COVID-19 Session for JET Teachers

May 2, 2020

Please Note:

Today's presentation and Q &A is from a primary care physician's point of view, and not from a COVID-19 specialist. Please be proactive in staying informed about the latest news and guidance from WHO, CDC, and Ministry of Health and Labour. NHK World is also a good source for updates.

Recommended Sources in English

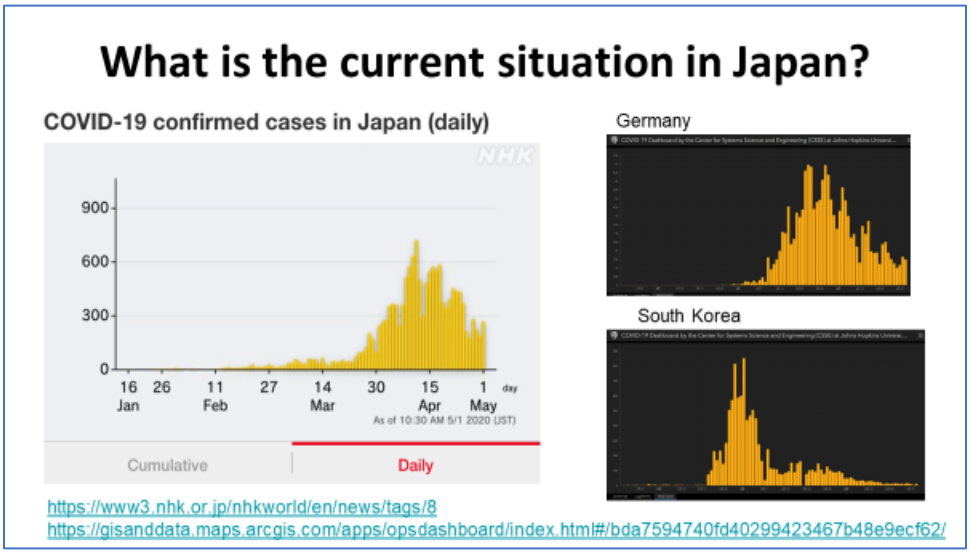
JNTO	https://www.japan.travel/en/coronavirus/
NHK World	https://www3.nhk.or.jp/nhkworld/en/news/tags/82/

For links to future update sessions with Dr. Adachi, please visit

http://www.adachiclinic.org/covid19-updates.html

Overview of Situation in Japan

As of 2 May for Japan and some other countries for comparison.



Additional COVID-19 Symptoms

The original symptoms identified by the CDC are dry cough, fever, and shortness of breath.

Some caregivers are developing COVID-19 after experiencing headache, body aches, fatigue, and/or loss of taste and smell. Therefore, they have been added to the list and persons with these

symptoms are asked to self-isolate at an earlier stage, especially in high risk settings such as nursing homes.

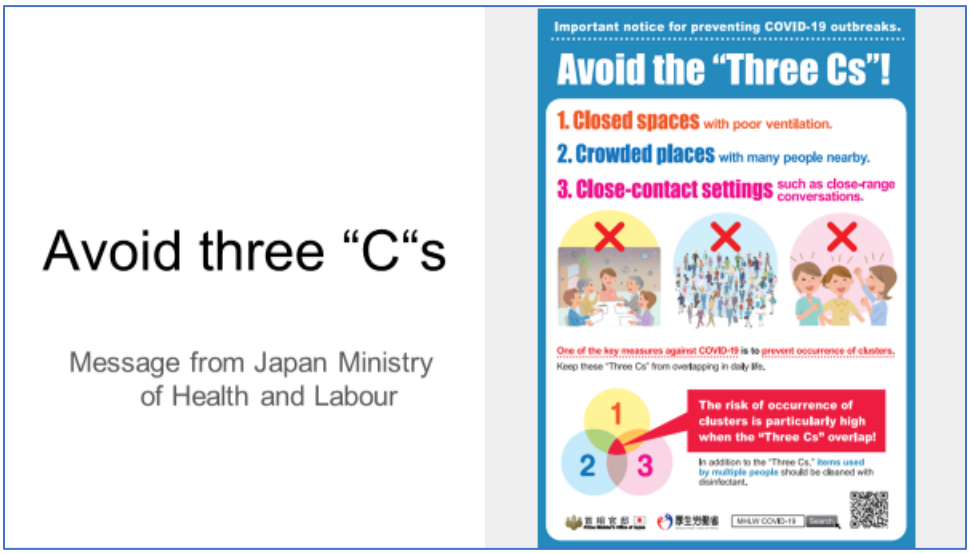
Note: the addition of these new symptoms is meant to advise people not to go to work if they experience them, and is not a recommendation to get tested.

Preventative Measures

Wash your hands thoroughly with soap and water/Wear a mask/Social distancing

Avoid 3 Cs

- Closed spaces without ventilation
- Crowded places
- Close-contact settings, such as close-range conversations



How to Protect Yourself at School or Work

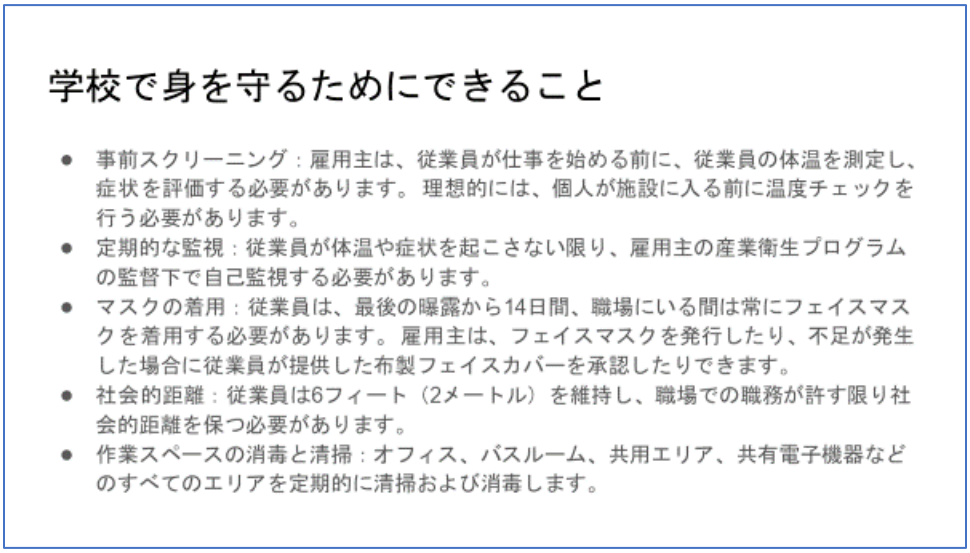
While commuting – distance yourself from others if you can, look for good ventilation

Self-monitoring of temperature and symptoms should be done by staff

Pre-screening (measurement of temperature) should be done before individuals enter school, office, etc.

Routine disinfecting of surfaces (desks, doorknobs, etc.)

Stay calm, and try to work out a reasonable approach with your workplace



More specific School Preparedness guideline & check-list in Japanese is available from the following. Ministry of Education: https://www.mext.go.jp/a_menu/coronavirus/mext_00008.html

General Research Status

The positive news is that a lot of knowledge has been gained about COVID-19 in the last 3-4 months, a much quicker pace than with past viral outbreaks. We know about coronaviruses in general, but not specifically about COVID-19 yet. MERS and SARS disappeared after one season. Seasonality has occurred in the 4 other kinds of known coronaviruses. Experience with MERS and SARS has helped researchers to understand some COVID-19 behaviors and to develop ways to contain it.

COVID-19 Medication & Vaccine Development

Clinical trials are underway around the world. For examples, Oxford University in the UK has just started, and Osaka University's in Japan will be underway soon. Regarding the lifting of the state of emergency in Japan, epidemiologist expect an on-and-off strategy based on trends.

NHK World: https://www3.nhk.or.jp/nhkworld/en/news/backstories/1039/

Q & A

What about high-risk individuals (diabetes, high blood pressure, asthma, etc.)? Are social distancing and sheltering from home the only preventative measures they have now? How should they stay safe after guidelines are lifted? If you have friends with these high-risk conditions, does this mean you cannot visit them in person again?

Make sure the underlying health conditions are under control. The serious cases of COVID-19 have mostly occurred in people who were sick from other conditions.

People with pre-existing conditions aren't necessarily at higher risk of getting infected. However, if infected, their risk is higher for a more severe case of COVID-19. Therefore more active preventative measures against COVID-19 should be taken. Cluster infections have been reported in small family/friends gatherings, so please exercise caution and be careful when visiting relatives. Unfortunately, virtual "online" meetings are safer choice for now.

Why do experts fear that the fall will be worse for the pandemic? Is it possible for people to get flu and COVID-19 right now?

The challenge may be co-infection and how to distinguish between the flu and COVID-19. In suspected cases of co-infection, the patient may be first be treated with flu medications to see if there is any relief of symptoms. If the medication does not resolve, they may be tested for COVID-19 to rule out the possibility.

Should we treat this virus as airborne?

In general, no. However, in situations where ventilators and other medical equipment are used, COVID-19 might remain in the air longer.

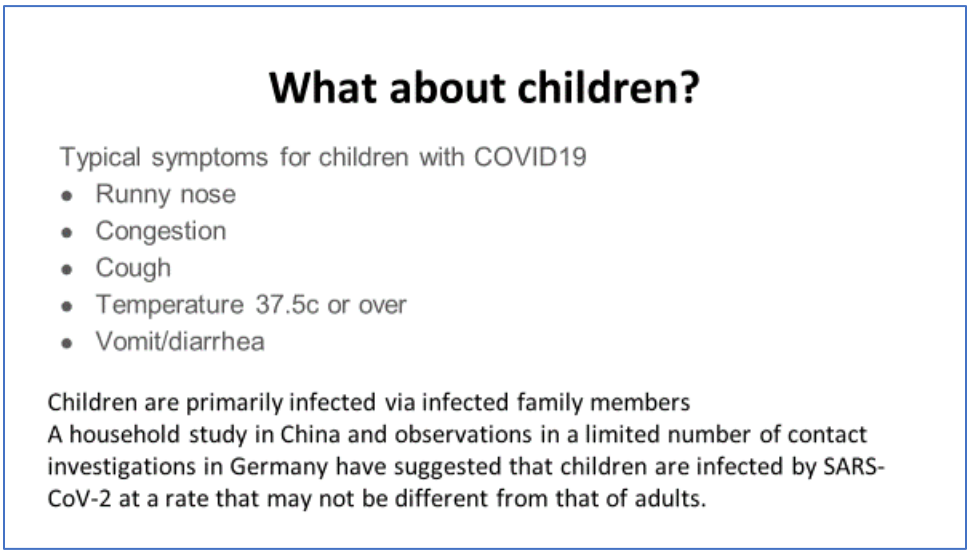
The guidelines regarding the masks are frequently changing. It is also difficult to get masks. What type of mask do you recommend? How many days are we able to reuse the masks? Can we recycle old clothing to make masks?

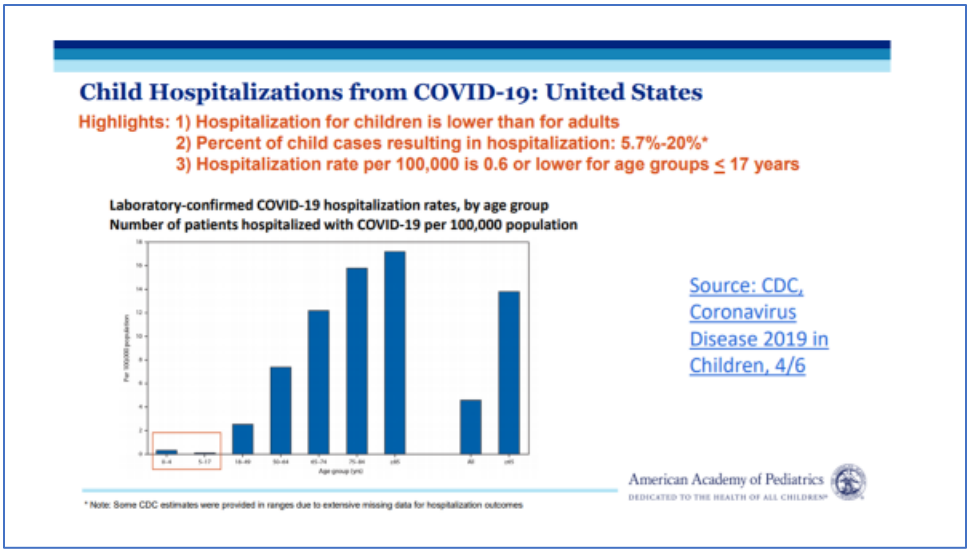
Masks are good for preventing the spread of COVID-19 from people who are asymptomatic (viral shedding). Any masks are good for reducing viral shedding. It is not recommended to reuse masks without cleaning them, but some say that surgical masks can be used up to 3 days. Optimally, you should use a new mask every day. It is important to limit the number of times you take your mask on and off. This is because most of contaminations happen when taking off protective gear.

Recommendations for the safe wearing and taking off of masks
https://www.youtube.com/watch?v=s9ILce3rQXY

What about COVID-19 in children?

Symptoms are similar to those in adults, but perhaps not as pronounced. They are usually infected by family members. Perhaps children and adults are infected at the same rate. The hospitalization rate for children is less than for adults.





There have been reports of children with complications similar to Kawasaki disease which is an autoimmune disease. The cases of Kawasaki disease in the UK and US might be associated with COVID-19, but it has not been proven yet. Statistically, severe cases in children have been rare up until now.

Social distancing is causing a reduction in routine visits and vaccinations. According to pediatricians, it is important for well-child visits for kids under 2 to continue; if recommended immunizations are not done, it may lead to other types of outbreaks.

Congestion and runny nose are symptoms for children. Does this also apply to adults?

Yes. Recent CDC guidelines have added broaden the list of symptoms to include milder symptoms.

US articles are talking about using pulse oximeters for self-monitoring before it gets so bad to get a ventilator. Do you recommend them?

The information from pulse oximeter is helpful in judging the condition. However, the measurement are not always measured accurately and doctors will be looking at the overall clinical condition as well. It may be good for providing extra data but they can be inaccurate if not used appropriately.

Some media reports cite specialists in Japan who claim that the actual case count is 10 x higher than the public data. Do you think this is true? Why would the undercount be so high?

Testing is low because PCR tests were primarily prioritized to hospital settings. Now testing capacity is expanding but still not as accessible for many primary care physicians.

Some prefectures are using hotels for overflow in case there are not enough hospital beds. What is the situation in hospitals in Japan at the moment? How full are they, do they have enough equipment available?

Hotel settings are used for quarantining milder patients. This is helping hospitals with COVID19 care ward to accommodate more patients. There has been criticism about how hotel environment is maintained as this may turn into another cruise ship situation. This is mainly due to lack of transparency of infection control at the hotel facilities. The standard should be up to international standard as these facilities are monitored by the Public Health officers but there are no means to prove it without disclosure of detailed protocols.

When you are hospitalized, what happens?

It depends on the severity. For milder cases, you are basically just isolated (quarantine) in the hospital because there is no treatment available yet. Healthcare staff will check your condition regularly such as temperature, vital signs, etc. Patients with severe cases (respiratory difficulties, or decreased oxygen level) will be given breathing support (oxygen mask, nebulizer, ventilator). Hospitals can help treat pre-existing conditions and provide breathing assistance if needed. There are candidate medications that are approved for emergency usage (only supplementary, not a 100% cure). Currently, your body's immune system and its natural recovery process is the main way of dealing with COVID-19.