### Monitoring analysis (released October 12, 2023)

	<b>Monitored catego</b> *① is the 7-day total, ②③ are 7-day moving ave of top 3 variants		<b>This Week</b> (released October 12, 2023)	Last Week (released October 5, 2023)	Expert analysis
Infection trends	① No. of patients reported sentinel [No.ofpatientsreported by fived point medical facilities ÷ no.offived point medical facilities]		3.62 people/fixed point (Week 40 (10/2-10/8))	7.08 people/fixed point (Week 39 (9/25-10/1))	<ul> <li>The number of patients reported per sentinel continues to trend down from the late August to early September peak.</li> <li>Numbers of reports of fever and</li> </ul>
	(2) Cases of fever reported to #7119(*1)	【7-day moving average】	99.7 cases (10/11)	110.9 cases (10/4)	applications of the Tokyo Rule continued to fall. ■The number of hospitalized patients fell and at this stage, there is no major
Burden on health system	(3) Cases in which emergency medicine Tokyo Rule applied(*2) [7-day moving average]		92.7 cases (10/11)	109.0 cases (10/4)	pressure on the healthcare system. ■Influenza continues to exceed the alert level, and it is necessary to inform people to refrain from going out when they are not feeling well, along with basic infection prevention measures such as ventilation, wearing masks according
	(4) No. of patients admitted to hospital [Total number of patients admitted]		918 people (10/9)	1,370 people (10/2)	
Variant monitoring		EG.5 (XBB.1.9.2 subvariant)	<b>44.0%</b> (9/18-9/24)	37.0% (9/11-9/17)	to the situation and handwashing. 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. Double vaccination with the influenza vaccine is even available at some clinics.
	(5) Pathogen surveillance (genome analysis) [Findings of latest genome analysis from Tokyo samples]	XBB.1.5	15.0% (9/18-9/24)	15.0% (9/11-9/17)	
		XBB1.16	<b>11.0%</b> (9/18-9/24)	13.0% (9/11-9/17)	
	of residents according to VRS data ion started spring 2023 (May 8, 2023); elde	erly (aged 65+)		<b>11.5%</b> (10/8)	

\*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

## **1-1** No. of patients reported per sentinel



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



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))



## 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)



\*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)

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