

	Monitored categories *① is the 7-day total, ②③ are 7-day moving averages *⑤ is the percentage of top 3 variants	This Week (released September 14, 2023)	Last Week (released September 7, 2023)	
Infection trends	① No. of patients reported per sentinel 【No. of patients reported by fixed point medical facilities ÷ no. of fixed point medical facilities】	16.36 people/fixed point (Week 36 (9/4 – 9/10))	17.01 people/fixed point (Week 35 (8/28 – 9/3))	
	② Cases of fever reported to #7119(*1) 【7-day moving average】	138.6 cases (9/13)	156.4 cases (9/6)	
Burden on health system	③ Cases in which emergency medicine Tokyo Rule applied(*2) 【7-day moving average】	150.4 cases (9/13)	174.7 cases (9/6)	
	④ No. of patients admitted to hospital 【Total number of patients admitted】	2,353 people (9/11)	2,782 people (9/4)	
Variant monitoring	⑤ Pathogen surveillance (genome analysis) 【Findings of latest genome analysis from Tokyo samples】	EG.5 (XBB.1.9.2 subvariant)	39.8% (8/21-8/27)	36.0% (8/14-8/20)
		XBB.1.16	19.4% (8/21-8/27)	21.0% (8/14-8/20)
		XBB.1.5	10.2% (8/21-8/27)	8.0% (8/14-8/20)
Note: Vaccination rates of residents according to VRS data Vaccination started spring 2023 (May 8, 2023); elderly (aged 65+)		55.9% (9/10)		

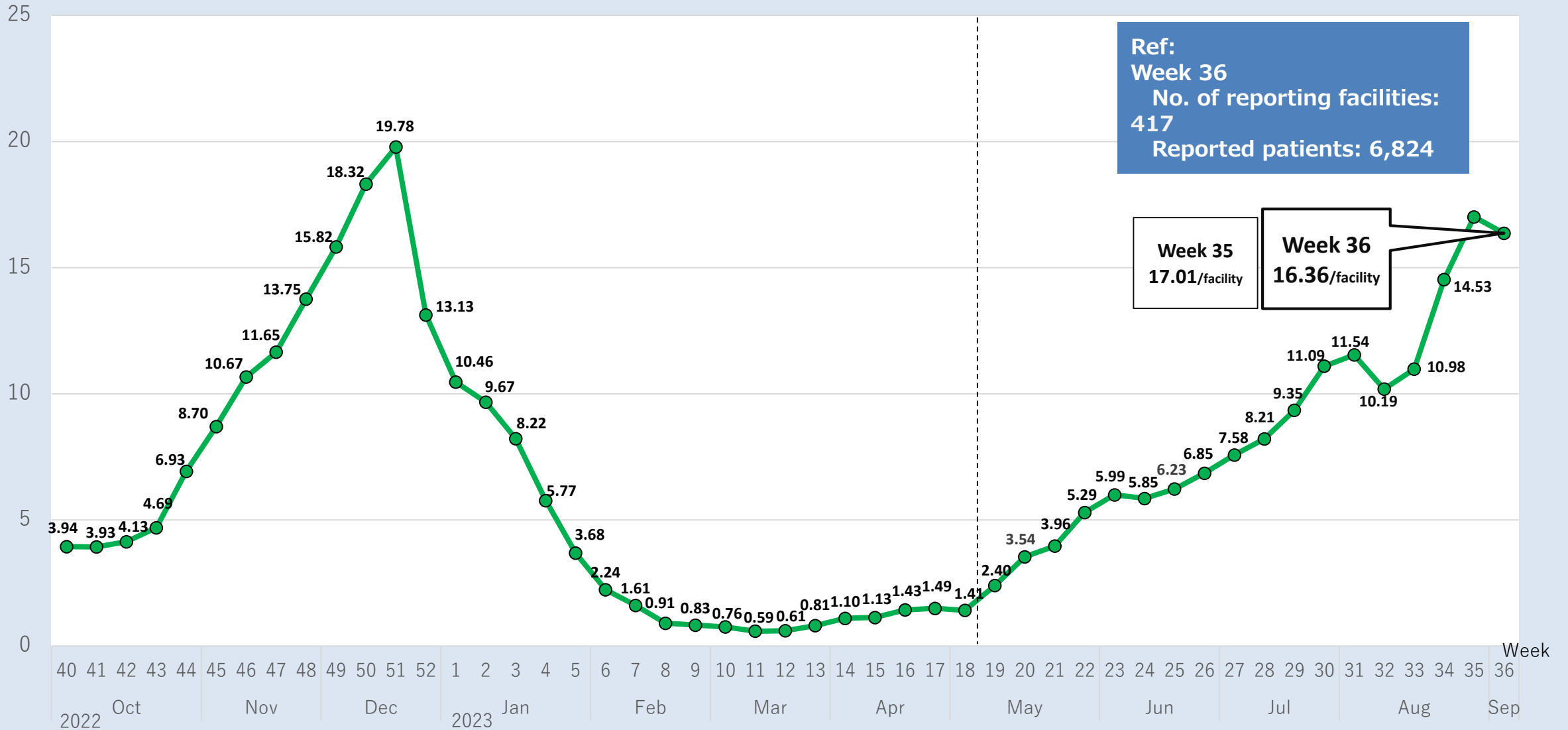
### Expert analysis

- The number of patients reported per sentinel was unchanged. Attention is needed as to transmission to the elderly and other populations at risk of more severe symptoms.
- Applications of the Tokyo Rule remained at a high level. Cases of acute patients waiting a long time to be admitted to hospital have arisen, with pressure on some emergency healthcare services.
- The number of hospitalized patients remained at a high level.
- In particular, it is necessary to pay attention to ventilation, and to take basic infection prevention measures such as wearing masks and washing hands according to the situation. People need to be reminded to refrain from going out if they are feeling unwell.
- For the vaccinations starting this autumn, everyone over the age of 6 months is eligible. Early vaccination is especially recommended for seniors and those with pre-existing conditions, who are particularly at risk of severe symptoms.

\*1. Tokyo Fire Department Emergency Telephone Consultation Center, the contact point to assist sick or injured residents who are not sure if they should call an ambulance or which hospital to attend.  
 \*2. The number of emergency hospital transportations rejected by more than 5 hospitals or requiring more than 20 min before finding an appropriate medical facility  
 \*3 Vaccinations that started in the spring are due to end September 19. Autumn vaccinations are to start on September 20.

# ①-1 No. of patients reported per sentinel

People/Sentinel



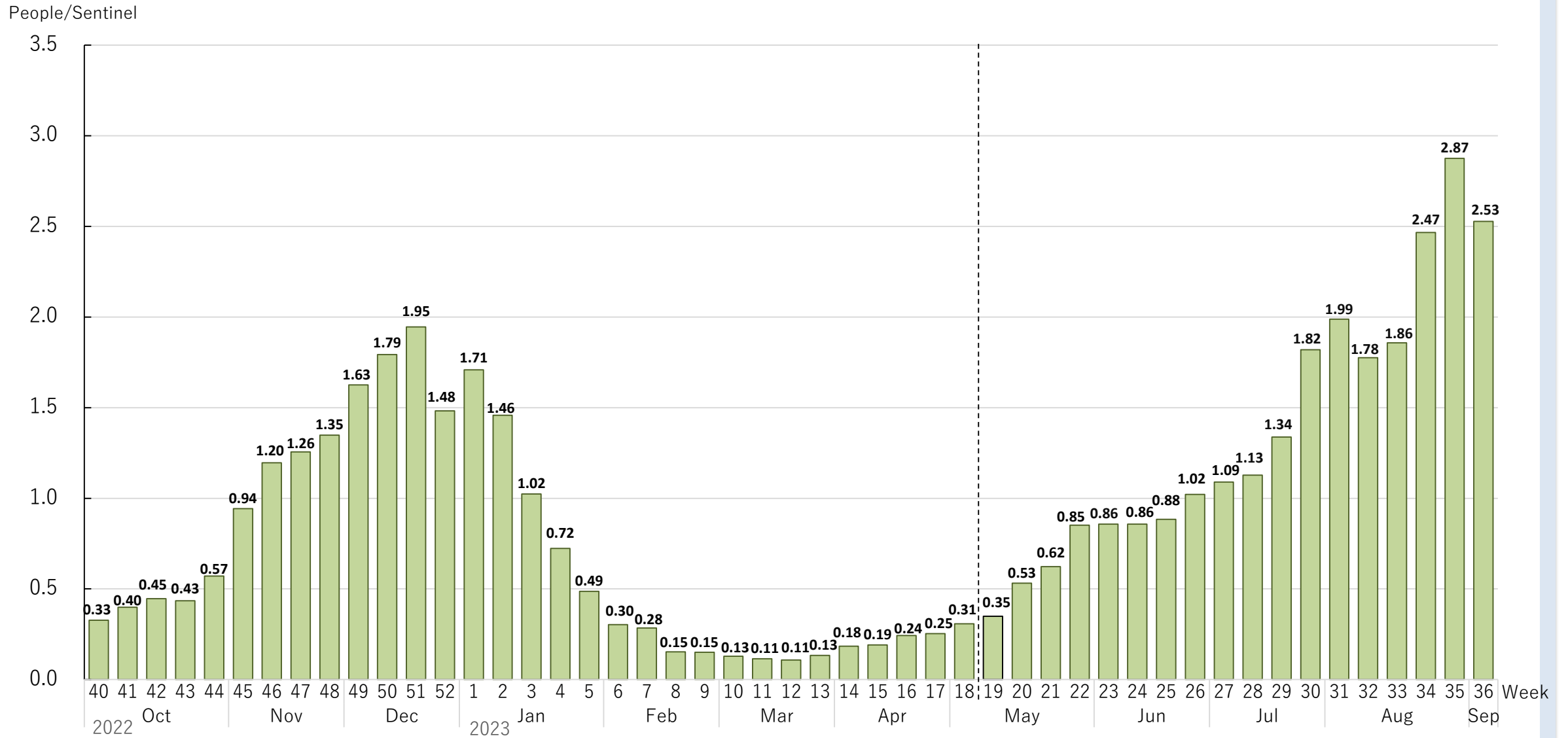
Ref:  
 Week 36  
 No. of reporting facilities:  
 417  
 Reported patients: 6,824

Week 35  
 17.01/facility

Week 36  
 16.36/facility

Note: Revisions may be made retroactively based on reports from medical facilities.

## ①-2 Number of patients reported per sentinel aged 60 years and older



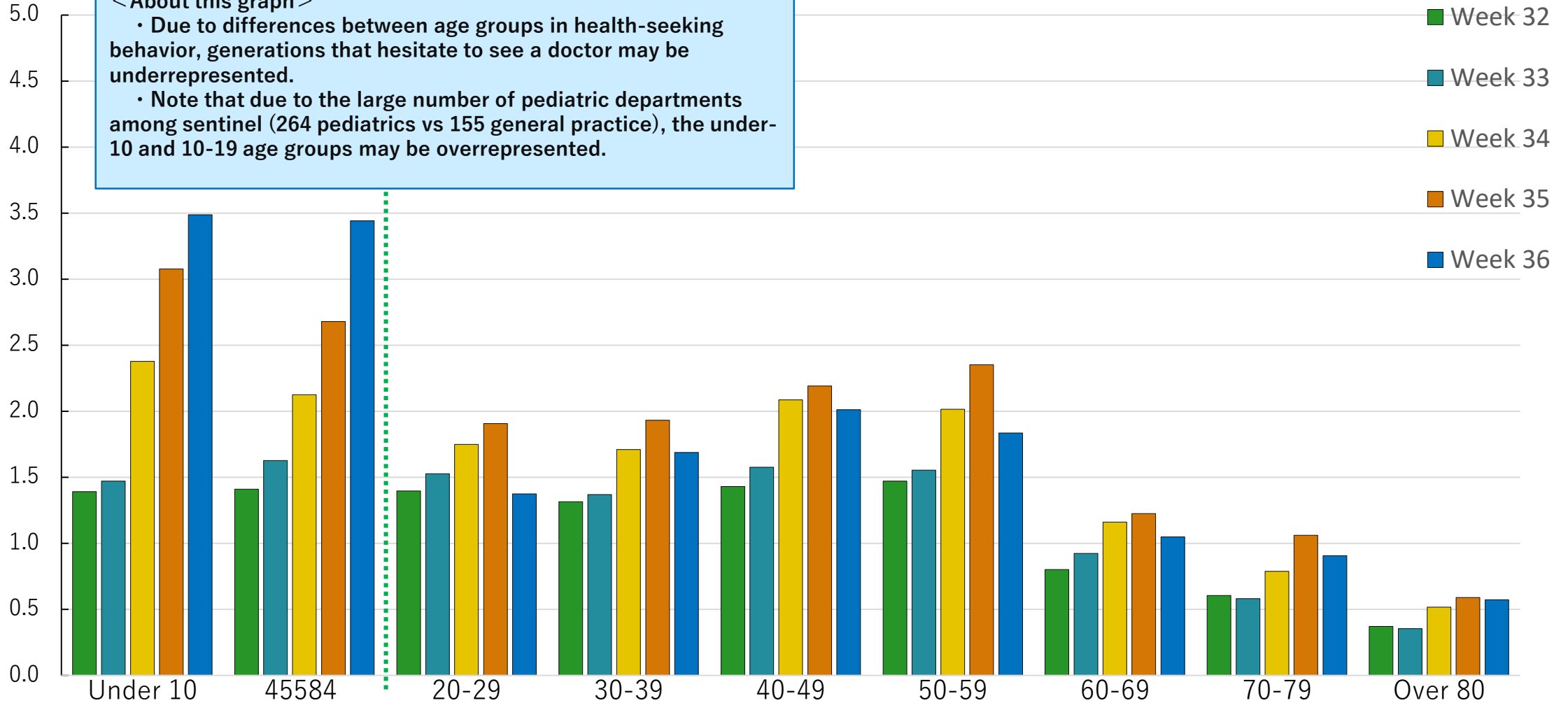
Note: Revisions may be made retroactively based on reports from medical facilities.

### ①-3 No. of reported patients in Tokyo per sentinel by age group

People/Sentinel

< About this graph >

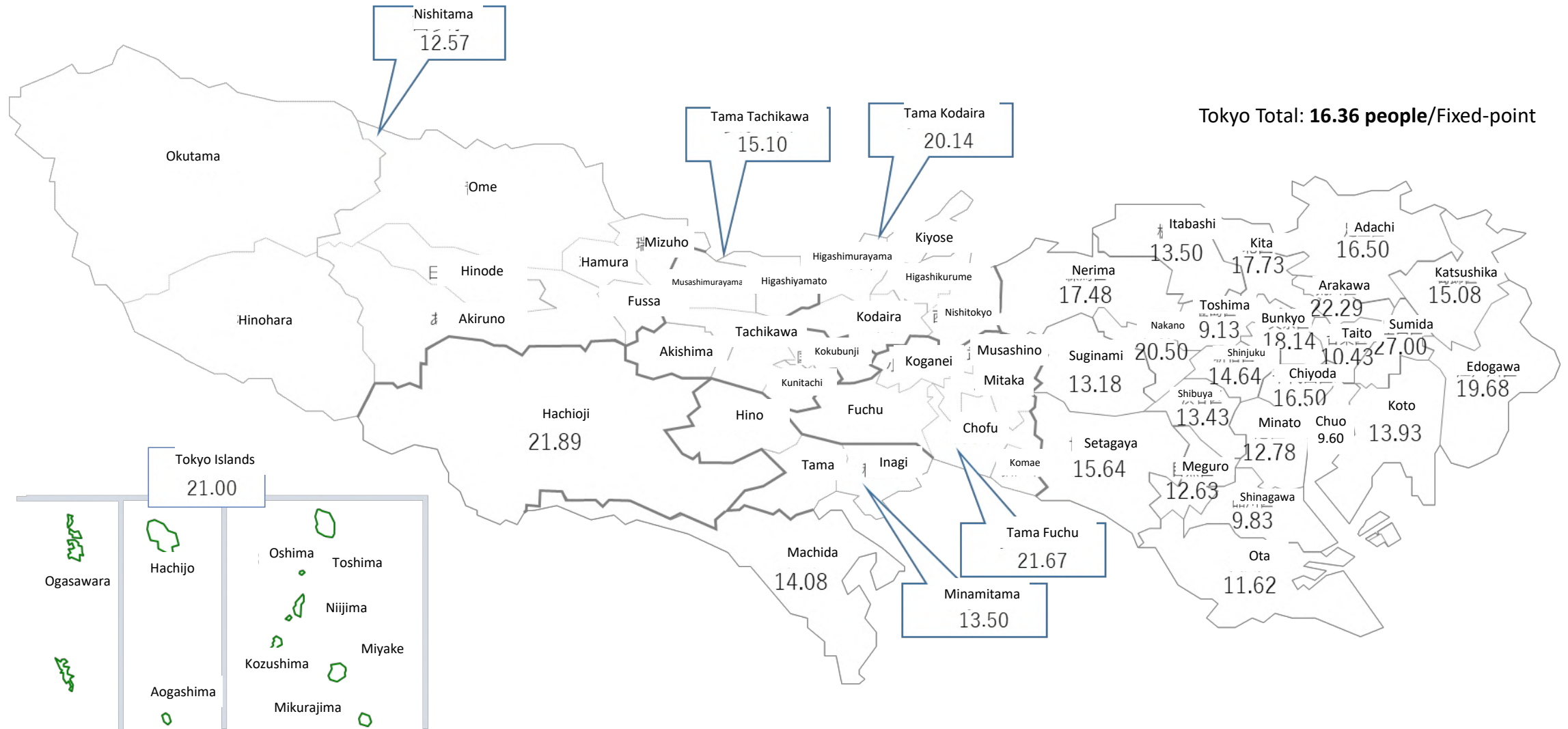
- Due to differences between age groups in health-seeking behavior, generations that hesitate to see a doctor may be underrepresented.
- Note that due to the large number of pediatric departments among sentinel (264 pediatrics vs 155 general practice), the under-10 and 10-19 age groups may be overrepresented.



Note 1. Revisions may be made retroactively based on reports from medical facilities.

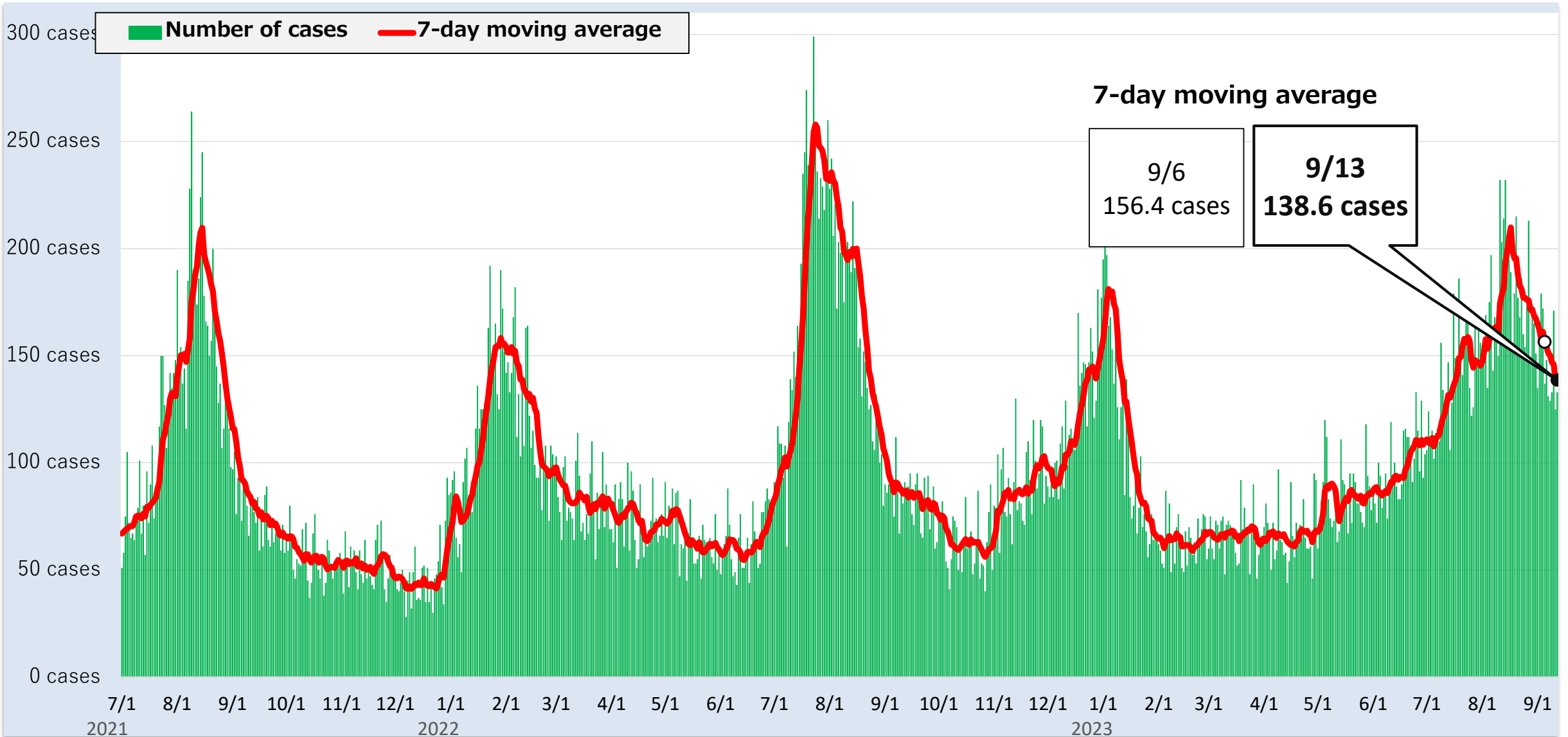
Note 2. Figures reported per sentinel by age group do not necessarily add up to the overall total as the third place after the decimal point is rounded up or down

# ①-4 No. of patients reported per sentinel (by public health center district Week 36 (9/4 – 9/10))



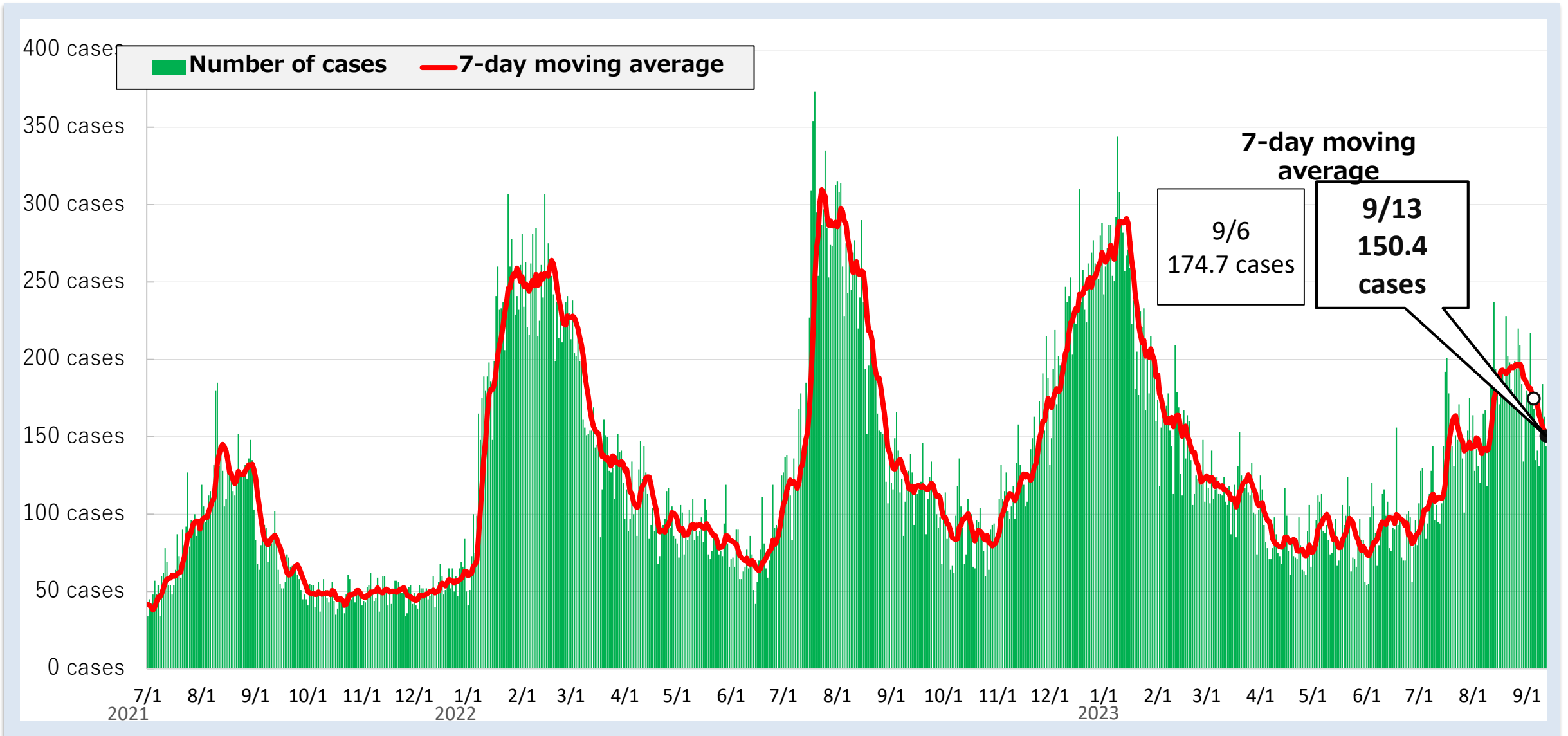
Note: Number of patients reported from sentinel under each public health center / number of sentinel reported by each public health center

## ② Number of calls to #7119 related to fever, etc.



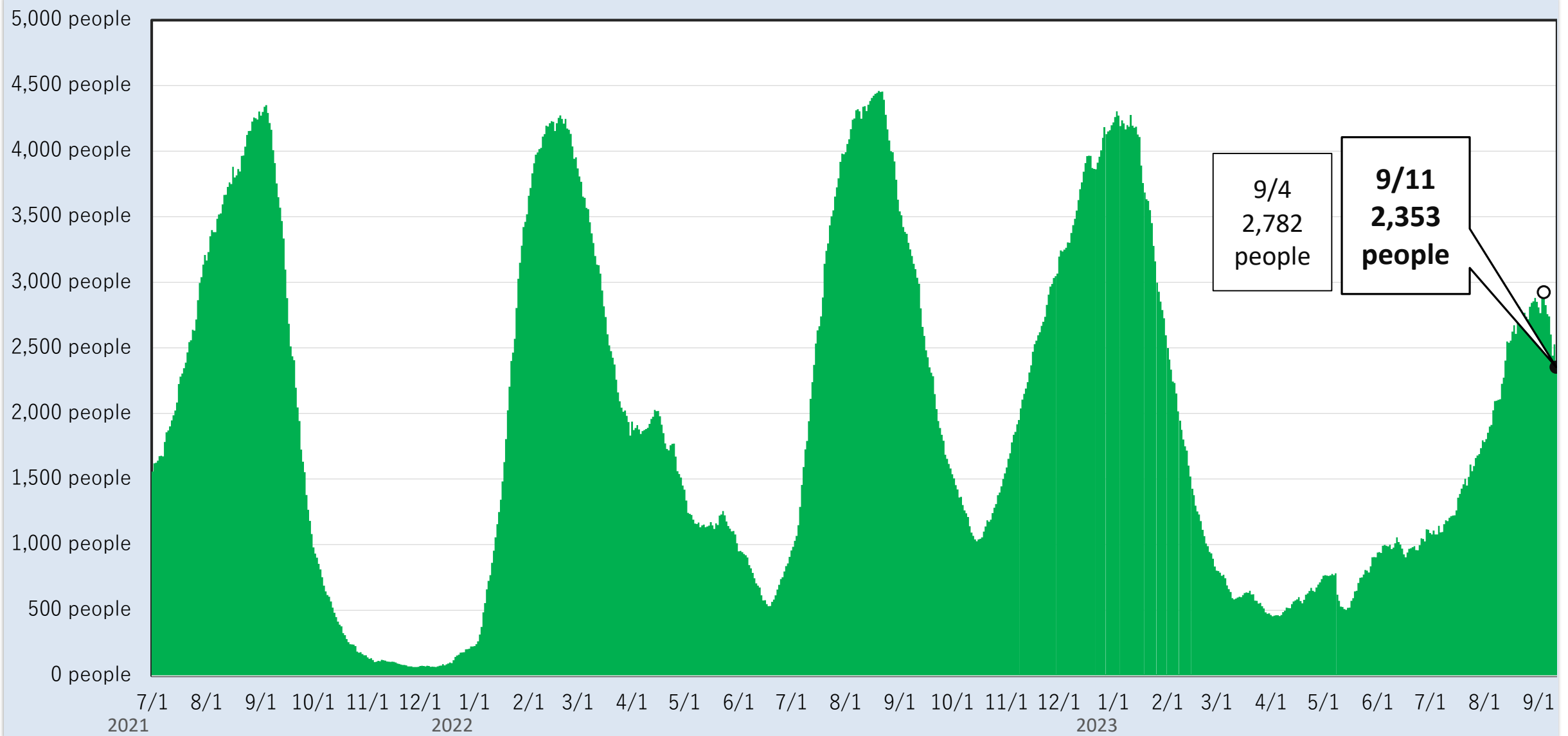
Note: Daily results fluctuate due to variations in the number of cases depending on the day of the week and other factors. In order to smooth out these variations and see overall trends, the number of calls to #7119 was calculated as the 7 day moving average.

### ③ Number of cases under the “Tokyo Rule for Emergency Medical Care”



Note: Daily results fluctuate due to variations in the number of cases depending on the day of the week and other factors. In order to smooth out these variations and see overall trends, the number of cases was calculated as the 7-day moving average.

## ④ Hospitalized patients

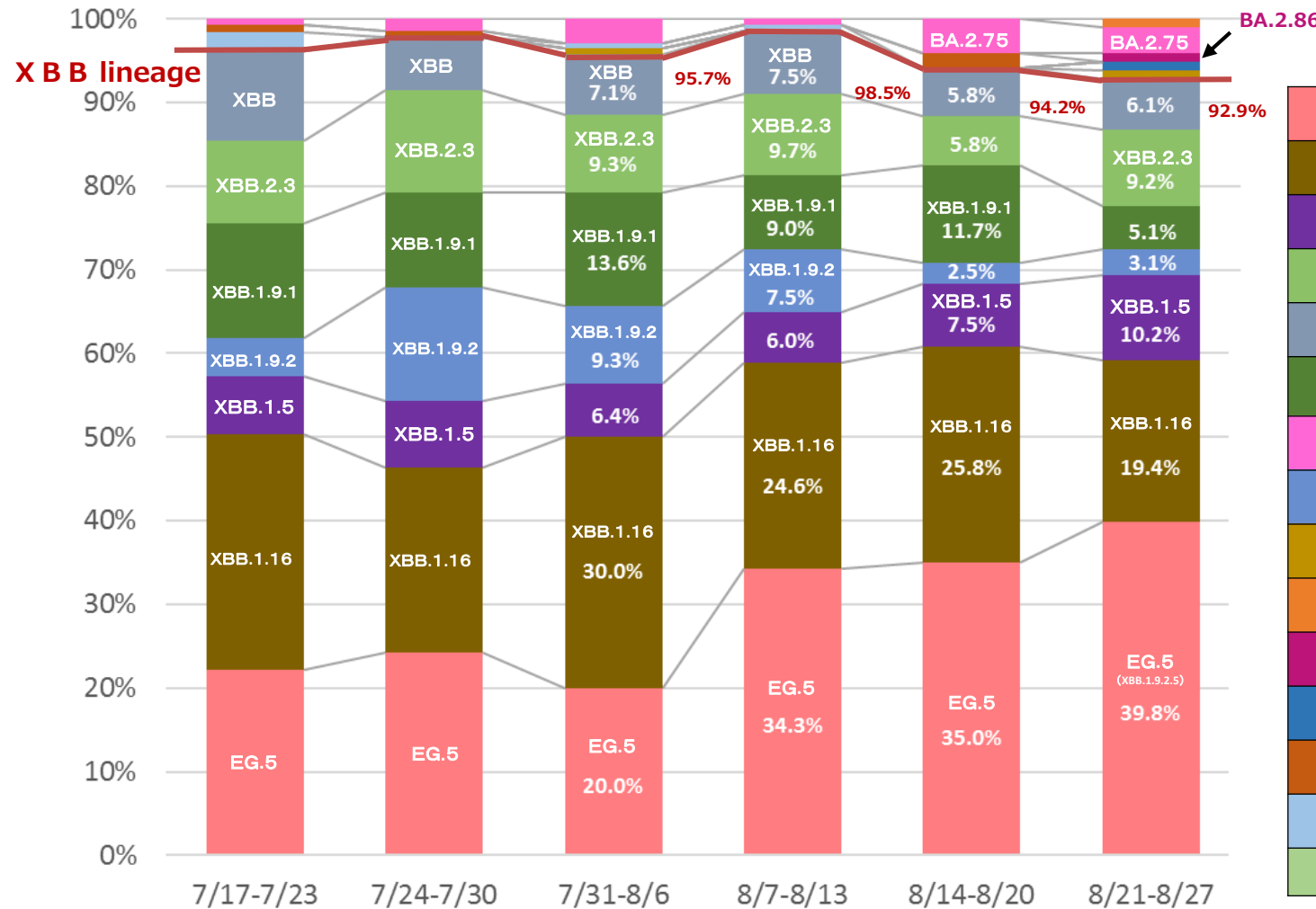


Note: Revisions may be made retroactively based on reports from medical facilities.



# ⑤ Pathogen surveillance (genome analysis)

(As of 12:00 September 14, 2023)



	8/14-8/20	8/21-8/27	Change	(Actual numbers)	
	8/14-8/20	8/21-8/27		8/14-8/20	8/21-8/27
EG.5 (XBB.1.9.2 subvariant)	35.0%	39.8%	↑	42	39
XBB.1.16	25.8%	19.4%	↓	31	19
XBB.1.5	7.5%	10.2%	↑	9	10
XBB.2.3	5.8%	9.2%	↑	7	9
XBB	5.8%	6.1%	→	7	6
XBB.1.9.1	11.7%	5.1%	↓	14	5
BA.2.75	4.2%	3.1%	↓	5	3
XBB.1.9.2	2.5%	3.1%	↗	3	3
Recombinant variants (excl. XBB)	0.0%	1.0%	↑	0	1
BA.2	0.0%	1.0%	↑	0	1
BA.2.86	0.0%	1.0%	↑	0	1
BQ.1.1	0.0%	1.0%	↑	0	1
BN.1	1.7%	0.0%	↓	2	0
BA.5	0.0%	0.0%	→	0	0
BQ.1	0.0%	0.0%	→	0	0

\*Results of genome analysis of specimens from Tokyo, reported in the past 6 weeks (preliminary).

\*Subject to updates based on additional reports

\*BA.2, BA.2.12.1, BA.2.75, and BN.1 are recorded separately. BA.4 and BA.4.6 are recorded separately. BA.5, BF.7, BQ.1, and BQ.1.1 are recorded separately. XBB.1.5, XBB.1.9.1, XBB.1.9.2, XBB.1.16 and XBB2.3 are recorded separately (the figures for XBB include XBB lineage other than those listed). (Per the Pango lineage nomenclature at the time of reporting)

\*Change of 1.0% pt or more   
 Change of 0.5% pt or more