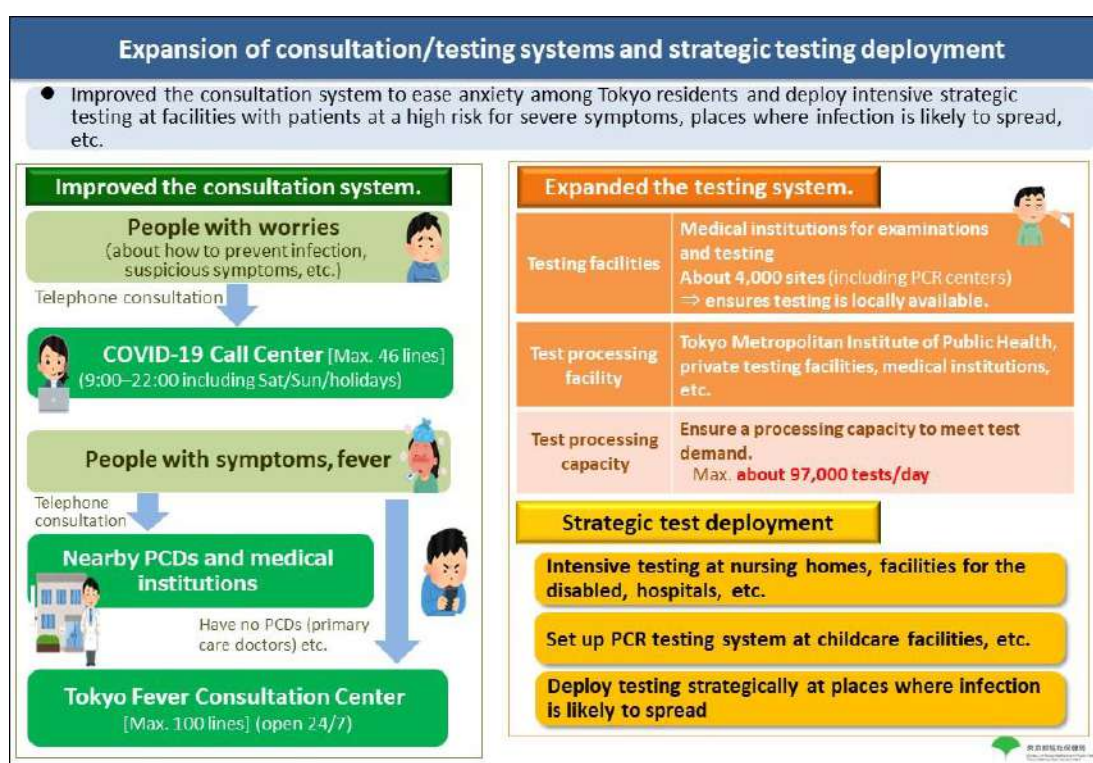


The Health Center Real-time Information-sharing System (HER-SYS) operates nationwide to share information on COVID-19 with health centers, prefectures, medical institutions, etc.

Information such as positive case reports and health monitoring results are registered and shared in the cloud.



HER-SYS centrally manages and shares information on infected persons: age, gender, symptoms, movement history. It has cut the burden on health centers and medical institutions, and improved support to and management of infected persons.

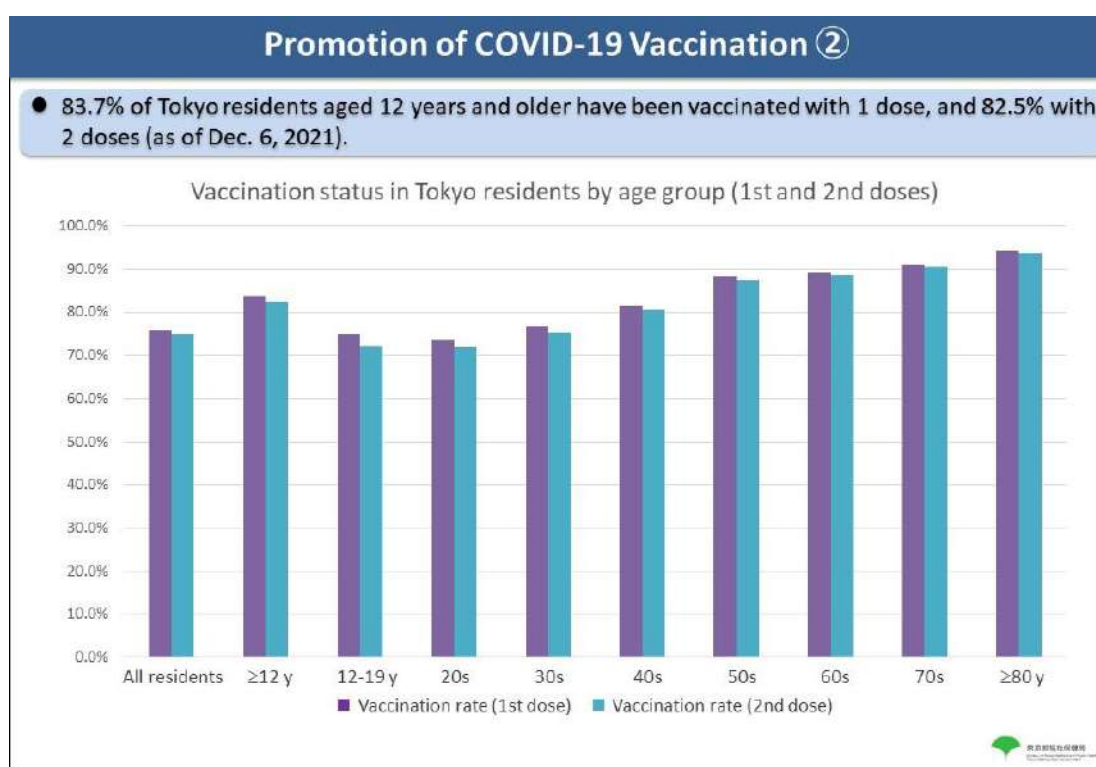


Improving consultation and testing systems is also important in fighting Covid. The COVID-19 Call Center is for Tokyo residents who are worried, but have no symptoms. Tokyo Fever Consultation Center is for residents with symptoms but no primary care doctors or whose doctors are off-duty. Testing service was initially provided only at Tokyo Metropolitan Institute of Public Health, but is now widely available at private facilities and medical institutions. The capacity is 97,000 PCR tests a day. Intensive testing is put in place where infection is likely to spread: nursing homes, facilities for disabled, medical institutions. A testing system for nurseries has also been developed.

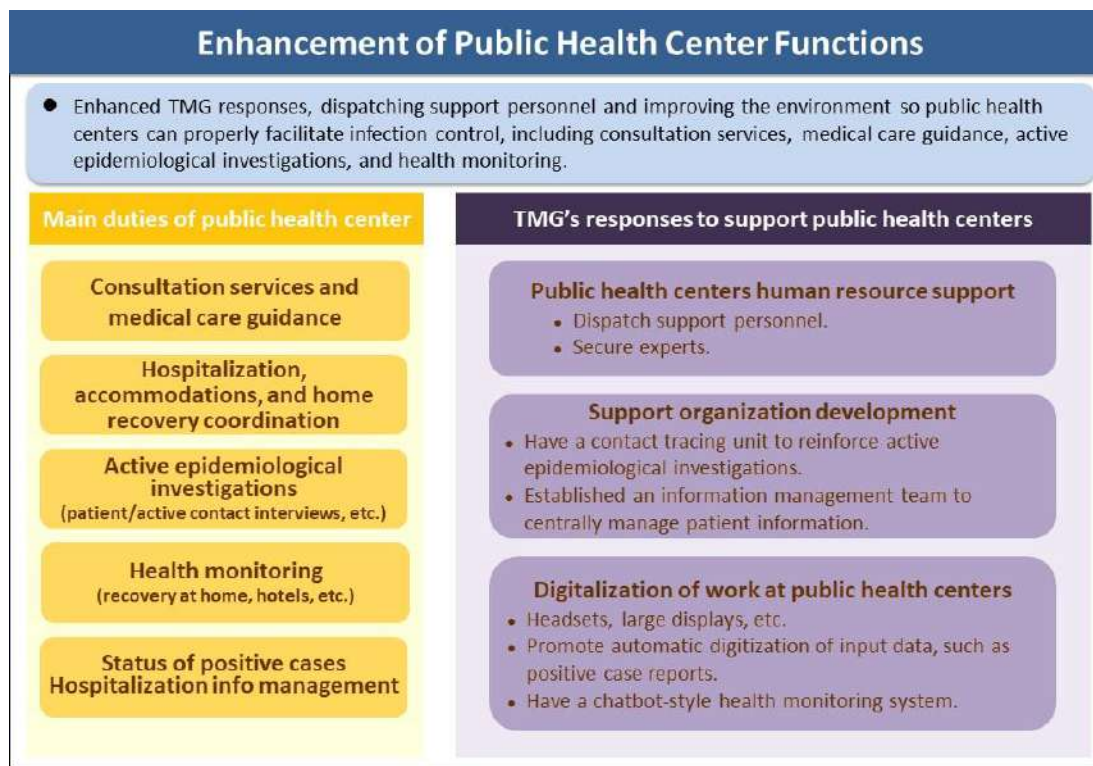
Promotion of COVID-19 Vaccinations ①

- Promote inoculation of all Tokyo residents wishing to get vaccinated, promote vaccinations in collaboration with municipalities, etc.
- Priority vaccination for health care workers
 - Started in March 2021.
 - Vaccination appointment system and dedicated call centers.
- Vaccinations for residents
 - Started in April 2021 for people aged 65 years and older, and in June for those aged 64 years and younger.
 - Support for municipalities offering vaccines for residents.
 - Secures health care workers.
 - Coordinated wide-ranging municipalities.
- Deploys a system to respond to side effects
 - Set up a side effect consultation center.
- Information on vaccination
 - Set up a portal site (shown right).

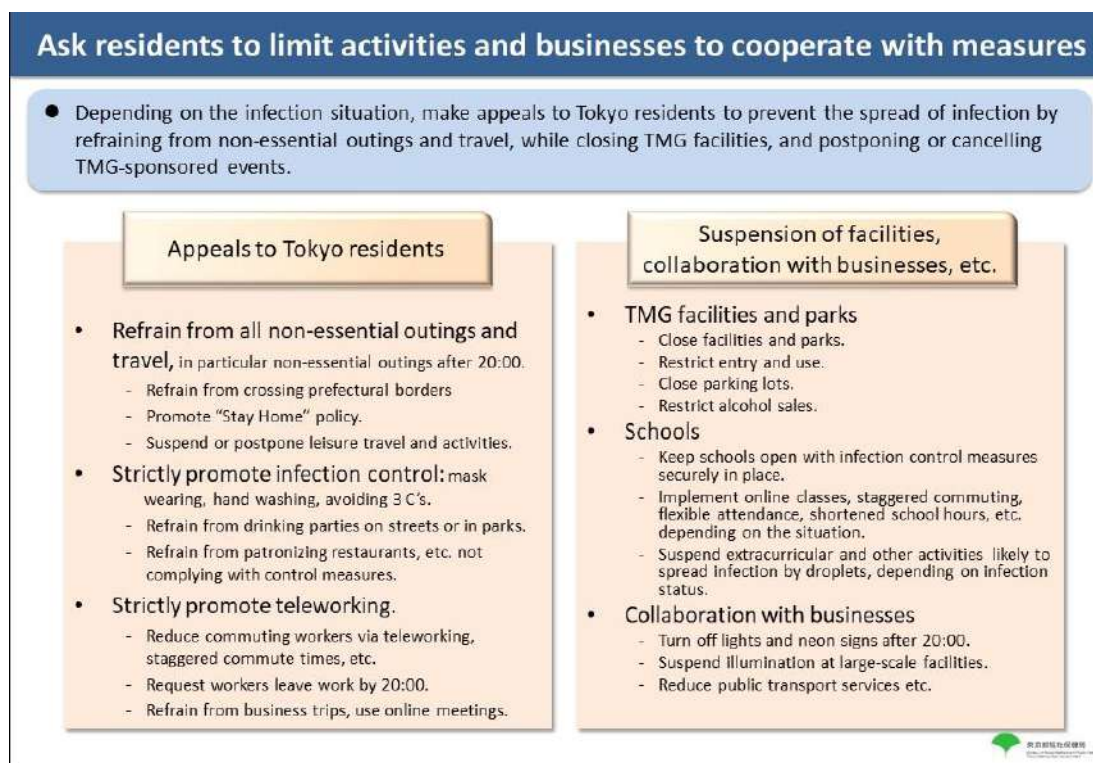
Tokyo vaccinations began in March 2021 for health care workers, then for 65 years and older, followed by 64 years and younger. Normally, vaccinations are administered in municipalities, but COVID-19 vaccinations are coordinated by Tokyo Metropolitan Government (TMG) as a wide-range municipality. COVID-19 Vaccine Side Effect Consultation Center responds to side effects. Its portal site proactively communicates information on vaccinations.



As of December 6, 82.5% of residents aged 12 and over are fully vaccinated, and 90% of those 70 and older.



Public health centers, key players in the COVID-19 fight, run consultation and medical care services, coordinate hospitalization, accommodations, and home recovery, also epidemiological investigation and health monitoring. We support health centers by dispatching support staff and improving the working environment.



The Tokyo government called for residents to help stem infection by refraining from non-essential travel, complying with infection control practices, and remote working. We temporarily closed government facilities and suspended events. We reduced public transport and asked businesses to suspend illumination and turn off lights and signs after 20:00.

Tokyo's Response to State of Emergency Measures

- To prevent the spread of infection, state of emergency measures such as requests for Tokyo residents and businesses have been implemented in line with the national government's basic policy. Currently, measures to prevent resurgence after the 4th state of emergency are in place.

	TMG measures and duration	Outline of TMG measures	
		[Tokyo residents]	[Businesses]
2020	State of emergency measure ① (Residents) [Apr. 7 to May 25] (Businesses) [Apr. 11 to May 25]	Request to refrain from non-essential outings	Request facilities to suspend business. Request restaurants to shorten business hours (5:00-20:00). Request to refrain from holding events.
	State of emergency measure ② [Jan. 8 to Mar. 21]	Request to refrain from non-essential outings etc.	Request restaurants etc. to shorten business hours (5:00-20:00). Request restrictions on events.
2021	State of emergency measure ③ [Apr. 25 to Jun. 20]	Request to refrain from non-essential outings, non-essential travel across prefectural borders, etc.	Request large-scale commercial facilities to suspend business or shorten business hours. Request event facilities etc. to hold events without spectators, shorten business hours, etc. Request restaurants etc. serving alcoholic beverages to suspend business. Request restaurants etc. not serving alcoholic beverages to shorten business hours (5:00-20:00) Request restrictions on events.
	State of emergency measure ④ [7/12 to Sep. 30]	Request to refrain from non-essential outings, reduce outings to crowded places by half, etc.	Request restaurants etc. serving alcoholic beverages to suspend business. Request restaurants etc. not serving alcoholic beverages to shorten business hours (5:00-20:00). Request large-scale commercial facilities, event facilities, etc. to shorten business hours etc. Request restriction in holding events. Request 70% of workers commuting to jobs to switch to telework, etc.

We have implemented four state-of-emergency situations. Tables show requests to residents and businesses. We hope the current low level of infection will continue despite the arrival of the omicron variant.

16th Conference of Countermeasures to Combat Infectious Disease in Asia Project

Tokyo Presentation



1. Tokyo's Measures Against COVID-19
2. Joint Research Survey (Risk Communication for COVID-19)
3. Infection Control against COVID-19 in Tokyo 2020 Olympic/Paralympic Games

東京都福祉保健局

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Metropolitan Government

Here is our second theme.

Research Overview

A basic study on effectively communicating information on COVID-19 to and from foreign residents in Tokyo

- Method: Online survey
- Respondents: 1,129 people (top 5 nationalities of foreign residents in Tokyo)

Chinese	Koreans	Vietnamese	Filipinos	Nepalese	Total
316	204	204	203	202	1,129

- Research period: From March 5 to 28, 2021
- Questions: Respondent gender, age, occupation, ways of collecting information, disease infection control in daily living, and cooperation in active epidemiologic research etc.

12

In March 2021, this survey studied how to effectively collect and disseminate COVID-19 information among foreigners in Tokyo.

1,129 foreigners from the top 5 countries of origin living in Tokyo participated in the survey.

Questions included gender, age, occupation, awareness and behavior for infection control, routine infection prevention practices, and cooperation with epidemiological investigations.

Conclusions and Future Plans

- Conclusions
 - There were no differences in individual behavior, such as wearing masks and washing hands, between all Tokyo residents and those with foreign nationalities.
 - Along with personal efforts, improvements in schools, workplaces and residential environment are needed to avoid 3 C's.
- Future plans
 - During this fiscal year, on the basis of the results of this research, a study will be conducted with facility managers, etc. focusing on factors impeding infection control in schools, workplaces and residential environments, etc. to further improve infection control among foreigners

13

Here is a summary of findings and tasks ahead.

Foreigners in Tokyo had the same awareness of personal infection control as all Tokyo residents, such as mask wearing and hand washing.

Avoiding the three C's (closed spaces, crowded places, and close contact), was more difficult and requires improvements in schools, workplaces, and residences.

The next step will be surveying managers of schools, workplaces, and residences, focusing on infection control barriers to help control infection among foreigners.

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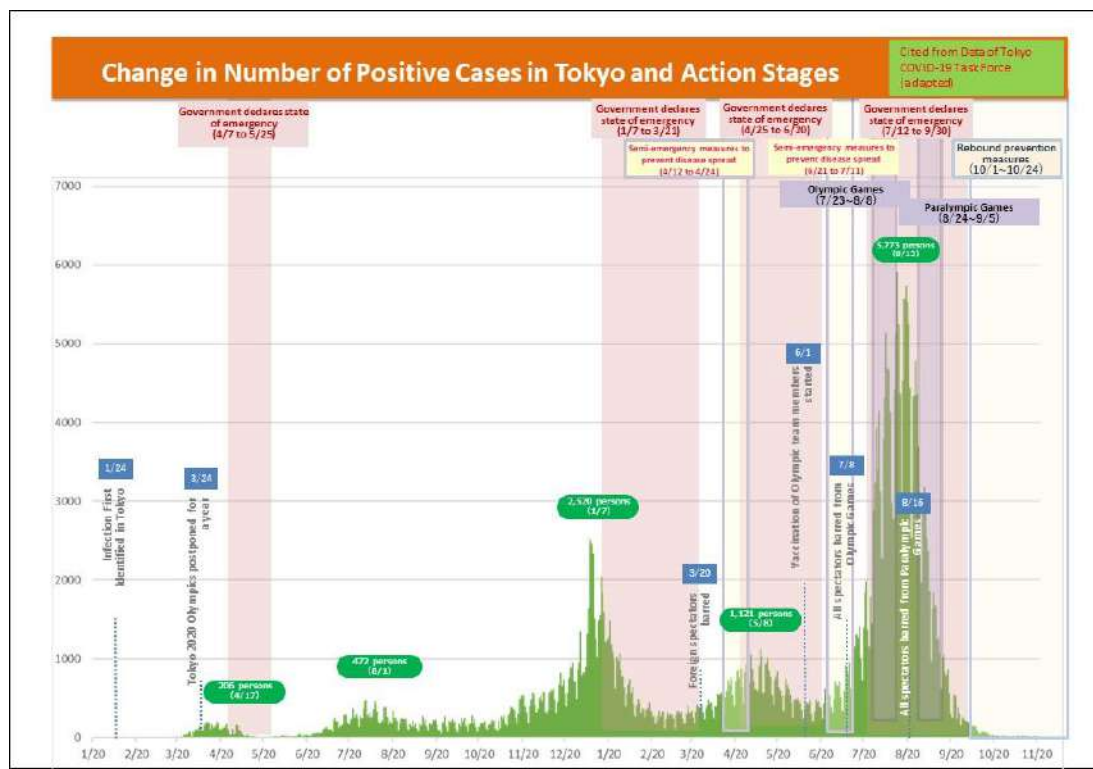


1. Tokyo COVID-19 Measures
2. Joint Survey (COVID-19 Risk Communication)
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Finally, our third theme.



This graph shows the number of daily cases of COVID-19 from January 2021 through November 2021. The first wave: on April 17, 2020 cases peaked at 206. Tokyo 2020 Games were held during the fifth wave, peaking at a record 5,773 cases on August 13, 2021. Let's look at the response of the Tokyo Metropolitan Government and Organizing Committee.

COVID-19 Measures against at Tokyo 2020

Cited from Data of Tokyo COVID-19 Task Force

- To host the Games safely under COVID-19 pandemic, thorough border control, regular tests after entry, and strict activity control measures, etc. were in place.
- The Games were held safely, for example, the positive rate was kept low among athletes/officials.

A safe environment was prepared for athletes/officials

Size of foreign contingencies entering Japan was reduced	<ul style="list-style-type: none"> Along with simplified operations of the Games, the number of officials entering Japan was reduced to one-quarter for the Olympic Games and one-third for the Paralympic Games of the plan before the postponement.
Border control/testing	<ul style="list-style-type: none"> Athletes/officials were tested twice before entry Athletes were tested every day and officials were tested regularly depending on their roles.
Activity control/health control	<ul style="list-style-type: none"> Strict limitations on destinations, activity control and health control
Basic disease infection control	<ul style="list-style-type: none"> Spread of infection in Athlete's Village and competition venues included basic COVID-19 measures, such as masks, physical distancing, and avoiding the 3 Cs.

Minimizing contact with residents in Japan to ensure safety of Japanese citizens

Transportation	<ul style="list-style-type: none"> Basically, no public transportation was used. Movement was via dedicated vehicles.
Accommodations	<ul style="list-style-type: none"> When lodging was reserved by individuals, it had to meet the Accommodation Guidelines. Otherwise, lodgings were switched to those booked by the Organizing Committee.

The number of officials from abroad was decreased, border control and testing were thorough during Games. Movement of Games participants was restricted and basic infection control measures implemented. Games participants were barred from public transport, using only dedicated Games vehicles.

Number of Tests and Number of Positive Athletes/Officials

	Number of Screening Tests	Number of positive results in first tests	Number of definitely positive athletes/officials
Total	1,014,170	510	304

The number of positive results include some multiple positive results for the same person.

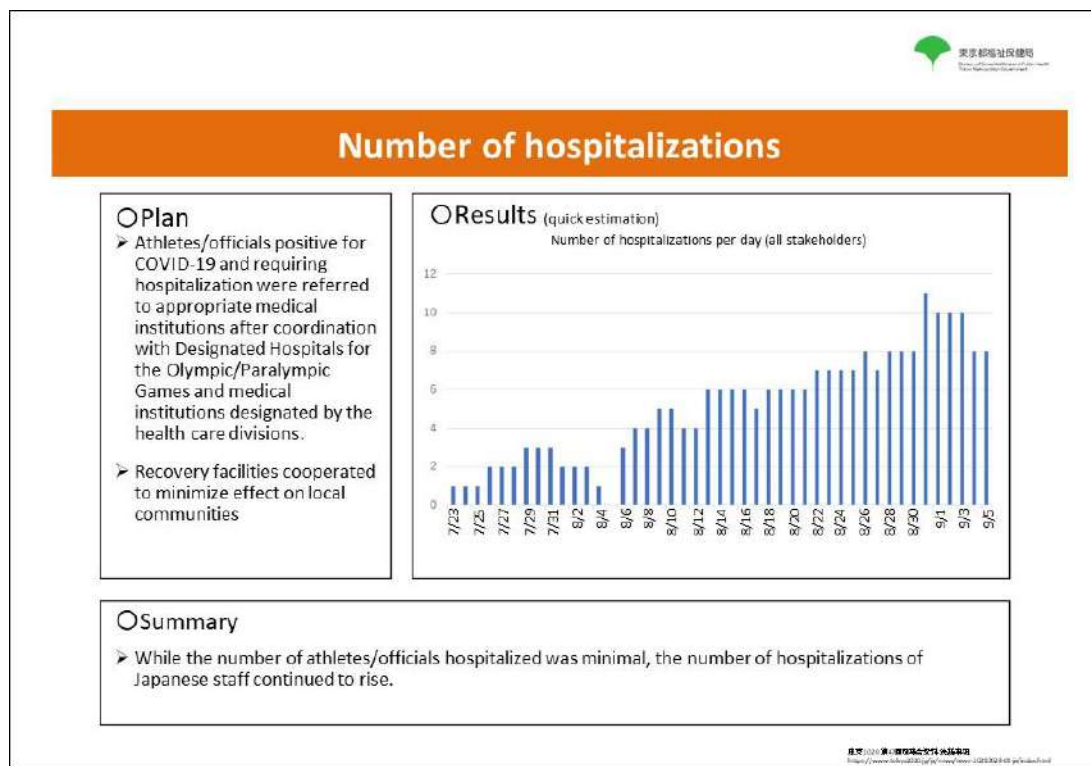
Category	Number of tests	Number of definitely positive athletes/officials
Number of symptomatic visits to Fever Clinic	47	2
Number of athletes/officials in close contact	3,428	12
Other people with needs*	14	3
Total	3,489	17

*Such as second tests following positive tests before departure and urgent tests following suspected positive results on the way from host towns in Japan

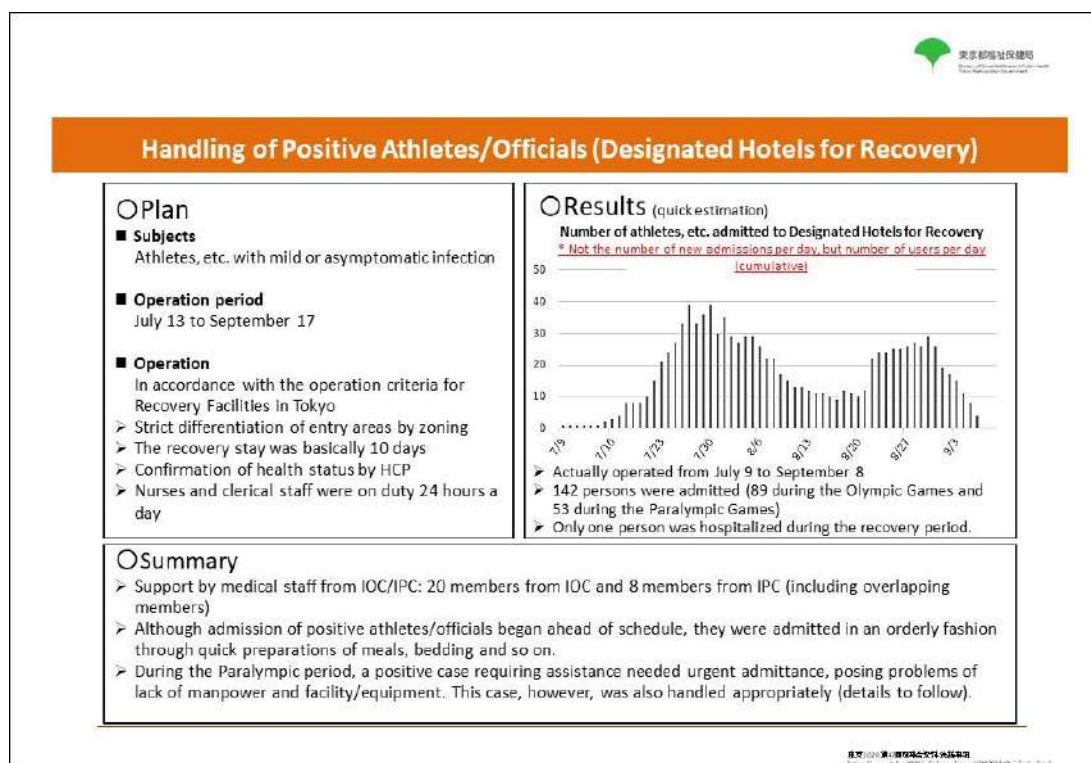
[Summary]

- An average of about 14,000 screening tests were performed per day on athletes/officials (36,225/day maximum)
- As most positive cases were asymptomatic carriers who were put into immediate isolation, tests of symptomatic persons were fewer than expected. Positive cases may have been detected before actual disease onset.

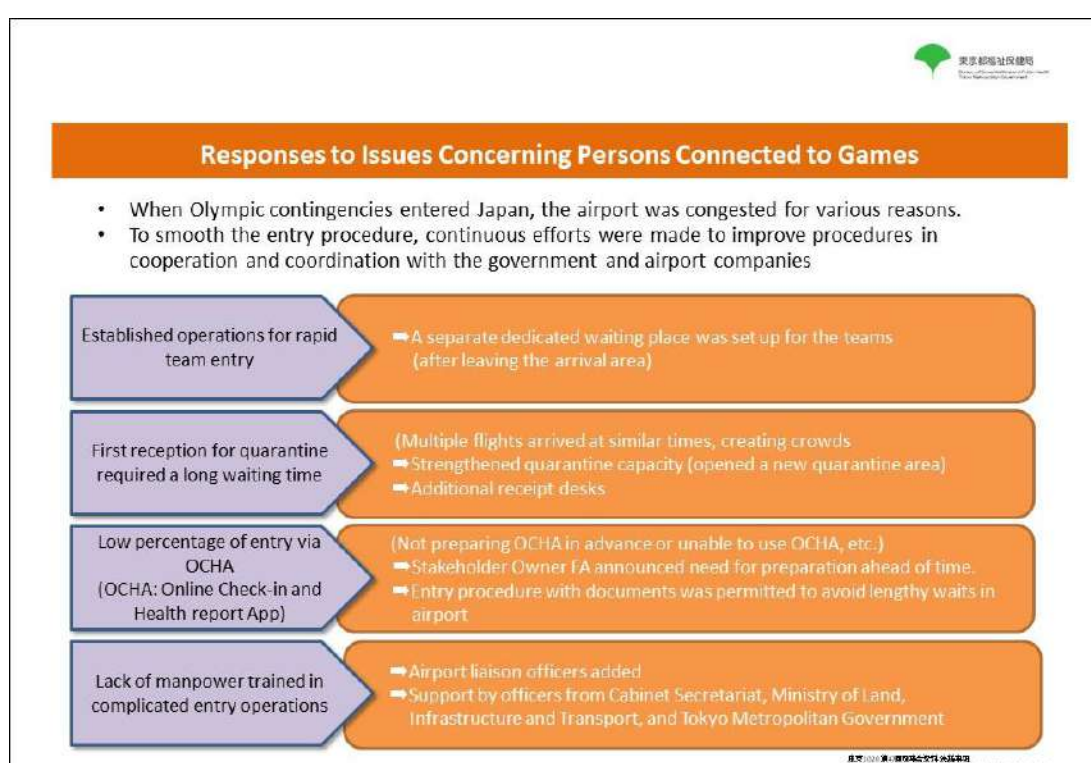
An average of 14,000 athletes and participants were tested each day (max. 36,225). There were 304 positive cases. Many were asymptomatic, indicating that testing quickly isolated positive cases. This may have been why only 17 cases developed symptoms, much fewer than expected.



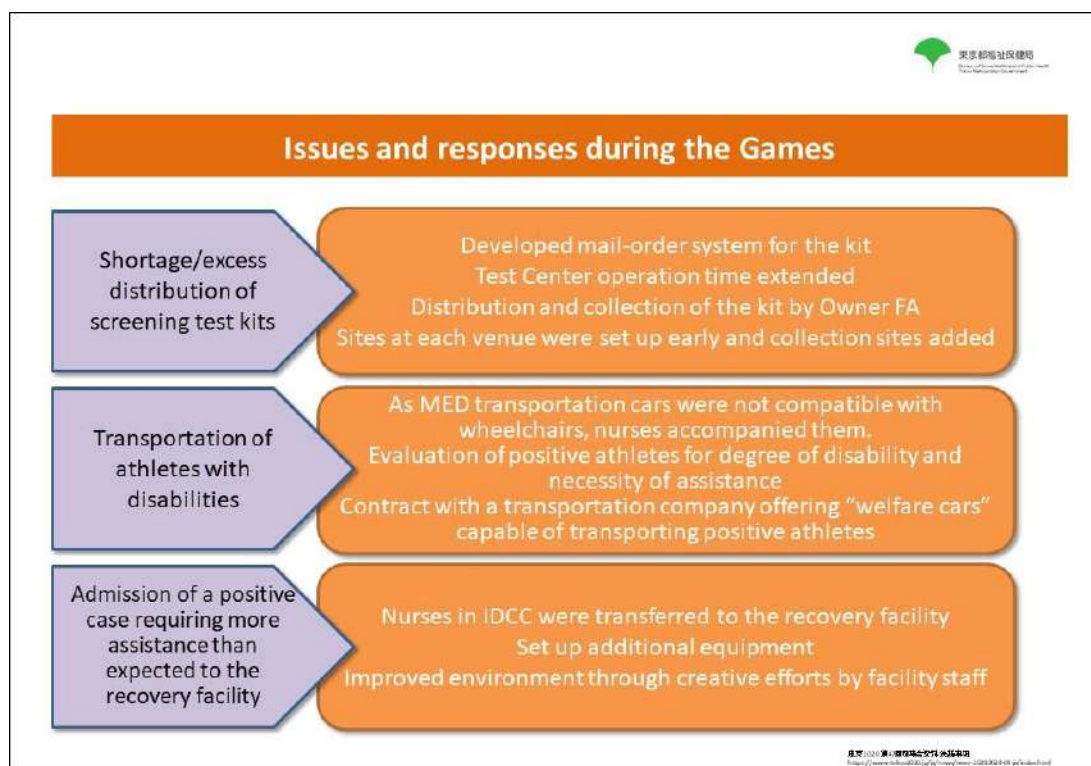
Positive cases in need of hospitalization were sent to Games-designated hospitals. Only a few participants were hospitalized, while the number of hospitalized Japanese staff increased during the latter half of the Games.



Mild and asymptomatic cases recovered in quarantine facilities for 10 days. They were monitored by health professionals, with staff on duty around the clock. During the Paralympic Games, we had a positive case who needed assistance. We lacked the staff and equipment, but managed to be flexible and rally to the situation.



As Games participants entered Japan, immigration procedures at airports were badly congested. Cooperation and coordination between the national government and airport companies eased the situation. A separate area was created for arriving teams to wait outside the arrival lobby, and quarantine processing capacity was increased during peak arrival times.



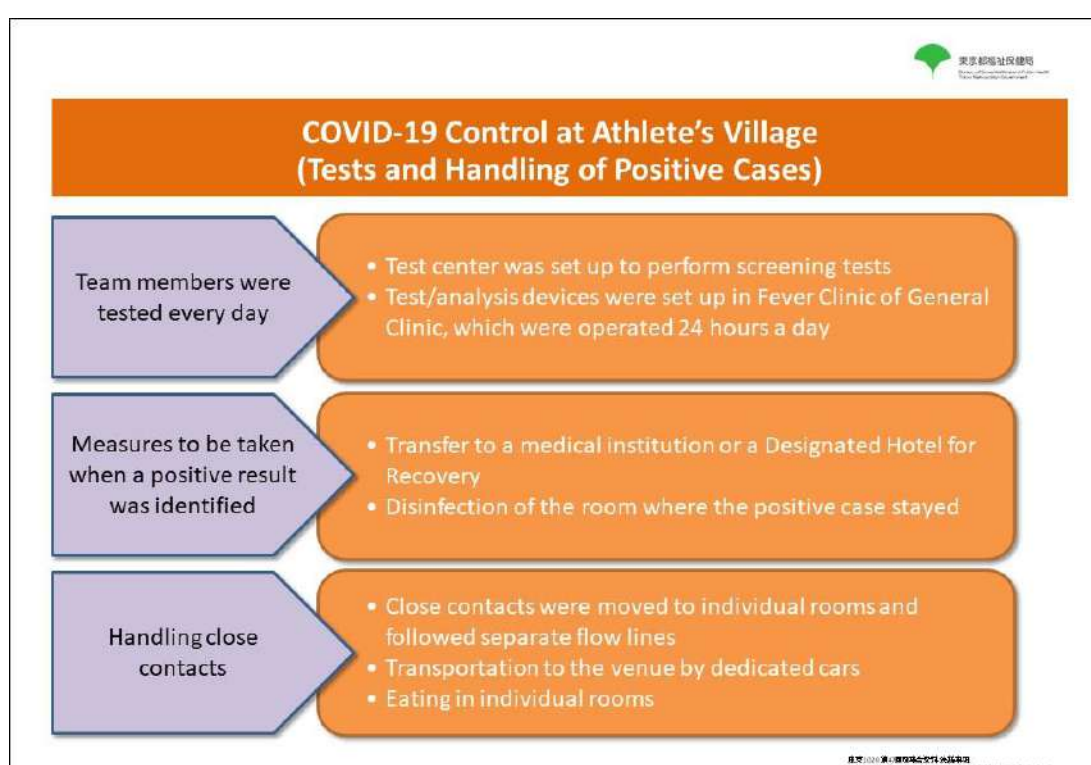
During the Games, we built an online purchase order system for testing kits when in short supply.

For excess supply, we opened collection sites at venues to ensure equal distribution.

To transport COVID-infected Paralympic athletes, we evaluated degree of disability and need for assistance, and worked with services with special-needs vehicles capable of transporting positive cases.

More people requiring assistance than expected tested positive and were quarantined.

Nurses were brought in from Tokyo 2020 IDCC (Infectious Disease Control Center)), additional equipment procured, with site staff making environment improvements.



At the athlete village, thorough preparation was required to test teams and respond to positive cases and close contacts.

Teams were tested daily at a test center and a fever clinic with a lab in the village was open around the clock.

Positive cases were quarantined or transferred to outside medical facilities and accommodations, and their rooms at the village disinfected.

Close contacts moved to private rooms and their movement flow was separated. They traveled in dedicated vehicles, and ate in their rooms.

Hope to see you here in Tokyo soon
when things get back to normal!



Thank you very much for your attention.
For more details, please download
materials on our website.

If you have any questions, please feel
free to contact us.

Thank you.