

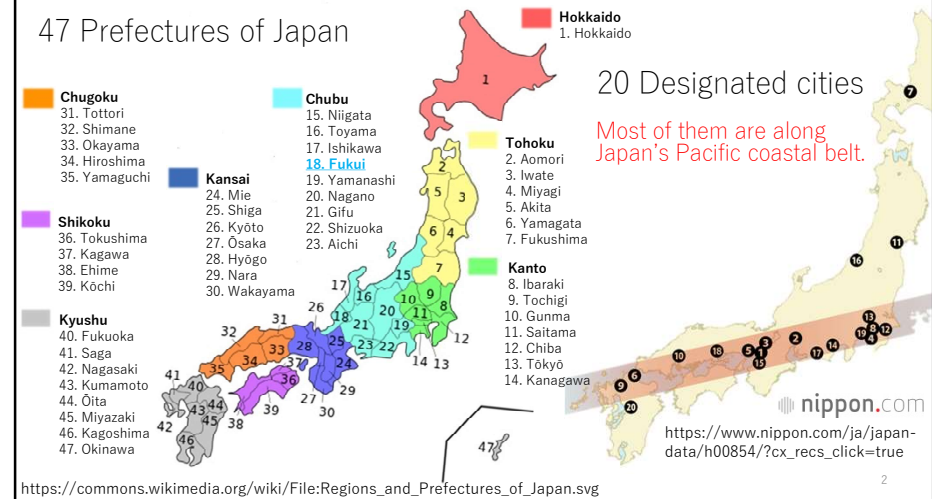
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## Public Health Centers in Japan and their response to COVID-19: An overview

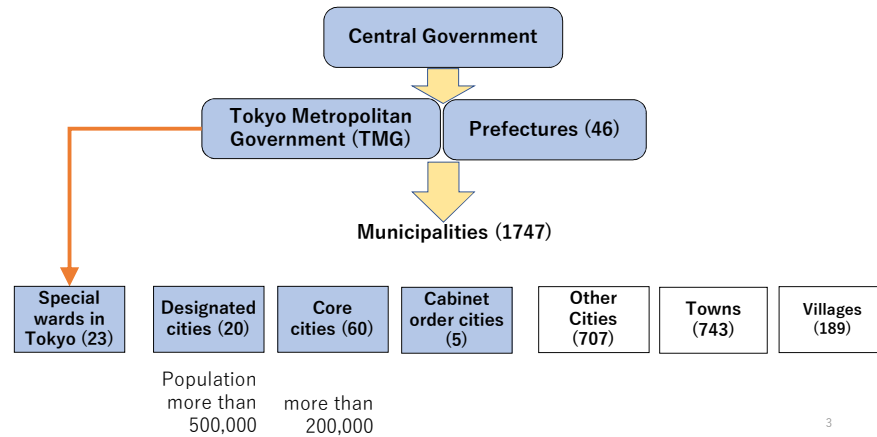
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Director, Fukui Public Health Center  
Fukui Prefecture, Japan

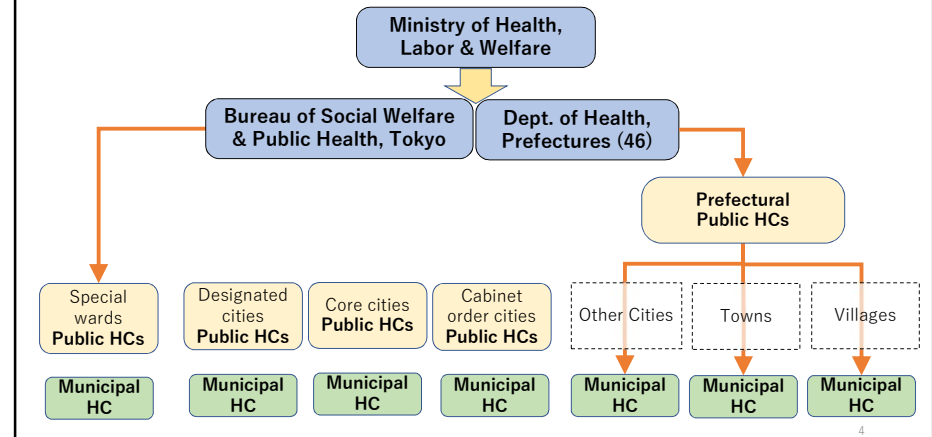
### 47 Prefectures of Japan



### The structure of territorial governance in Japan (May, 2021)



### Administration institutes of public health programs in Japan



## Public Health Centers

The director is a medical doctor.

Plan, supervise, evaluate and implement health programs at responsible area.

The Community Health Act was amended in 1995.

- Health education
- Improvement of nutrition
- Improvement of food hygiene
- Environmental health
- Mental health
- Registration of intractable diseases
- **Control of infectious diseases**; VCT for HIV, TB-DOTS, etc.

Year	1994	2000	2006	2020	
Prefectures(46 + Tokyo)	625	460	396	355	-270
Designated cities(20)	124	70	73	26	-98
Core cities(60)	0	27	36	60	+60
Cities of cabinet order(5)	45	11	7	5	-40
Tokyo's 23 wards	53	26	23	23	-30
TOTAL	847	594	535	469	-378



5

## Municipal Health Centers

Headed by a general office staff or a public health nurse.

Provide community-oriented health services directly to the residents in the municipals.

In 1995, the authority was transferred from **Public Health Centers**.

- Growth & development monitoring
- Issuing Maternal & Child Health Handbook
- Health checkups for adults
- Health advice
- Arrangement of immunization program



No role on the infectious disease control.

6

## Stuffs

### Public Health Centers

- Medical doctor(s)
- ± Dentist
- Veterinarian (animal doctor)
- Pharmacists
- Public Health Nurses
- National registered dietitian
- Radiological technician
- ± Laboratory technician
- Dental hygienist
- General office staffs

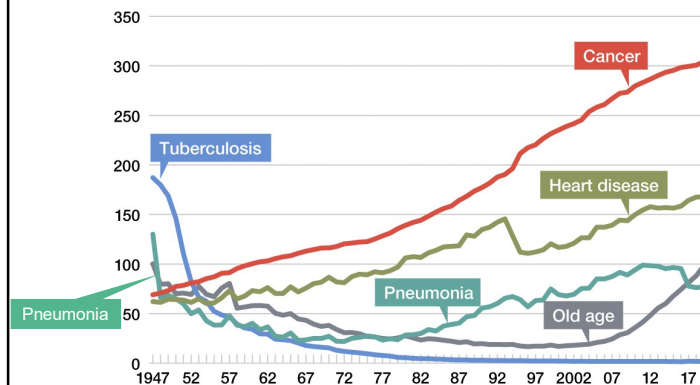
### Municipal Health Centers

- Public Health Nurses
- ± National registered dietitian
- ± Dental hygienist
- General office staffs

7

## Death Rates by Cause

<https://www.nippon.com/en/japan-data/h01044/>



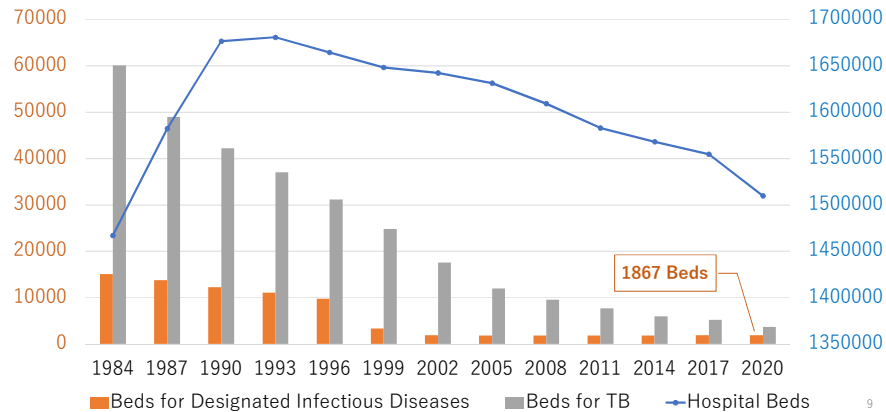
Created by Nippon.com based on data from the Ministry of Health, Labor, and Welfare's 2020 overview of monthly vital statistic reports. Numbers are approximate; heart disease does not include hypertension.

nippon.com

8

Beds for TB and for Designated Infectious Diseases have been decreasing year by year.

Data: <https://www.mhlw.go.jp/toukei/list/79-1a.html>



9

(Classification by Infectious Diseases Control Law)

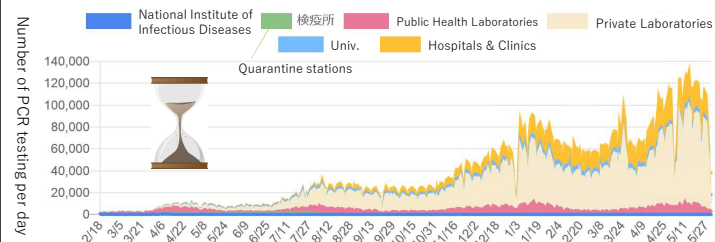
Class I	Ebola haemorrhagic fever(HF); Crimean-Congo HF; smallpox; South American HF; plague; Marburg virus disease; Lassa fever
Class II	acute poliomyelitis; tuberculosis; diphtheria; severe acute respiratory syndrome; Middle East respiratory syndrome; specified avian influenza
Class III	cholera; shigellosis; enterohaemorrhagic Escherichia coli infection; typhoid fever; paratyphoid fever
Class IV	hepatitis E; hepatitis A; yellow fever; Q fever; rabies; anthrax; avian influenza (excluding specified avian influenza); botulism; malaria; tularaemia; etc.
Class V	Seasonal influenza; viral hepatitis (excluding hepatitis E and A); cryptosporidiosis; acquired immunodeficiency syndrome (AIDS); genital chlamydia infection; syphilis; measles; methicillin-resistant Staphylococcus aureus infection; etc.
a Novel Influenza Infection, etc.	
<b>Designated Infectious Disease</b>	<b>COVID-19</b>
New Infectious Disease	

10

### Preventive health services

Free of charge	Payment
Tax	Resources
Public sector	Suppliers
Public Health Centers (468)	
Municipal Health Centers (2,457)	
Public Health Laboratories	

<https://www.mhlw.go.jp/stf/covid-19/kokunainohasseijoukyou.html>



11

### Curative medical services

Fee-for-service system

Health insurance + copayment

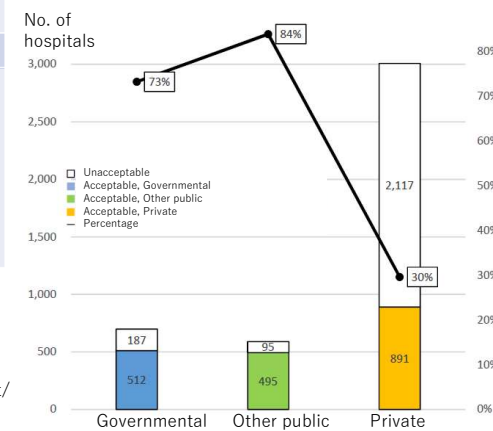
Public < Private facilities

	Public	Private
Hospitals	(1,575)	(6,725)
Clinics	(4,509)	(98,107)
Hospital beds	13.2/1,000 population	
Physicians	2.4/1,000 population	

*top of 35 OECD countries*  
*below average of OECD*

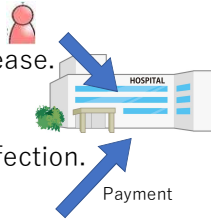
<https://www.mhlw.go.jp/content/10800000/000726034.pdf>

Number of Hospitals which may accept COVID-19 cases (a survey)



### Advantages to be classified as a “Designated Infectious Disease”

1. **Public Health Centers** request a confirmed patient to be hospitalized to prevent the spread of the disease.
2. Patients are hospitalized in Designated Hospitals, and the other facilities may decrease the risk of infection.
3. The prefecture must pay the expenses for medical services.
4. Physicians must quickly notify the cases to **Public Health Centers**, and the governments easily track the spread of the virus.
5. **Public Health Centers** request the close contacts to stay home and report their health conditions during the incubation period.



13

### Disadvantages to be classified as a “Designated Infectious Disease”

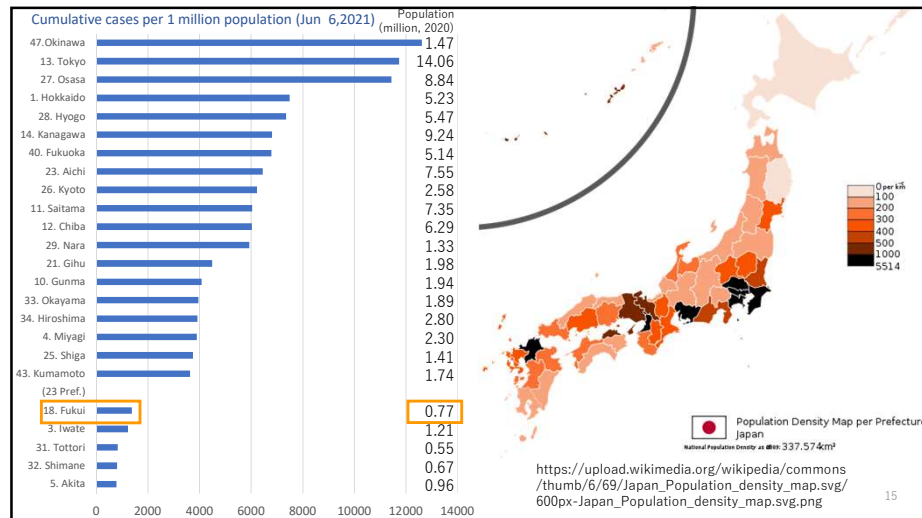
1. Designated Hospitals face with the heavy workload.  
The outbreak soon expanded over the capacity of those Hospitals.

Number of beds for Designated Diseases are only 1,867



2. Other hospitals and clinics may loosen their guard, or tighten their guard too much to see patients with fever.
3. Human rights of the patients are more or less limited.

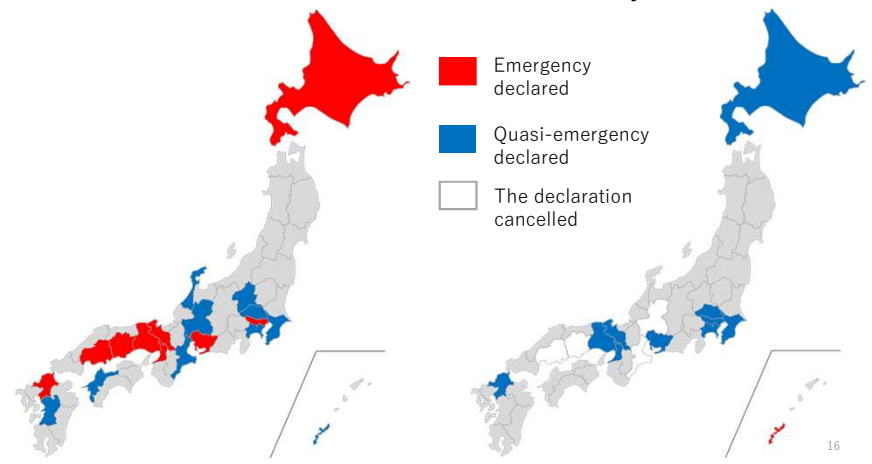
14



15

Apr 15 - Jun 13 (or 20), 2021

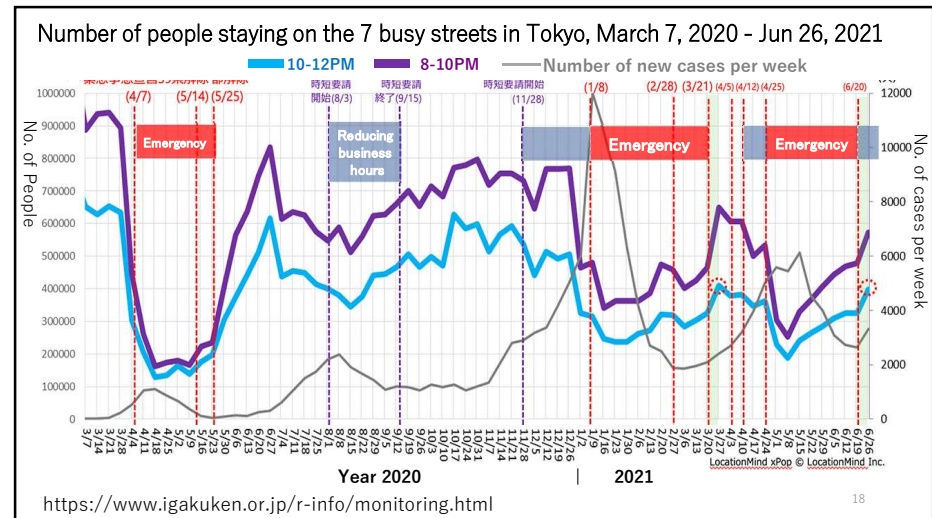
Jun 21 - July 11(extended?), 2021



16

Emergency		Quasi-emergency (Priority Preventative Measures)
<b>Stage 4</b> , the worst level on the scale.	Criteria for declaration	<b>Stage 3</b> , when there are risks of infections spreading and a growing strain on medical systems.
Prime Minister apply the steps to an <b>entire prefecture</b> .	Target area	Governors apply the steps to <b>selected cities and towns</b> .
Restaurants are asked <b>to barred from serving alcohol</b> . Not only <b>shorter business hours</b> , (shut by 8 p.m.) but also <b>store closures</b> .	Governors requests or orders restaurant & bars	<b>Serving alcohol is allowed</b> to do so until 7 p.m. Only <b>shorter business hours</b> . (shut by 8 p.m.).
Fines up to <b>300,000 yen</b>	Penalties	Fines up to <b>200,000 yen</b> (\$1,800)
Limited to 5,000 or half of a venue's capacity, whichever is smaller.	Spectators at major events	Same as under a state of emergency
Refrain from unnecessary and non-urgent outings.	For citizens	Same as under a state of emergency

17



18

## Public Health Centers

cope with markedly increased workload by...

- reducing or postponing non-urgent health programs.  
eg. Nutrition programs  
National Nutrition Survey  
Registration of intractable diseases; automatic renewal  
VCT sessions for HIV
- accepting retired Public Health Nurses.
- shifting workers from other sections of Prefecture or City.
- accepting PHNs from less-busy Prefecture or City.
- charging with admission coordinating function to temporally hired physicians. (refer to the next slide)

19

Prefecture-wide coordination is often better than coordination by Public HCs in their responsible area.

- Fukui Prefectural Admission Coordinate Center find a proper hospital in the entire prefecture according to the severity of cases.
- Fukui prefectural Call Center receives all the telephone call from the entire prefecture and find a proper PCR test clinic.
- Bureau of Social Welfare and Public Health, Tokyo, everyday offers telephone counselling in English, Chinese, Korean, Thai, Spanish.
- Tokyo Coronavirus Support Center for Foreign Residents (TOCOS) offers telephone counselling in English, Chinese, Korean, Vietnamese, Nepali, Indonesian, Tagalog, Thai, Portuguese, Spanish, French, Cambodian and Burmese, on weekdays.

20

A centralized Public Health Laboratory; comparison with decentralized laboratories attached to Public HCs

Pros:

- Quality control is easier and better.
- Capacity of the PCR machine and technicians may be fully utilized.
- Variants can be analyzed.
- Good and close relationship is maintained with the National Institute of Infectious Diseases

Cons:

- Public HCs have to transport specimens from sample collecting medical facilities to the centralized Public Health Laboratory.

21

Thank you for your attention.

22