



Current Status of Measures Against Highly Hazardous Infectious Diseases Such as Ebola Virus



**Tokyo Metropolitan Bureau of
Public Health and Medical Services**

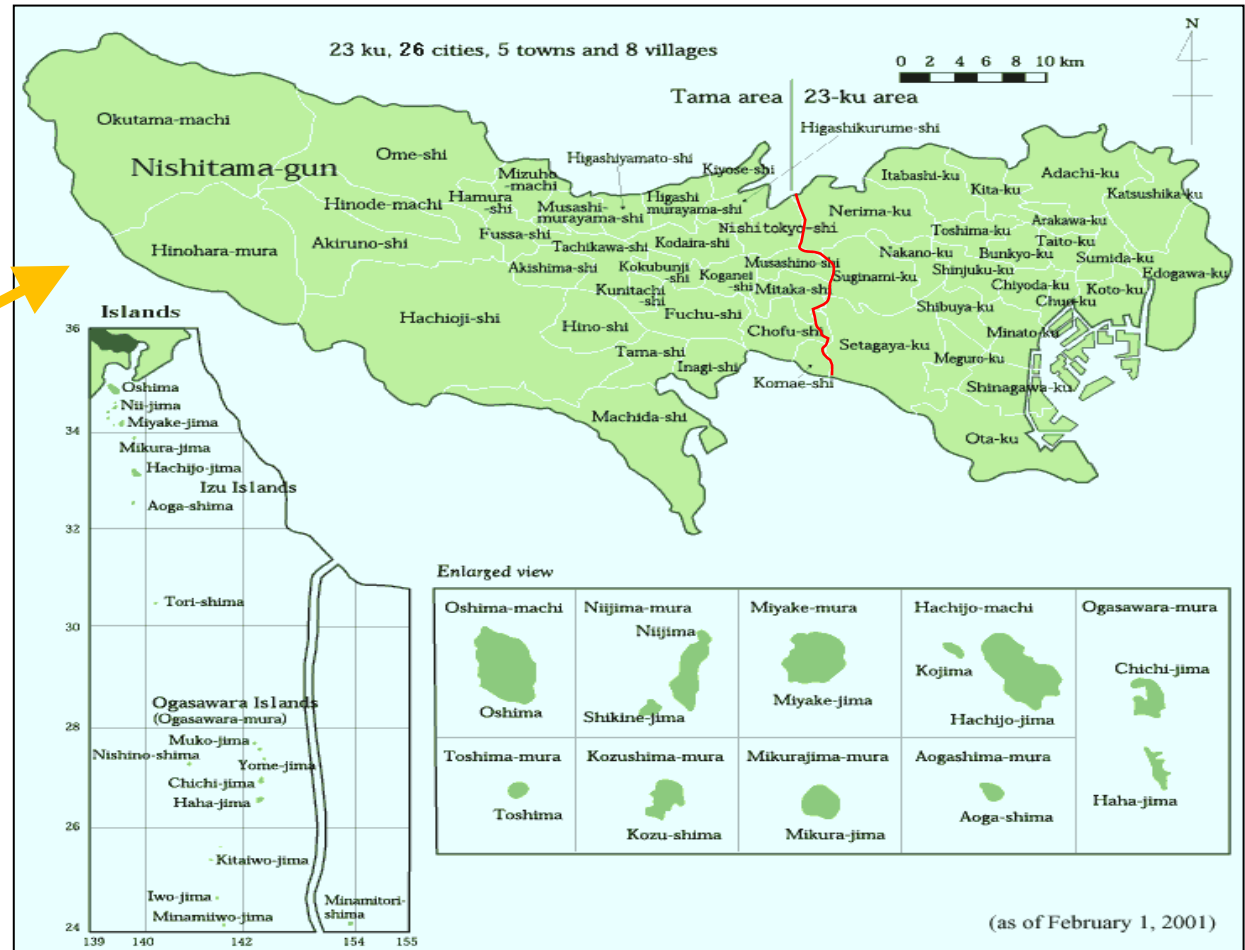
**Division of Infectious Disease
Control and Prevention**



The situation in Japan and Tokyo



Tokyo Metropolis



Population: Approximately 14,190,000 people in 2024
(exceeding 10% of Japan's total population)

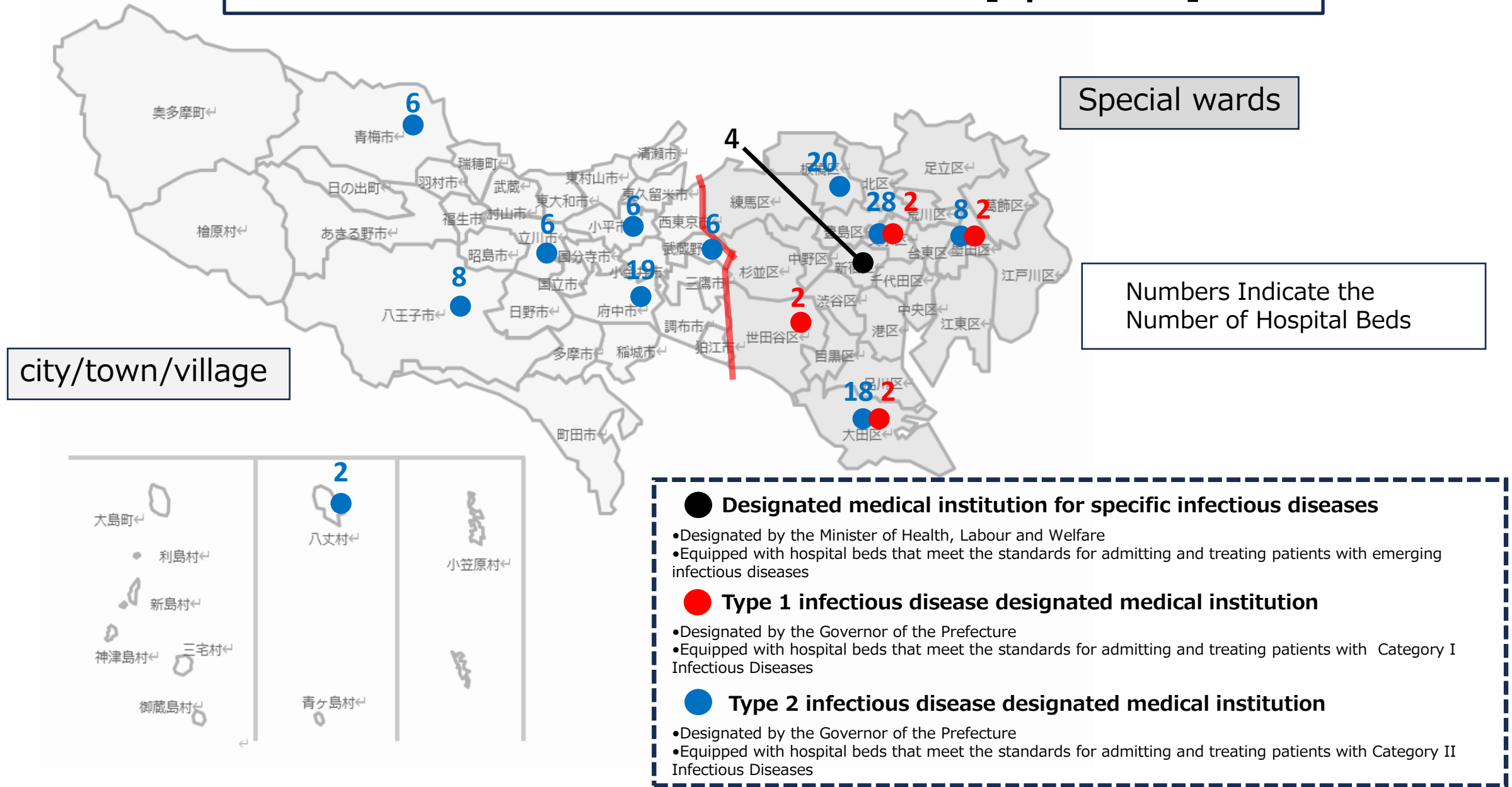
Administrative divisions: 23 special wards, 26 cities, 5 towns, and 8 villages

Classification and Measures under the Infectious Diseases Control Law (※ 1) in Japan

Category	Diseases	Classification Criteria	Measures	Medical System
Category I	【Number of diseases: 7】 Ebola hemorrhagic fever, Crimean-Congo hemorrhagic fever, Smallpox, South American hemorrhagic fever, Plague, Marburg disease, Lassa fever	<ul style="list-style-type: none"> • Human-to-human transmission • Risk is judged based on the infectiousness and severity of illness if contracted. <p> ●Category I: Extremely high risk ●Category II: High risk ●Category III: Employment in certain occupations may cause mass outbreaks of infectious diseases </p>	<ul style="list-style-type: none"> • Measures for individuals: hospitalization, etc. • Measures for objects: disinfection, etc. • Traffic restriction measures possible 	<ul style="list-style-type: none"> • Designated Type I Infectious Disease Medical Institutions • Some costs covered by public funds
Category II	【Number of diseases: 7】 Acute poliomyelitis, Tuberculosis, Severe acute respiratory syndrome (limited to SARS coronavirus), Middle East respiratory syndrome (limited to MERS coronavirus), Avian influenza (H5N1, H7N9), Diphtheria		<ul style="list-style-type: none"> • Measures for individuals: hospitalization, etc. • Measures for objects: disinfection, etc. 	<ul style="list-style-type: none"> • Designated Type II Infectious Disease Medical Institutions • Designated Tuberculosis Medical Institutions • Some costs covered by public funds
Category III	Cholera, Bacterial dysentery, Enterohemorrhagic Escherichia coli infections			General medical institution No public funding
Category IV	Rabies, Malaria, Dengue fever, etc.	Mainly transmitted through animals, food, or drinks	Disinfection, including measures for animals	
Category V	Rubella, Measles, Influenza (excluding avian and novel influenza)	Requires information provision from the public and medical institutions to prevent occurrence and spread	Incidence trend survey, etc.	

(※ 1) The Infectious Diseases Control Law is a law concerning the prevention of infectious diseases and medical care for infectious disease patients.)

Tokyo Metropolitan Government Designated Medical Institutions for Infectious Diseases [April 2025]



There is currently a low possibility of a domestic outbreak of Category 1 infectious diseases.

In everyday life, these pathogens do not naturally exist in our surroundings.



However,

There is always a risk of importation from abroad, such as through returning travelers from endemic countries.

Furthermore, if an infection or outbreak occurs, the level of danger is extremely high!



Countermeasures

① Quarantine Measures (National) and Information Coordination are Crucial.

② Routine Preparedness through Category I Infectious Disease Response Training is Essential.



① Quarantine Measures (National) and Information Coordination System



Response to Returnees from Countries with Category 1 Infectious Disease Outbreaks (Health Monitoring)

Confirmation of Stay History in Affected Countries at Airports (Quarantine Stations)

【◆If deemed to have had direct virus exposure, the individual will be detained at the quarantine station (as per Article 16, Paragraph 1 of the Quarantine Act) and undergo health observation.】



(If not detained)

The quarantine station conducts health monitoring based on Article 18, Paragraph 2 of the Quarantine Act.



Information on the location (stay place) of the person under health monitoring is provided to the responsible public health center (which in turn shares information with the Tokyo Metropolitan Government).

Public health centers, as necessary, conduct health observations and request voluntary restrictions on outings.

【 Quarantine Act, Article 18 – Exception 】

2. In cases where individuals infected with pathogens (excluding quarantinable infectious diseases specified in Article 2, Paragraph 2) are not detained under the previous provision, the quarantine station chief may request them to present a travel document specified in Article 5, Paragraph 5 of the Immigration Control and Refugee Recognition Act (Cabinet Order No. 319 of 1951). Additionally, they may be required to report their residence, contact information, travel itinerary within Japan, and other details specified by the Ministry of Health, Labour and Welfare. Furthermore, during the designated period, they may be requested to report their physical condition and overall health status, and may be questioned as necessary.

Examples and Responses for Individuals Subject to Health Monitoring for Ebola Virus Disease

(Excerpt from the Notice of the Tuberculosis and Infectious Diseases Division, Health Service Bureau, Ministry of Health, Labour and Welfare)

	Overseas Exposure (Quarantine Response)	Domestic Exposure (Public Health Center Response)
Direct Exposure to the Virus (e.g., needle stick injury, mucous membrane exposure, exposure to wounds)	Quarantine-based follow-up observation	Health check (hospitalization) for health observation
Anyone who has come into contact with blood, saliva, feces, semen, tears, breast milk, etc. from a confirmed or deceased patient, or who has had direct hand contact with bats, non-human primates, etc. from an area where Ebola hemorrhagic fever has occurred.	21-day health monitoring	- 21-day health monitoring - If appropriate infection prevention measures*1 are not taken, a request to refrain from going out*2 will be issued
Persons who process specimens from confirmed or deceased patients (not including transporters of properly packaged specimens)	21-day health monitoring	- 21-day health monitoring - If handled with appropriate biosafety equipment and infection prevention measures, a request for voluntary restriction on outings
Those who have been involved in the examination, treatment, transport, etc., within approximately 1m of the corpses of confirmed and deceased patients	21-day health monitoring	- 21-day health monitoring - If appropriate infection prevention measures were not taken, a request for voluntary restriction on outings
Others involved with the bodies of confirmed or deceased patients*3	21-day health monitoring	- 21-day health monitoring

* 1 Necessary Infection Prevention Measures: : Use of double gloves, surgical mask or N95 mask, eye protection, infectious disease protective clothing, etc.

* 2 Request for Voluntary Restriction on Outings: Avoid unnecessary and non-urgent outings; do not use public transportation, avoid contact with large groups of unspecified people, refrain from commuting to work, attending school, or working in healthcare facilities.

* 3 Examples: Healthcare workers (WHO or CDC teams, local doctors/nurses working in outbreak areas, etc.), family members or cohabitants who traveled with a confirmed patient, passengers, flight attendants, and cleaning staff on an aircraft where a confirmed patient was present, embassy personnel and other officials traveling to affected countries.

Call for Health Monitoring of Individuals Subject to Ebola Virus Disease Surveillance in 2014

Reference: Ministry of Health, Labor and Welfare website during the 2014 West Africa outbreak

About Ebola Virus Disease

If you have traveled to an affected country and return to Japan, and develop a fever within approximately one month, suspect the possibility of infection.

Please refrain from visiting local medical institutions and first contact the public health center and follow their instructions.

⇒ You can search for the nearest public health center [here](#).

Message from Minister of Health, Labour and Welfare, Yasuhisa Shiozaki, on Ebola Virus Disease

Ebola virus disease has been spreading in West Africa, and individual cases have also been confirmed in Spain and the United States. While these cases are limited, secondary infections have also been reported. For our country, this has become an extremely important concern in terms of protecting the lives and health of our people.

The most critical response to Ebola virus disease is to prevent the virus from entering the country. To this end, we will take appropriate quarantine measures at entry points and strengthen infection control systems within medical institutions. However, despite these efforts, the risk of infection cannot be reduced to zero, and we must be fully prepared for a potential outbreak within Japan.

In implementing these measures, it is important that we work together as an all-Japan team, combining three pillars: strengthening government responses, appropriate responses by medical institutions, and public cooperation. As part of this, I have a request for all citizens.



First of all, it is highly unlikely that Ebola hemorrhagic fever will spread easily through droplets like influenza, and it is believed to be transmitted through direct contact with the patient's bodily fluids. For this reason, I would like to ask all citizens to remain calm and respond to the situation.

Another request is that if you travel to an endemic country and then return home and develop a fever within about a month, please be aware that you may have an emergency and refrain from visiting a local medical institution. First, contact your local public health center and follow their instructions. We will connect you to a medical institution designated for infectious diseases.

To prevent secondary infections in medical institutions, individuals subject to health monitoring must not visit medical institutions directly if they develop a fever. Instead, they should first contact a public health center or quarantine station.

Criteria for Suspected Cases of Ebola Virus Disease

A physician shall classify a patient as a suspected case of Ebola Virus Disease if the patient has **a fever of 38°C or higher** or other clinical symptoms ※¹ , and meets one or both of the following:

- A Within 21 days, the patient has had contact with body fluids (such as blood, bodily fluids, vomit, excreta, etc.) of a confirmed or suspected Ebola Virus Disease patient (regardless of whether infection prevention measures were in place or not).
- B Within 21 days, the patient has had direct contact with bats, non-human primates, or other wildlife from an Ebola-endemic area ※² .

※¹ Clinical symptoms include vomiting, diarrhea, loss of appetite, and General fatigue.

※² Guinea, Sierra Leone, Liberia, Uganda, Sudan, Gabon, Côte d'Ivoire, Democratic Republic of the Congo, and Republic of the Congo.

Response to Suspected Cases of Ebola Virus Disease

- If a person under health monitoring reports fever or other symptoms, or if a symptomatic individual consults via phone and Ebola Virus Disease infection is suspected, **they will be instructed to remain at home or another location until public health personnel arrive to prevent secondary transmission.**
- Public health centers (staff with medical qualifications) will report the case as a suspected EVD case.
- The municipal government will transfer the patient to a designated infectious disease medical institution or a Category 1 designated infectious disease medical institution (※1).
Legal basis: Infectious Diseases Control Law, Article 21.
- Specimen collection will be conducted after transfer to the designated medical institution.
- Testing will be conducted at the National Institute of Infectious Diseases (NIID), Murayama Branch (※2).

— A request from the Ministry of Health, Labour and Welfare to the National Police Agency—

Upon request from quarantine stations or public health centers:

- (※1) For patient transfer, police vehicles may escort the ambulance using emergency driving support.
- (※2) For specimen transport, police vehicles may escort the transport using emergency driving support.
(The quarantine officer or public health center official will **accompany the transport** to the NIID Murayama Branch.)



Tokyo Metropolitan System for Transporting Suspected Infectious Disease Patients

Transport by Dedicated Infectious Disease Transport Vehicles

- In 2003, an agreement was established between the Tokyo Fire Department and the Tokyo Metropolitan Government regarding patient transport.
- If transport is deemed necessary, the Tokyo Metropolitan Government will request transport from the Tokyo Fire Department and coordinate communication.
- Category 1 infectious diseases are transported using dedicated infectious disease transport vehicles.
- Only patients who have been reported as suspected cases are eligible for transport.
- The Tokyo Fire Department has designated five locations (four in special wards, one in a city) where these vehicles are stationed, and the available emergency team will be dispatched accordingly.



Vehicle for transporting infectious disease patients

【 Personnel on Board the Transport Vehicle (From Patient's Residence to Medical Facility)】

Affiliation	Number of Personnel
Tokyo Fire Department	3 personnel (including 1 driver)
Public Health Center	2 personnel (one must be a physician)

※ Personnel on board must wear protective gear

Infection Prevention During Transport

Isolation Chamber (Isolator)

- An isolator is used during patient transport. The isolator is designed to prevent air and liquids from leaking outside, ensuring that individuals involved in the transport and the vehicle interior are not contaminated with viruses. (Air is filtered to remove viruses and then expelled outside.)
- Tokyo has transitioned from using hard-type isolators to soft-type isolators. (Soft-type isolators can be disposed of as infectious waste, except for the motor component.)



Response When a Category 1 Infectious Disease Patient Passes Away (Cremation of the Deceased, etc.)

Background

Notice from the Director of the Tuberculosis and Infectious Diseases Division and the Director of the Public Health Division, Ministry of Health, Labor and Welfare (excerpt)

2014: Outbreak of Ebola virus disease in West Africa.

2016: The Japanese government issued guidelines regarding the cremation of deceased patients who died from category 1 infectious diseases in Japan.

« Key Points from National Guidelines »

- According to the Infectious Diseases Control Law, the bodies of deceased patients who died from category 1 infectious diseases **must be cremated**.
- The body must be cremated within 24 hours.
- It is desirable for health center officials who handled the patient to be present at the cremation.
- **Prefectural governments** should **prearrange businesses responsible for transporting remains from designated medical institutions** in cooperation with local municipalities

⇒ **As part of preparedness for category 1 infectious diseases, a system must be established to safely transport and cremate remains.**

Status of Discussions

● Agreement on Transportation of Remains

In 2018, the Tokyo Metropolitan Government and the All Japan Hearse Association signed an agreement regarding the transport of remains of deceased category 1 infectious disease patients.

● Securing Cremation Facilities

Currently, no crematoriums have completed agreements or restrictions for such cases.
(Discussions are underway to designate crematoriums in Tokyo from **2026** onward.)



② Preparations Through Routine Training for Category 1 Infectious Disease Response



Tokyo Metropolitan Government's Measures Against Category 1

	Tokyo Metropolitan Plans	Occurrence of Category 1 Infectious Diseases	Development of national laws, etc.
1998	• Tokyo Metropolitan Infectious Disease Prevention Plan		Enactment of the Act on the Prevention of Infectious Diseases and Medical Care for Patients with Infectious Diseases (Infectious Disease Control Law)
2009	• Creation of the Tokyo Metropolitan Infectious Disease Manual		
2013		2020 Tokyo Olympic & Paralympic bid confirmed	
2014	• Tokyo Metropolitan Ebola Hemorrhagic Fever Countermeasure Liaison Council convened • Creation of the Tokyo Metropolitan Ebola Hemorrhagic Fever Response Manual • Training on patient occurrence information coordination and patient transport/admission (Tokyo's Category 1 Infectious Disease Designated Medical Institutions)	●Ebola Hemorrhagic Fever outbreak (West Africa) ※Declared PHEIC by WHO	
2015	• Patient transport/admission training		Establishment of National Guidelines on the Cremation of Deceased Patients of Category 1 Infectious Diseases (Ministry of Health, Labour and Welfare)
2017	•Revision of the Tokyo Metropolitan Infectious Disease Prevention Plan •Training on corpse transport for Category 1 infectious disease deceased patients		Revision of Administrative Response Manual for Viral Hemorrhagic Fevers (Second Edition, Ministry of Health, Labour and Welfare)
2018	• Revision of the Tokyo Metropolitan Infectious Disease Manual 2018		
2019		●Ebola Hemorrhagic Fever outbreak (Democratic Republic of the Congo) ※Declared PHEIC by WHO	
2020 ~ 2022	Training implementation paused due to COVID-19 pandemic	●Global outbreak of COVID-19 (2020 Tokyo Olympics & Paralympics postponed) •Held in 2021 without spectators	
2023	• Training on corpse transport for Category 1 infectious disease deceased patients		
2024	•Revision of the Tokyo Metropolitan Infectious Disease Prevention Plan •Integration of various Category 1 infectious disease patient transport training programs		Enactment of a law amending the Infectious Diseases Act, etc.

Implementation of Category 1 Infectious Disease Patient Response Training ①

【 Training Implementation Dates 】

- Information Coordination Training (Tabletop Exercise) : October 21, 2024
- Field Exercise Training: October 24, 2024

【 Field Training Location 】

Local Independent Administrative Institution Tokyo Metropolitan Hospital Organization
Tokyo Metropolitan Komagome Hospital

【 Participating Organizations 】

Tokyo Metropolitan Government *(*The Metropolitan Police Department will participate as an observer.*) Tokyo Metropolitan Komagome Hospital, Bunkyo Public Health Center, Tokyo Fire Department, Tokyo Metropolitan Funeral Transport Vehicle Association

Conditions Set for the Training Implementation Scenario

◆ **Male, 50 years old (Doctor), Resides in a detached house in a special ward with his wife and one son (3 people total)**

○ **Worked as an international NGO staff member in Uganda, Africa**

○ **Stayed in Uganda from June 1, 2024, to October 20, 2024 (returned on the night of October 21, 2024)**

※ **In July 2024, the WHO declared a Public Health Emergency of International Concern (PHEIC) in response to the Ebola virus disease outbreak in several central African countries, including Uganda.**

→ *The Tokyo Metropolitan Government planned to hold the "Tokyo Metropolitan Infectious Disease Countermeasure Liaison Meeting" based on WHO's declaration (also assuming cooperation with relevant agencies such as the police due to security concerns).*

○ **Upon returning to Japan, there were no abnormalities in his physical condition, and he underwent temperature checks at the quarantine station before returning home. (His health information was shared with the Bunkyo Ward Public Health Center and the Tokyo Metropolitan Government as he was a person under health monitoring.)**

Implementation of Category 1 Infectious Disease Patient Response Training②

《 Training Flow 》

Infectious Disease Occurrence

【 Tabletop Exercise 】

- Information sharing with relevant organizations based on information provided by the quarantine station.
- Information sharing among related organizations based on notification of patient cases from public health centers.

Patient Transport

【 Field Exercise 】

- Request to the Tokyo Fire Department for dispatch of a “vehicle dedicated to transporting infectious disease patients”
- The people involved gathered at the warehouse for storing transport items.
→ Checking necessary items and preparing for deployment by wearing PPE.
- Dispatched to the homes of returnees (omitted)
→ *After the transport vehicle arrives at the medical facility, the patient enters the isolator and waits.*
- The transport vehicle arrives at the medical institution and the patient is handed over
→ Disinfect transported items and check whether PPE is put on or taken off
- Medical institution accepts patient, begins intubation, etc.
- Collects specimen from patient, hands specimen over to public health center staff (in charge of specimen transport) (Details of specimen transport, etc. omitted)

Patient Death

【 Field Exercise 】

- Patient's condition worsens (hospital shares information with health center, etc.)
- Information Sharing from Public Health Center to Tokyo Metropolitan Government
- The health center contacts the body transport company (secures a vehicle and prepares to depart)
- Contact with the patient's family and explanation of condition (contact only, visitation omitted)
- Patient death (notification to health center and bereaved family)
- The health center requests a body transport company to transport the body.
- The body transport company arrives at the hospital, processes the body, and places it in a coffin (training to the crematorium is omitted)

Feedback Session

- After the training, participating organizations reviewed and exchanged opinions.

Training Images



Vehicles for transporting infectious disease patients



Checking supplies with the Tokyo Fire Department at the storage warehouse



Patient Arrival at Komagome Hospital



Patient Reception at Komagome Hospital



Body Containment in Coffin After Patient Death



Exchange of opinions



Thank You for Your Attention.

