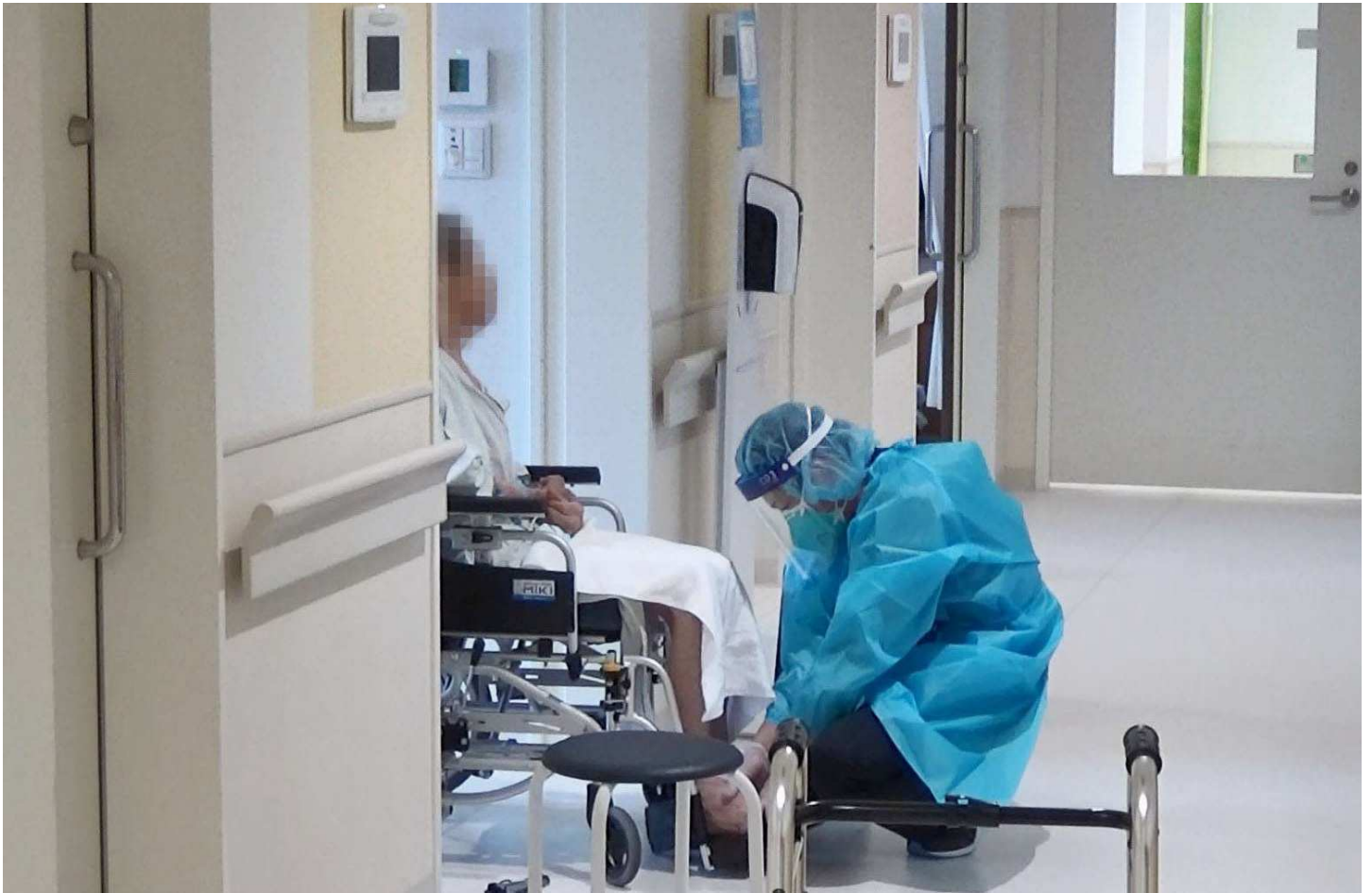


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Japan's biggest COVID wave yet pushes medical system near to its limit



A medical worker takes care of a COVID-19 patient at Fujimino emergency hospital in Saitama Prefecture. | FUJIMINO EMERGENCY HOSPITAL / VIA KYODO

BY TOMOKO OTAKE

STAFF WRITER

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As another wave of coronavirus infections pummels Japan, the country has emerged as the world's No.1 COVID-19 hot spot, at least in official statistics. Despite data suggesting that many patients now only develop mild symptoms, the nation's health care system is nonetheless strained more than ever before.

As of Monday, Japan had logged a seven-day rolling average of 202,823 newly confirmed cases per day, according to Our World in Data, followed by 124,840 in the U.S. and 68,609 in Germany.

Unlike in previous waves, the government has vowed — at least for now — not to impose any restrictions on businesses or people. That is mainly because of the characteristics of currently dominant virus strain and the fact that there are now some tools — a vaccine and various medicines — available to fight it. Omicron subvariant BA.5, which accounts for most of the strains detected in Japan, is highly contagious but generally considered to cause less severe symptoms than earlier strains.

Nonetheless, the health care system is approaching a breaking point in some areas.

As of July 27, 15 prefectures had occupancy rates for hospital bed set aside for COVID patients above 50%, with the highest rate recorded at 71% in Kanagawa.

Even when beds for COVID-19 patients are open, the seventh wave is affecting the health system more generally due to staff shortages caused by workers recovering from the disease or needing to isolate, experts say. As of Monday, Fukuoka University Hospital had closed two wards, as 120 of the 1,900 medical staff were either infected or deemed close contacts, local media reported.

Other hospitals are plagued with similar situations, according to Fumie Sakamoto, a nurse and infection control manager of the quality improvement center at St. Luke's International Hospital in Tokyo.

Medical staff shortages

“Medical workers are human beings, just like everyone else,” Sakamoto said. “Since the arrival of BA.5, we have seen an inevitable rise in the number of medical workers who are testing positive or who are suspected of being infected even if they test negative.”

Cases of medical workers getting the virus from patients are also on the rise due to the current wave, even with all the precautions, she said.



An ambulance in the city of Osaka in June | KYODO

And even though many believe that few suffer severe symptoms from the omicron variant, there remains a certain percentage of people who do get seriously ill, regardless of their age, as the overall infection numbers surge, she said.

“We also have people being admitted for issues other than COVID,” she said. “For example, someone who falls down the stairs and suffers a cerebral contusion gets transferred to the hospital, bleeding from the brain. The person happens to be running a fever, so we do a PCR test just in case and find out the person has COVID. Such cases are common these days.”

Sakamoto stresses the need for people to get vaccinated, saying the severity of the disease varies by the patient's number of vaccinations. Also, given that children under age 5 are not eligible for the vaccines in Japan, it's particularly important for the adults around them — parents, day care staff and kindergarten teachers — to receive a full course of shots in order to protect the young, she said. Studies have shown that people who are vaccinated are likely to reduce their infectious viral load, or their ability to infect others.

Flooding clinics

Until recently, Japan had encouraged people with mild COVID-like symptoms, such as fever, throat pain and coughing, to visit so-called fever clinics in their neighborhoods. PCR and antigen tests were mostly performed at such clinics, which are designated by prefectural governments. These clinics, numbering nearly 40,000 across the country, have been the first point of medical contact for people

who suspect they may have COVID-19. If people test positive, the clinics then report the cases to local public health centers.

With the recent surge in patient numbers, however, fever clinics have been swamped and unable to keep up with demand. Some worried residents have turned to ambulances for help, which means that service has been inundated with calls from people not necessarily in need of emergency care, experts say.

During the week through July 31, the number of cases where ambulances had trouble quickly transporting patients to a hospital reached a record 6,307, up from 6,035 the week before and more than double the 2,470 logged in the same period last year at the height of the nation's fifth wave driven by the delta variant. The number includes cases of ambulances contacting more than three different hospitals to find a recipient institution.

To ease the burden on fever clinics and ambulances, the health ministry announced last week that it will switch to distributing antigen test kits to people so they can test at home. But it will take some time before the program, run by each prefecture, is fully implemented nationwide. On Monday, the Tokyo Metropolitan Government started accepting requests for the mail delivery of antigen tests online, but is currently limiting the service to people in their 20s.



Shigeru Omi (second from left), the head of the government's COVID-19 expert panel, speaks to reporters in Tokyo on Tuesday. | KYODO

On Tuesday, four academic societies representing doctors released a joint statement urging people to monitor their condition at home before rushing to fever clinics or calling an ambulance.

Later in the day, another group of medical experts, including Shigeru Omi, the nation's top coronavirus advisor, held a news conference and made a number of policy proposals and requests to the public. They included an appeal to refrain from visiting clinics and asking for proof of PCR test results. Some schools and workplaces have asked people to produce such proof — a practice that has added to the burden on clinics.

“People who could have visited fever clinics are now calling ambulances, because the clinics aren't able to accommodate them,” Hiroki Ohashi, a family physician and a vice president of the Japan Primary Care Association, one of the four academic groups, told reporters. “We need to work on increasing the number of fever clinics, but at the same time, we would also like every citizen to help us overcome this crunch in the medical system by recuperating at home first, as most cases of the omicron variant present symptoms similar to that of the flu.”

Concerns of the elderly

In Miyagi Prefecture, meanwhile, Hideki Yamazaki, a psychiatrist and director of Seizankai, a corporation that operates 50 nursing homes and other facilities mostly for elderly people with dementia, says many of the infected elderly residents are "trapped" because there are few hospitals or facilities staffed with medical doctors to which they can be transferred.

“Every nursing care home is working very hard to keep infections at bay, but it's impossible to prevent all cases from entering the facility,” Yamazaki said.

“Elderly people who get infected should be moved to hospitals or facilities that offer medical care — now such facilities are too crowded to take in the infected elderly. So we have had no option but to continue taking care of them.”

The No. 1 priority at elderly care facilities at the moment is to stem cluster infections, he said, adding that there is not enough emphasis by the government on measures against the transmission of the coronavirus through the air or by aerosols — tiny particles mixed with water floating in the air for an extended period of time. N95 masks should be the standard gear in the “red zone” where infected residents are cared for, and government subsidies should be considered for facilities investing in mechanical ventilation systems, carbon dioxide monitors and air circulators, he said.

If such measures are taken, there is no need for requests for the elderly to restrict their activities, he said, questioning a recent request by the Osaka Prefectural Government that senior citizens should refrain from going out.

Osaka's declaration of a medical emergency, issued last week, includes a request for the elderly to stay home “to protect their own lives and health,” except to meet essential needs such as visiting hospitals and buying groceries. It also asks elderly care facilities to ban residents' in-person meetings with guests from outside.

“Such requests are too cruel,” he said. “When people with dementia in particular are barred from seeing their families, their ability to recognize next of kin declines very fast. Some residents protest, saying they want to go home. It causes immense pain to them.”