

*2016 Seoul Conference, Countermeasures to combat Infectious Diseases in Asia,
@Plaza Hotel, Seoul, June 8, 2016*

Infectious Disease Laws in Japan and Related Organizations in Tokyo

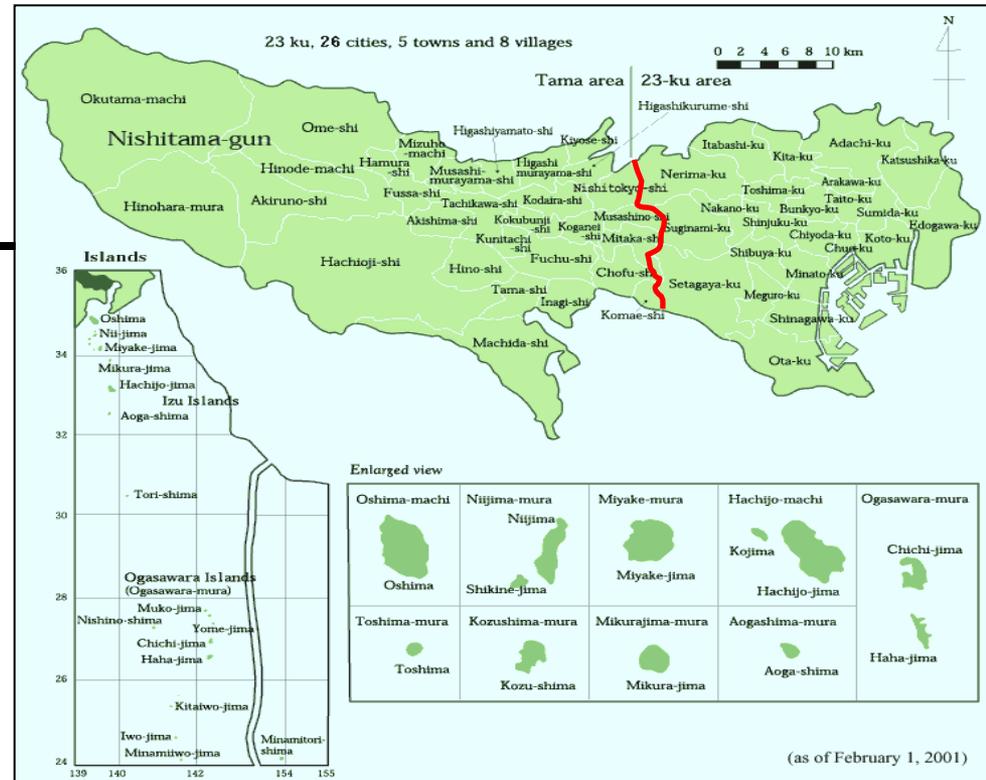
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Population

13,512,000 in 2016 (>10% of total population of Japan)

Administrative Districts

23 special wards (self-governing municipalities)

26 cities, 5 towns, and 8 villages

Public Health System in Japan

Ministry of Health Labor and Welfare

47 Prefectures

Tokyo Metropolitan Government

Bureau of Social Welfare
and Public Health

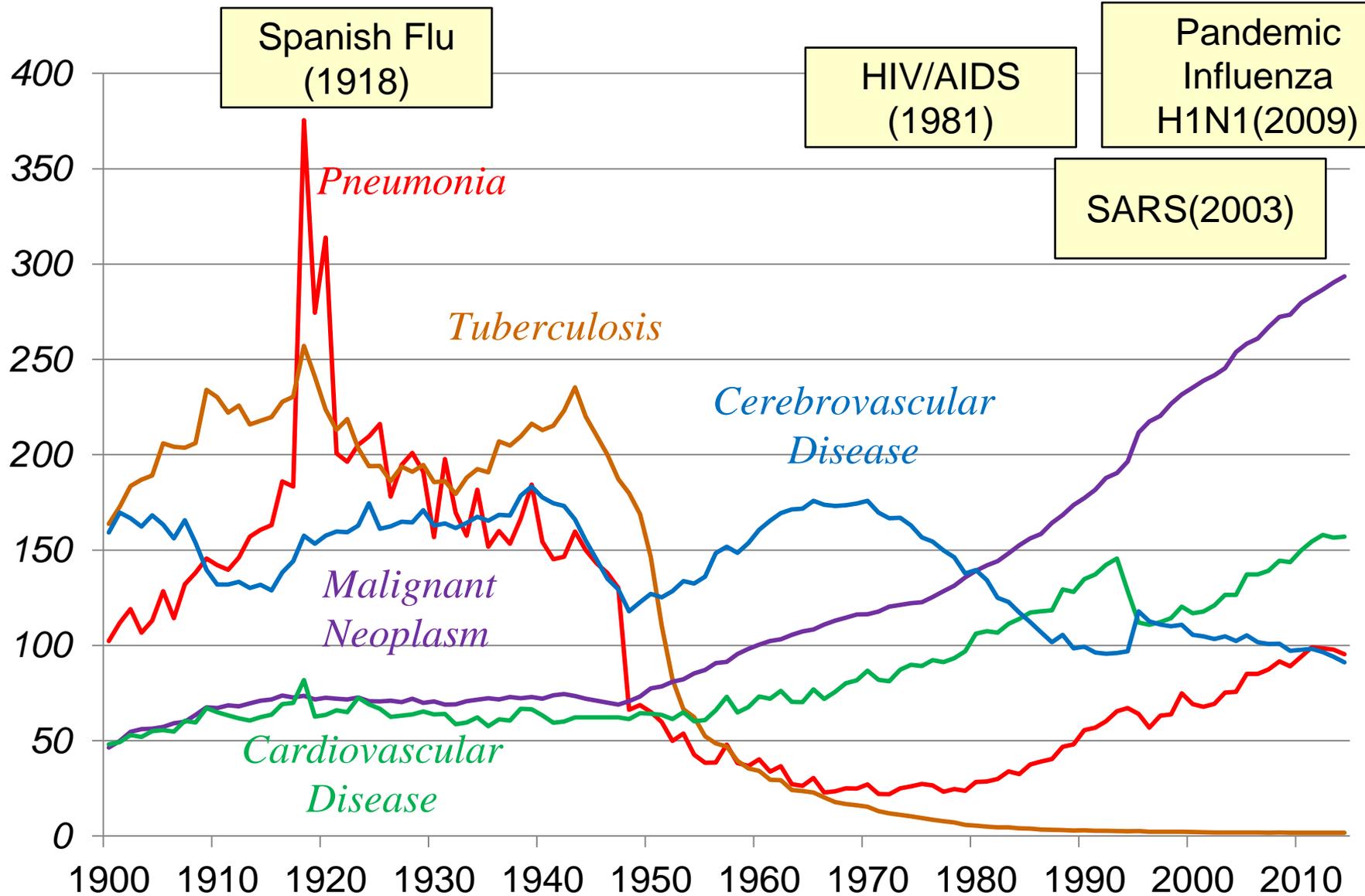
31 Public Health Centers

Tokyo Metropolitan
Institute of Public Health

122 Health Posts of
City, Town, Village, Special Wards



Trend of Major Cause of Mortality in Japan

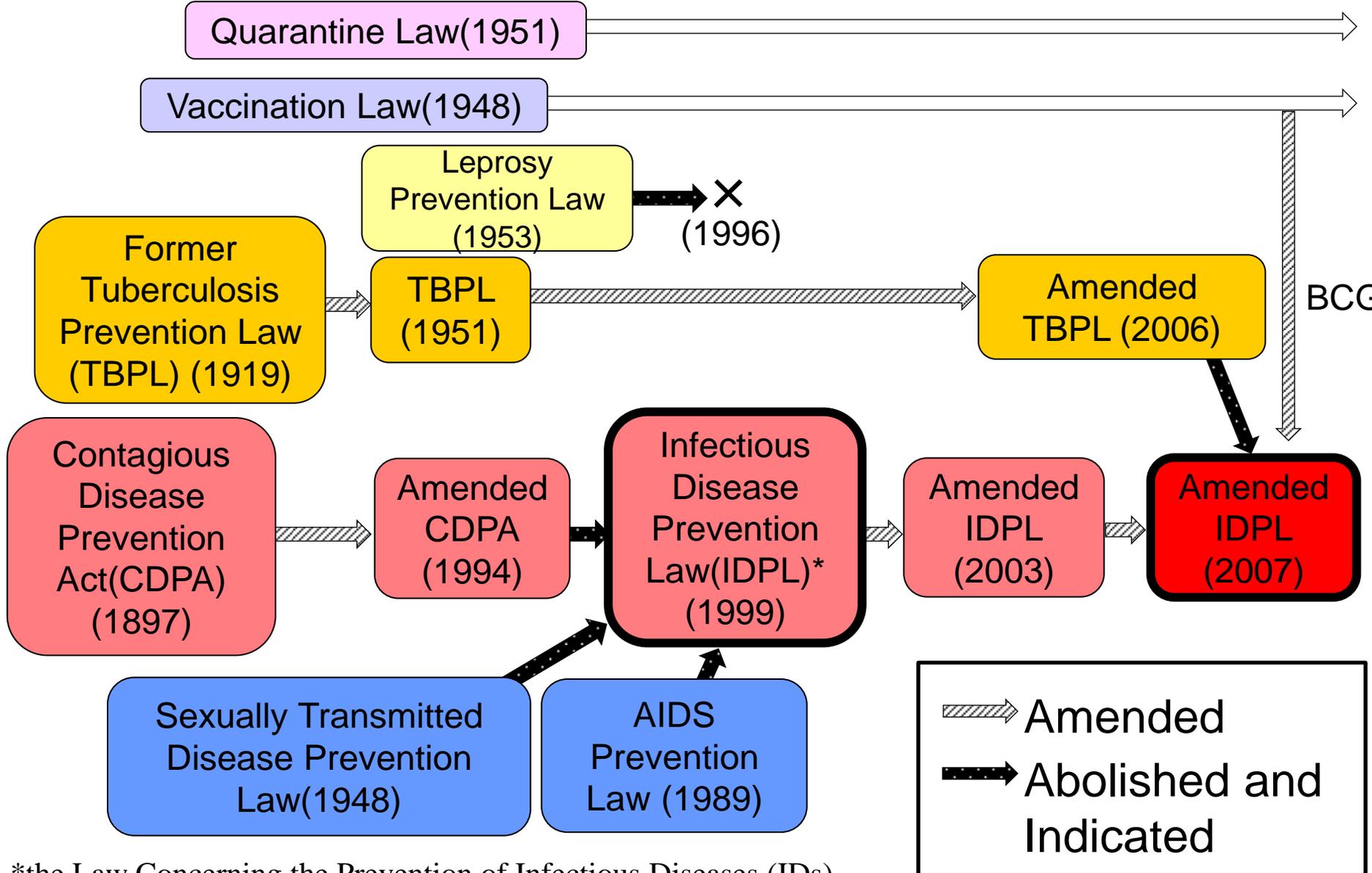


Background of Infectious Disease Prevention Law Enactment

1. Advances in medicine and health care, and the improvement of hygiene
2. Request for the transparency of public administration and respect for human rights
3. Activation of international exchange through development of mass transportation(e.g. aircraft)

→Infectious disease measures that corresponds to the changes of the times are required.

Infectious Disease(IDs) Related Laws in Japan



*the Law Concerning the Prevention of Infectious Diseases (IDs) and Medical Care for Patients of IDs

Preamble of IDs Prevention Law (extract)

In Japan, it is important to acknowledge **the fact that stigma and discrimination** against the patients of Hansen's disease or acquired immunodeficiency syndrome (AIDS) existed in the past and to make use of the lessons we learned from these experiences..

Standpoints of IDs Prevention Law

1. Respect for human rights of patients or infected persons

From patient isolation to necessary hospitalization recommendation(category I, II, designated IDs, new IDs)

2. Classification of IDs and response to each category

Based on infectiousness and severity(category I-IV)

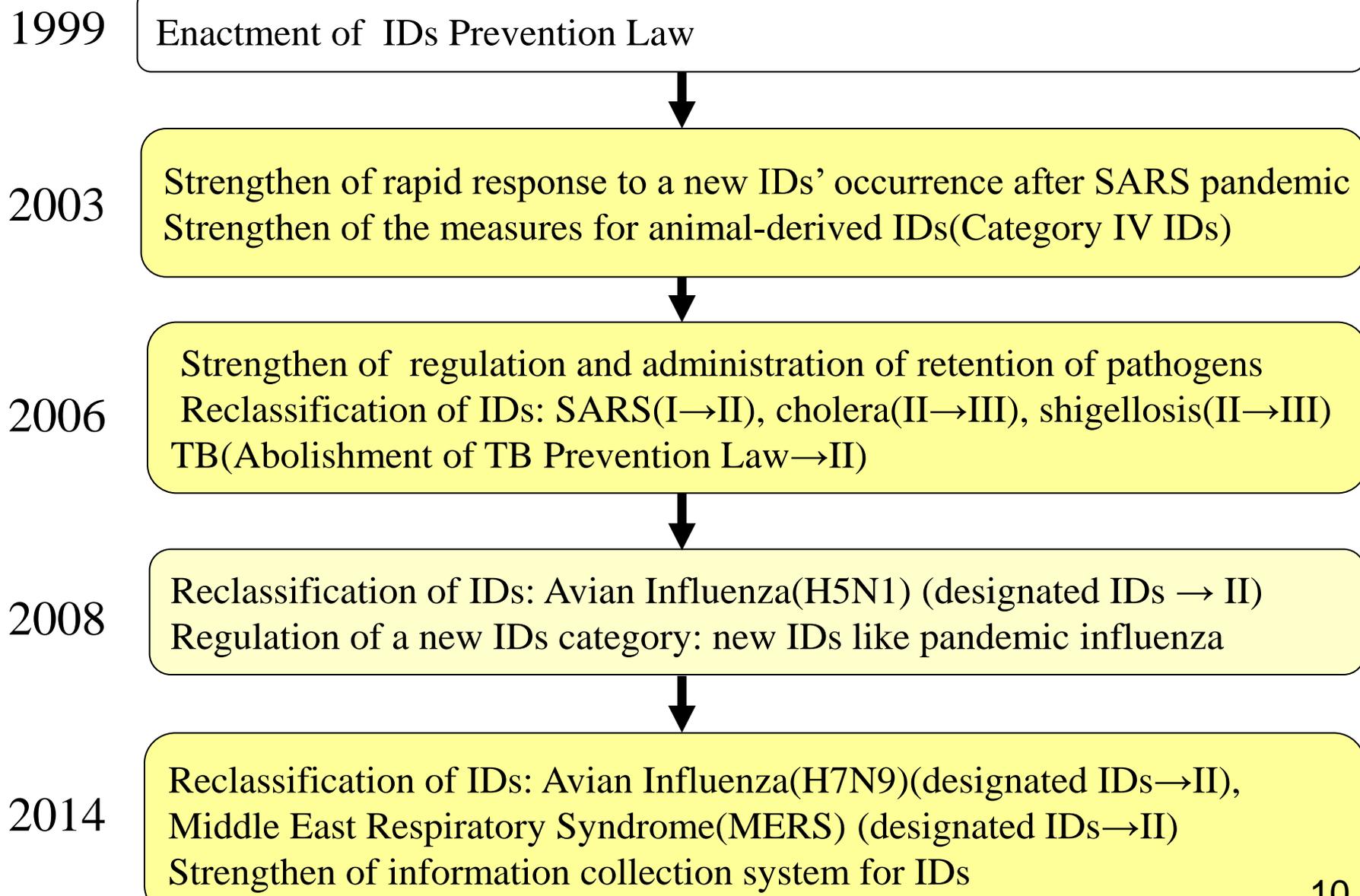
3. Development of proactive government system

Establishment of ID surveillance system, strengthen health crisis management system

4. Corresponding to the unknown IDs

Category if new IDs, and designated IDs

Process of Amendment of IDs Prevention Law



Structure of the Current IDs Prevention Law

Chapter	Article	Contents
		Preamble
1	1-8	General Provisions
2	9-11	Basic Guidelines
3	12-16.2	Collection and Publication of Information concerning IDs
4	16.3-26.2	Medical Examination, Restrictions on Employment and Hospitalization
5	26.3-36	Disinfection and Other Measures
6	37-44.1	Medical Care
7	44.2-44.5	Pandemic influenza etc.
8	44.6-53.1	New infectious diseases
9	53.2-15	Tuberculosis
10	54-56.2	Measures Concerning Import of Possible Vector Animals of IDs
11	56.3-56.38	Specific pathogens
12	57-63	Share of Cost
13	63.2-66	Miscellaneous Provisions
14	67-81	Punitive Provisions
		Supplementary Provisions

Classification of IDs and Measures

Cat.	# of dis.	Characters	Measures	Hospitals, cost
I	7	<ul style="list-style-type: none"> Human to human transmission The risk is evaluated based on the infectiousness and severity. Cat.1 Ultimate high Cat.2 High Cat.3 IDs that can cause the outbreak if its patient is a particular profession	<ul style="list-style-type: none"> Hospitalization Disinfection Traffic restriction, etc. 	<ul style="list-style-type: none"> Class 1 IDs designated medical institutions Partial public expense
II	7		<ul style="list-style-type: none"> Hospitalization Disinfection, etc. 	<ul style="list-style-type: none"> Class 2 IDs designated medical institutions Partial public expense
III	5		<ul style="list-style-type: none"> Employment restrictions of specific occupations Disinfection 	<ul style="list-style-type: none"> General medical institutions Patient fee
IV	44	Transmission through the animals, food and drink, etc.	<ul style="list-style-type: none"> Measures to vector animals Disinfection, etc. 	
V	22+ Sentinel 26, Tokyo original 3	Other diseases that affect the health of general people	<ul style="list-style-type: none"> Providing information to the public and stakeholders 	

Classification of IDs and Measures

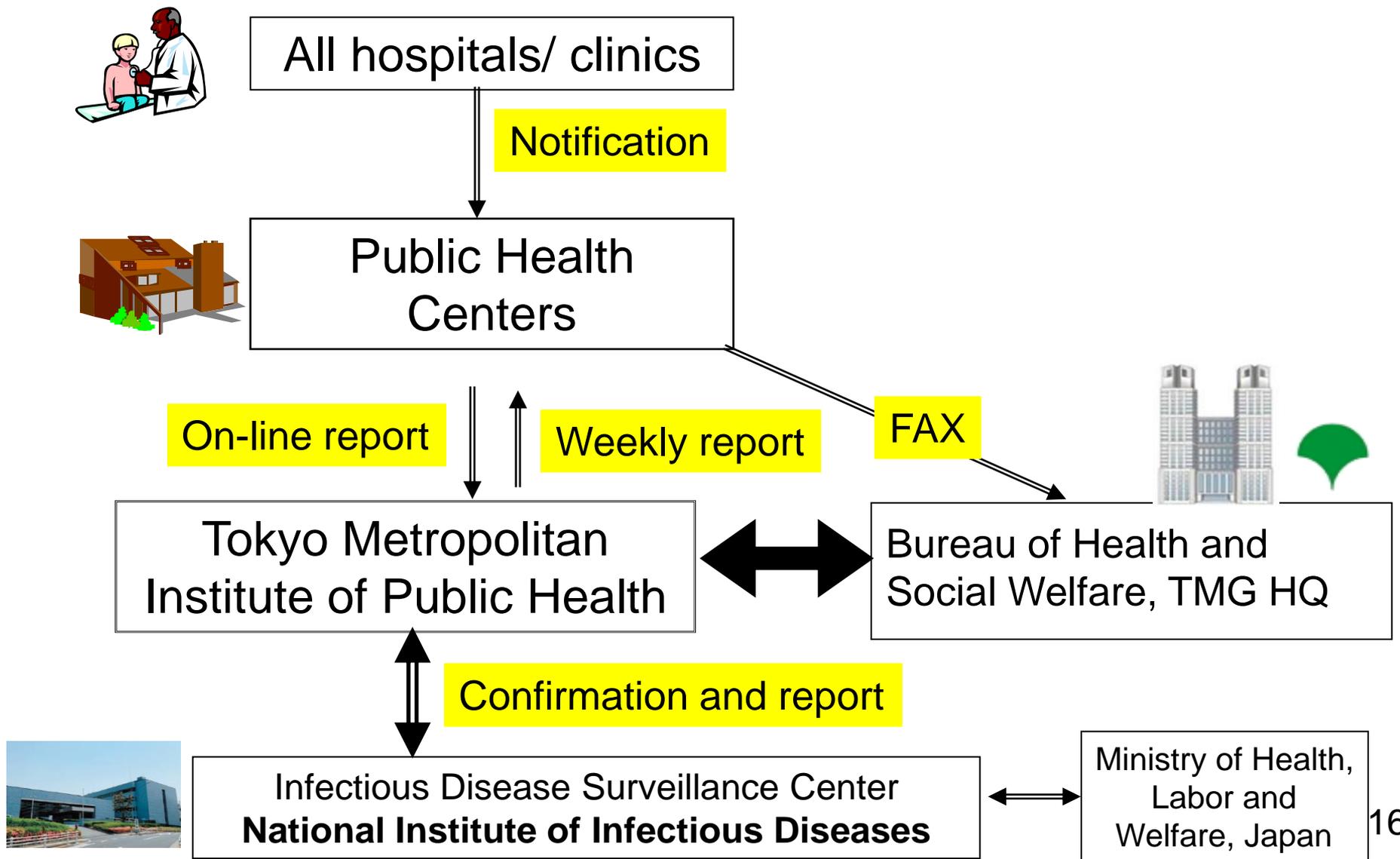
Cat.	Characters	Measures	Hospitals, cost
New Infectious Diseases	<ul style="list-style-type: none"> - Unknown IDs with human to human transmission - The risk is ultimate high 	<ul style="list-style-type: none"> - Initially, the Minister of Health, Labor and Welfare provides the guidance and advice to the prefectural governor. - After specifying the requirements, such as the definition of case symptoms, by a Cabinet Order, taking a measure as cat.1 	<ul style="list-style-type: none"> - Specific IDs designated medical institutions - Full public expense
Pandemic Influenza, etc.	<ul style="list-style-type: none"> - Influenza that has the ability of human-human transmission - Reemerging Influenza 	<ul style="list-style-type: none"> - Hospitalization - Disinfection - Cat.I measures can be taken by a Cabinet Order - Persons with possible infection are requested for regular health report, and self-restriction of outing 	<ul style="list-style-type: none"> - Specific, class 1, and class 2 - Partial public expense
Designated IDs	<ul style="list-style-type: none"> - Recognized IDs with risk as same as cat.I-III (by a Cabinet Order, effective in a year) 	<p>Same measures as category I-III</p>	



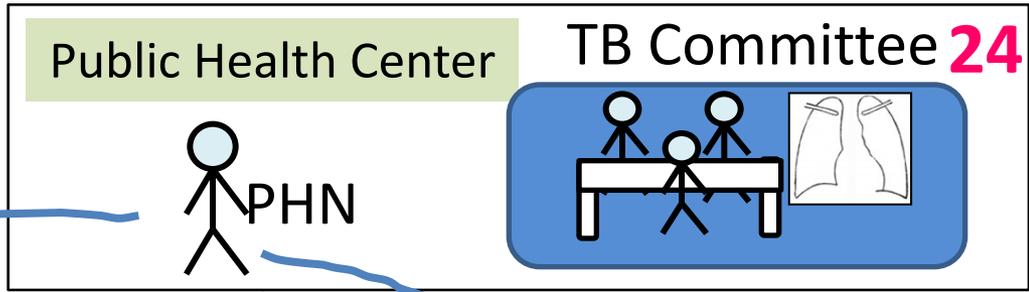
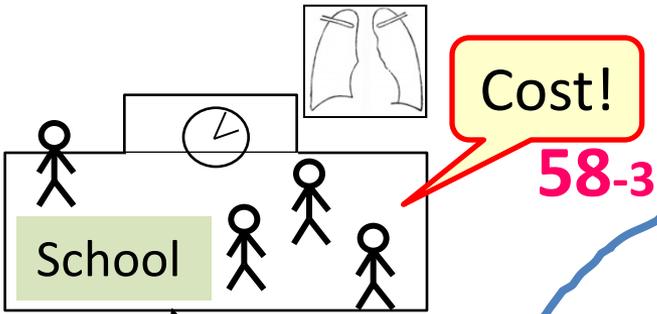
(Ebola hemorrhagic fever response training , Bokutoh Hospital, Tokyo, from Tokyo Hospital Newsletter, #41, Nov. 2014)

Notifiable Diseases Surveillance

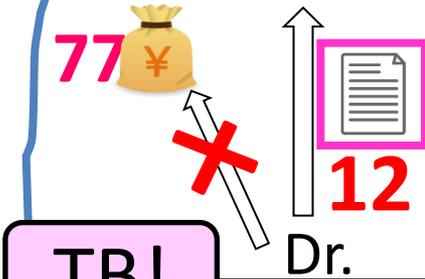
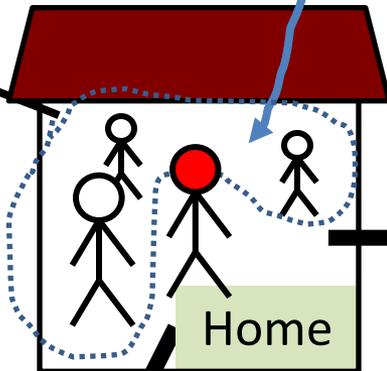
All category I-IV, and some Category V IDs



TB Check-up **53-2**



Epidemic Investigation **15**

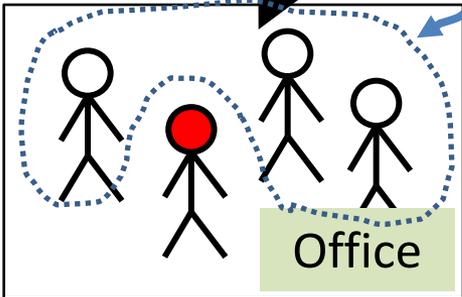


Hospitalization recommendation **19,20**

Visit **53-14**

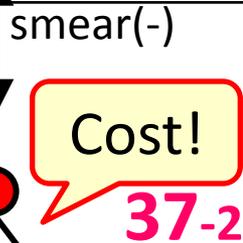


Restriction **18**



Contact tracing **17**

Adherence! **53-15**



smear(+)

(+)→(-)

smear(-)

Complaints! **24-2**

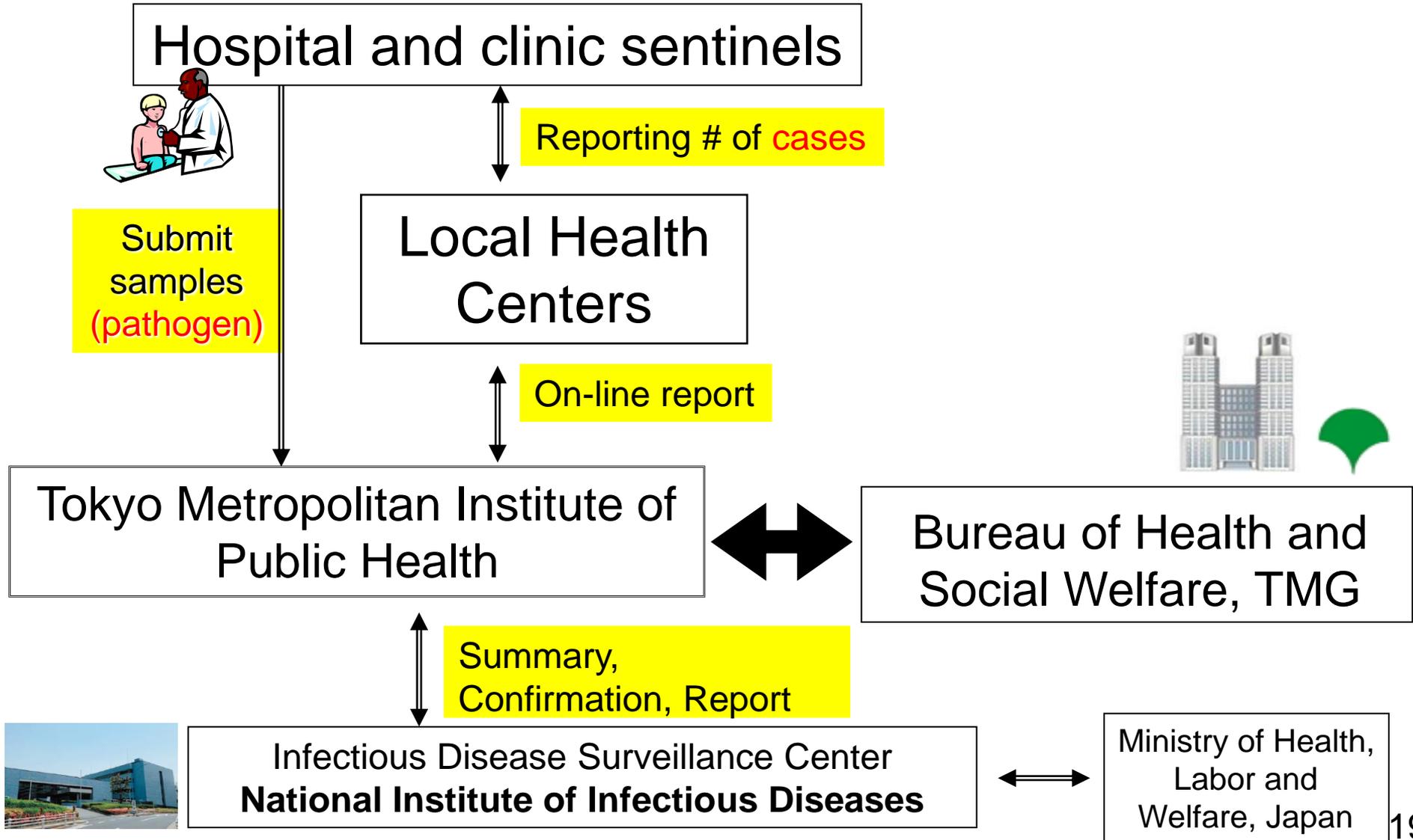
Cost! **37**

Tx! **5**

TB Control and IDs Prevention Law 18

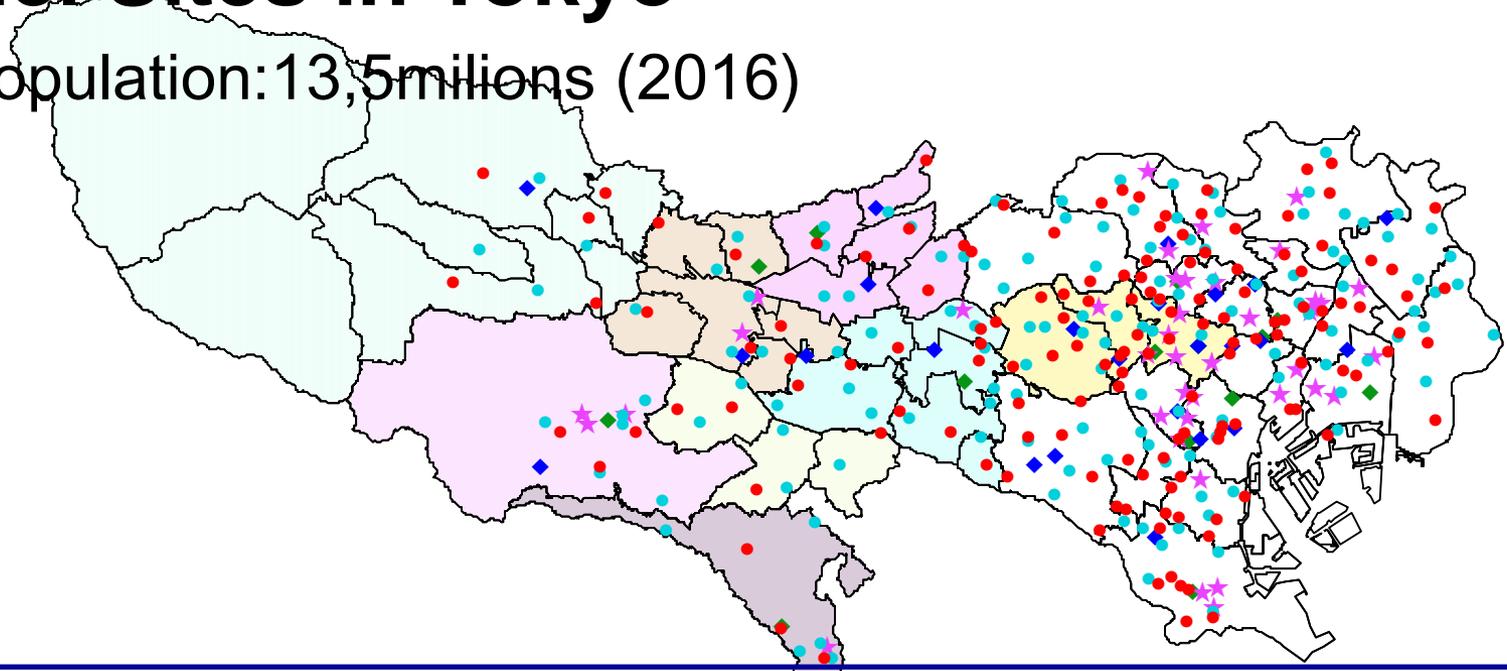
Sentinel Surveillance

Some of Category V IDs



Sentinel Sites in Tokyo

Tokyo Population: 13,5 millions (2016)



Patient Sentinel

● Pediatrics	264 points	} →	Influenza	419 points	
● Internal Medicine	155 points		} →	+ ● 24 points	Unidentified fever/rash 443 points
◆ Ophthalmology	39 points				
★ STIs	55 points				
◆ Core hospitals	25 points				

Pathogen Sentinel (about 10% of patient sentinels)

Pediatrics 26, Internal M 15, Ophthalmology 4, STIs 4 points, Core Hp. 21

Basic Guidelines and Prevention Plan

【Basic Guidelines】

- The basic guidelines for achieving the overall promotion of the prevention of infectious diseases

【Prevention Plan】

- Tokyo IDs Prevention Plan(2008)

【Specific IDs prevention guidelines】

- Influenza
- Sexually Transmitted Infections
- Acquired Immunodeficiency Syndrome
- Tuberculosis
- Measles
- Rubella

Measles Specific IDs Prevention Guidelines

2007

Target: To achieve the measles elimination by the fiscal year 2012, and maintain the status (indicator:<1 case/1 million population)

Activities:

- Notification of all cases with genetic diagnostic tests
- Measles vaccination at the ages of 1, 6, 12, and 18
- Provision of medical care
- Implementation of research
- International collaboration
- M&E, promotion system : Measles Expert Meeting, Surveillance, etc.

Drastic decrease of patients 11,013(2008) → 442(2011)

Amendment in 2012

New Target: To be certified for the measles elimination by WPRO within the fiscal year 2015.

Certified for Japan measles elimination in March 2015

Quarantine Infectious Diseases (Quarantine Law)

No.1 IDs= **Category I** of IDs Prevention Law

No.2 IDs= **“Pandemic Influenza, etc.”** of IDs Prevention Law

No.3 IDs= Requiring examinations to prevent domestic invasion of pathogens (Zika, Chikungunya, Dengue, MERS, H5N1·H7N9, Malaria)

Evaluation of the possibility of the disease’s entering the country

No

Rarely possible

Highly possible

Quarantine certificate

Provisional Quarantine certificate

Health Monitoring:

Person with possibly infected (but not retention) reports every day about his/her current location, contact address, and BT to the quarantine station.

Isolation, retention, disinfection

No.1&2 IDs:

The case is transported and hospitalized to the IDs designated institutions. After a predetermined period of time, his/her isolation and retention is resolved.

Current Vaccination in Japan

Routine

Category A: Prevention of outbreaks

Live	BCG
	MR
	Varicella

Inactivate	DPT-IPV
	Japanese Encephalitis
	HPV
	PCV13
	Hib

Category B: Prevention of individual infection

Inactivate	Influenza (>65 y.o.)
	PPSV23

Voluntary

Live	Mumps
	Rotavirus
	Yellow fever
Inact- ivate	Neisseria meningitides
	Hepatitis A
	Hepatitis B
	Rabies
	Influenza

Thank you so much for your attention!

