

Practical Guidelines on Securing Medical Care, Quarantine, Requests for Temporary Closure of Schools and Child-care Facilities, etc.

	(1) Responding to Infected Persons and to People Who Have Had Close Contact with Infected Persons	(2) Medical Care, High-fever Outpatient Departments	(3) Schools, Child-care Facilities, etc.	(4) Definitive Diagnosis Procedures (PCR Examinations)	(5) Quarantine
<i>(1) Geographical areas in an early stage of incidence with a small number of infected people, where efforts will focus on preventing the spread of infection</i>	<ul style="list-style-type: none"> Infected persons (including people suspected of being infected) will be admitted into designated medical institutions etc handling infectious diseases and treated appropriately using influenza anti-virals; efforts will be made to prevent new infections and to lessen the number of origins of infection. People who have had close contact with infected persons will be urged to refrain from going outside. People who have had close contact with infected persons will be administered influenza anti-virals as a preventive measure and will undergo health observation. In cases where medical personnel, initial response personnel etc have been exposed to the virus and have a high likelihood of having been infected, influenza anti-virals will be administered as a preventive measure. 	<ul style="list-style-type: none"> When symptoms of influenza appear, telephone consultations should be made with a high fever consultation centre (<i>hatsunetsu soudan sentaa</i>), after which medical treatment should be sought at high-fever outpatient departments (<i>hatsunetsu gaira</i>) designated by the consultation centre. 	<ul style="list-style-type: none"> Schools and child-care facilities will be called upon to close temporarily as necessary in parts of, or in the entirety of, municipalities (cities, wards, towns, villages, etc) or, depending on the circumstances, in entire prefectures. *The call for temporary closures will thereafter be evaluated on a weekly basis. Schools, child-care facilities, etc in which there is incidence of influenza after the call for temporary closure is lifted will be called upon to close temporarily on an individual institution basis. Universities will be called upon to consider the best means by which to minimise the spread of infection, including by temporary closures. 	<p><u>Geographical areas without incidence of influenza A (H1N1)</u></p> <ul style="list-style-type: none"> In cases in which it appears that the number of people with symptoms of influenza are increasing, such as when classes are temporarily cancelled because of insufficient student attendance, testing (using PCR examinations) for a definitive diagnosis of influenza A (H1N1) will be carried out proactively. <p><u>Geographical areas having at least a certain number of infected patients</u></p>	<ul style="list-style-type: none"> Medical inspections will be conducted focusing on accurately assessing health status by means of a health assessment questionnaire. (Medical inspections at quarantine booths.) * However, if information prior to inspection indicates clearly that infected persons are on an aircraft, on-board inspections may be conducted, according to the circumstances. If medical inspections confirm the presence of an infected person, that infected person will, as before, be quarantined.
<i>(2) Geographical areas with a rapid increase in the number of infected people, where efforts will focus on mitigating the incidence of severe cases</i>	<ul style="list-style-type: none"> People with underlying medical conditions etc will be given priority for inpatient treatment even if their early symptoms are mild. People for whom it is not certain whether or not underlying medical conditions etc exist will also be given inpatient treatment expeditiously if there are signs that their situation is becoming severe. * The overarching goal is to minimise the severity in people with underlying medical conditions etc. People with mild cases will be under health observation as they use medicine to recover at home. People who have had close contact with infected persons will be urged to refrain from going outside. Influenza anti-virals will be administered as a preventive measure to persons having underlying medical conditions (i) among family members of people with mild cases recuperating at home and also (ii) among medical personnel, initial response personnel, etc who have been exposed to the virus. * Influenza anti-virals will not be administered as a preventive measure in other cases. 	<ul style="list-style-type: none"> Through the cooperation of relevant persons, general medical institutions able to handle influenza A (H1N1) will also carry out the functions of high-fever outpatient departments and become able to provide treatment directly to infected people. Greatest care must be taken in outpatient treatment to ensure that general (non-influenza-related) patients and influenza A (H1N1) patients do not come into contact with each other, such as by separating their respective entryways etc or by assigning different times for providing services. * Particular care will be taken to prevent infection of people with underlying medical conditions etc. For inpatient services, hospital beds for severe cases will be secured at general medical institutions as well. * Particular care will be taken to prevent infection of people with underlying medical conditions etc. 	<ul style="list-style-type: none"> Schools, child-care facilities, etc with a large number of cases will close temporarily on an individual institution basis in order to protect their pupils etc from infection. Universities will be called upon to consider the best means by which to slow the spread of infection, including by temporary closures. 	<ul style="list-style-type: none"> Testing will be conducted in order of priority from the viewpoint of ascertaining the incidence of infection in new geographical areas (e.g., giving priority to the testing of samples from geographical areas without known infected persons). <p>-----</p> <ul style="list-style-type: none"> In the future, PCR examinations will be conducted on a priority basis on people who are strongly suspected of having been in direct contact with infected persons in countries or areas already having incidence of influenza A (H1N1) and who also have fevers or other symptoms. Surveillance of seasonal influenza will be strengthened and the trend of incidence of influenza A (H1N1) will be ascertained. 	<ul style="list-style-type: none"> People who have had close contact with infected persons will not be retained for screening for potential infection; rather, they will be called on to refrain from going outside and subject to more careful health surveillance. The prefectures in which the people reside etc shall be promptly notified. Other people aboard the same flight will not be subjected to health surveillance, but they will be strongly urged to contact a high fever consultation centre if there are any changes in their health condition.

* People with severe cases also include people with underlying medical conditions, who are at increased risk of developing severe cases.