

## ***Implementing the “Basic Response Policy”***

Specialists Advisory Committee of the

Headquarters for Countermeasures against Influenza A (H1N1)

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[Provisional Translation]

### 1. Introduction

Today, there was confirmation of domestic cases of persons infected with influenza A (H1N1) who have no history of travel overseas and no direct contact with persons who were either infected or retained for screening for potential infection. It is therefore very likely that infection has begun to take place on a regional community level. Moreover, since most of the persons infected with the current disease are showing only mild symptoms, there is a risk that the infection may spread. This means that the influenza A (H1N1) virus has entered Japan and the state of domestic infection has entered stage 2 (the early stages of a domestic outbreak).

The degree of infectiousness of influenza A (H1N1) is high, similar to that of seasonal influenza. However, in other countries, many people have recovered after suffering only mild disorders, and this has also been the case in the four cases confirmed thus far in Japan.

Anti-influenza virus medications are reported to be effective in treating influenza A (H1N1).

However, there is a tendency, mostly among people with underlying medical conditions (diabetes etc), to develop severe illnesses, with deaths also reported.

Based on the above, we will:

- (1) work to prevent the further spread of infection; and
- (2) in particular, concentrate efforts on preventing the deaths from influenza infection among people with underlying medical conditions and others with higher risk of developing severe illnesses.

Towards these ends, the national government, local authorities, persons in the field of health and medical care, and the entire Japanese public should cooperate as follows:

- (1) in the early stages of a domestic incidence of influenza A (H1N1), examine all cases where infection may have taken place; in cases where infection is strongly suspected, prevent the spread of infection by involuntary admission to hospital regardless of whether the case is mild or severe;
- (2) in stages where infection has spread, there is a possibility that a large number of minor cases of infection will arise, and that medical institutions will be inundated. Therefore, it is important for medical institutions to reinforce systems for providing medical services and to clarify the functions of individual medical facilities in order to prevent people with underlying medical conditions from developing severe illnesses. In addition, for people with mild cases of contraction, response measures will be taken in line with the individual circumstances in their respective localities, including measures to prevent them from coming into contact with general (non-influenza-related) patients, such as having them recuperate at home, having medical personnel visit them at their homes, or thoroughly implementing a system of having them seek medical treatment at high-fever outpatient departments (*hatsunetsu gairai*).

Given the known nature of influenza A (H1N1), the Specialists Advisory Council currently recommends that the following steps be taken in a flexible and agile manner in implementing the “Basic Response Policy”:

## 2. Efforts to be taken in daily life

The government should thoroughly communicate the following points to all relevant persons and the general public so that sufficient care and appropriate responses are taken.

- *The use of masks, etc*
  - It is extremely important that individuals take all possible measures to prevent infection. Hand washing, the wearing of masks in crowded places, gargling and the consistent use of good etiquette when coughing, etc should continue to be practiced.

\**N.B.*: In open spaces, such as outdoors, there is no use in wearing a mask unless there is a considerable concentration of people. There is value in

wearing a mask in a closed space with poor air circulation, such as inside trains and buses, to avoid airborne droplets from the coughing and sneezing of others nearby. In addition, it is desirable that masks be worn as a means of practicing good coughing etiquette towards others.

- *Going outside*

- At present there is no need to avoid going outside as a matter of rule. People should continue to be careful, such as by avoiding crowds so far as possible.

- *Commuting to work or school*

- At present there is no need to implement an across-the-board staggering of commuting times. Individuals, including those commuting to school, should try to reduce opportunities for infection such as by avoiding rush hours so far as possible. In addition, businesses and schools should take steps that would decrease the chances of infection of employees and pupils during commuting, such as by allowing staggered commuting times at school or the workplace.

- *Gatherings, sports events, etc*

- At present there need not be across-the-board calls for restraint on the holding of such events. Organisers should take their decisions based on the full range of considerations, including the purpose and the degree of necessity of the events in question.

- *Schools, child-care facilities, etc*

- In cases where infected persons are pupils or young children attending schools or childcare facilities, as a general rule, the schools etc in that locality (the municipality [city, town, village, etc] in part or in its entirety, or depending on the circumstances, the entire prefecture) will close temporarily. However, in the case of universities, across-the-board closures will not be called for; instead, each university should itself endeavour to avoid the spread of infection.

On the other hand, in cases where infected persons are not pupils or young children attending schools or child-care facilities, if there is a possibility of secondary infections and the spread of further infection,

temporary closures will be undertaken in the same manner as set forth above.

The end of the period of temporary closure will be determined through weekly evaluations of the state of incidence of influenza A (H1N1).

Upon the closure of child-care facilities, businesses should be accommodating on the work of employees whose children attend such child-care facilities.

- *Businesses*

- At present there are no across-the-board calls for businesses to scale back their operations. Businesses should take steps to enable themselves to continue operations as appropriate while also managing operations so as to prevent the spread of infection to the extent possible.

### 3. Medical care after incidence is found within Japan

#### *Medical consultations and examinations at medical institutions*

- In stage 2 (the early stages of a domestic outbreak), the most important aim during this period is to prevent the spread of infection by conducting examinations on all suspected cases, regardless of whether these cases are mild or severe, and by involuntarily admitting to hospital all persons who are strongly suspected of being infected with influenza A (H1N1). In the same way, it is imperative that utmost efforts be devoted to the treatment of severe cases. In order to do this, people having symptoms typical of influenza, such as fevers or coughs, should seek advice at high fever consultation centres (*hatsunetsu soudan sentaa*) and then receive medical examinations at high-fever outpatient departments (*hatsunetsu gairai*).
- The government should thoroughly communicate the aim above and make efforts to gain the public's understanding and cooperation regarding the use of high fever consultation centres and high-fever outpatient departments. The general public should also actively cooperate with the government's policy of protecting the lives of people with higher risk of developing severe illnesses from infection.

- At stage 3 (a period of widespread infection), medical treatment at hospitals should be concentrated only on severe cases, because of the widespread incidence of mild cases. In addition, during this stage, in terms of accommodation capacity [at hospitals] and also as a measure to prevent the spread of infection, there will be little meaning in limiting the availability of medical treatment to people who have contracted influenza A (H1N1) to designated medical institutions. Therefore all medical institutions, including general medical institutions, should provide treatment for influenza A (H1N1). However, at such medical institutions, sufficient care must be given to shutting off contact between patients who are being treated for influenza A (H1N1) and other patients.
- If a large number of people with mild cases were to inundate general medical institutions, this could lead to the risk of infection among people with underlying medical conditions who have a higher risk of developing severe illnesses. For this reason, people who have contracted mild cases should be asked to avoid seeking treatment at medical institutions so far as possible and to cooperate with measures appropriate for the situation in their respective localities, such as trying to recuperate at home. To address the needs of infected people remaining at home, some localities have already prepared specific response measures that have taken into account the perspective of such patients, for example, delivering medication to people's homes and having medical personnel visit patients. Other local authorities should use such examples as reference in preparing medical systems that foster cooperation by infected persons. In addition, hospitals and clinics should work in partnership so as to distinguish their respective roles and responsibilities as well as to ensure that confusion does not arise over the means of treating mild and severe cases.

#### *Anti-influenza virus medications*

- During stage 2 (the early stages of a domestic outbreak), Tamiflu and other anti-influenza virus medications shall be administered in order to treat infected persons, and in addition, they should be administered as a preventive measure to people who have had close contact with infected persons, as well as medical personnel, initial response personnel, etc who may have been exposed to the virus.

- People living together with infected persons are faced with the highest risk of transmission. Anti-influenza virus medications shall be administered as a preventive measure to these persons, and also to others who are indicated in epidemiological studies as having a higher risk of infection (such as people who have had close contact with infected persons at the same school or workplace), upon consideration of their scope of daily activity.
- During stage 3 (a period of widespread infection), insofar as it is preferable to give priority to the use of anti-influenza virus medications as treatment, such medications as a rule will not be administered as a preventive measure. However, administration as a preventive measure should be possible in exceptional cases, such as when family members or others include people at increased risk of developing illnesses upon infection.
- In any event, after the onset of the period of widespread infection, it is important that anti-influenza virus medications necessary for medical treatment be stocked in sufficient quantities. Administration as a preventive measure should take place only in exceptional circumstances to people at increased risk of developing severe illnesses upon infection, and it will be necessary to deepen the understanding of the public regarding this point.

#### 4. Conclusion

Measures to combat influenza A (H1N1) will have their desired effect only through the united efforts of the national government, local authorities, medical personnel and the general public. To achieve the effective use of limited medical resources, the national government, local authorities and medical personnel should work to gain adequate understanding by the public of the medical systems outlined above.