

Relaxation of all-case reporting of COVID-19 cases in Japan

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SUMMARY Japan is facing the largest outbreak of COVID-19 in history in 2022. The number of new infections per day surpassed 200,000 for the first time in July and peaked in August. Japan has required the reporting of information on all infected persons, but maintaining this system is difficult. Starting in September 2, 2022, four prefectures have implemented a trial policy to limit the infected that must be reported in order to reduce the burden on medical personnel. The policy obliges medical facilities to report only people with a high-risk infection, but the number of the infected will continue to be counted regardless of whether they have a high-risk or low-risk infection. More prefectures are expected to adopt this policy in the future.

Keywords COVID-19, all-case reporting, Japan

To the Editor,

In July, the number of new cases of COVID-19 exceeded 200,000 per day for the first time in Japan, and the total number of new cases in August reached 5,964,088, representing an unprecedented outbreak (1). In response to the outbreak, Japan began simplifying the reporting of all COVID-19 cases starting on September 2 in four prefectures (Miyagi, Ibaraki, Tottori, and Saga) (2,3). In Japan, COVID-19 is treated as a designated Category 2 infectious disease; all examination and treatment costs are publicly funded, and medical facilities are obliged to report information on every patient (4). Therefore, each medical facility must submit a detailed report on each new case to national authorities. Originally, 19 items such as "symptoms", "the method of diagnosis", and "the cause of infection, route of infection, and site of the infection" had to be reported (5). In response to the rapid increase in the number of new cases compared to 2020 and 2021, the items to report were revised on June 30, 2022. The items were simplified by deleting 10 items such as "symptoms", "the method of diagnosis", and "the cause of infection, route of infection, and site of the infection" (6). This simplification was expected to reduce the administrative work of medical staff, but simplified reporting of COVID-19 was introduced as an emergency measure in response to the largest increase in the number of new cases in August.

This emergency measure allows prefectures to apply to the national government to limit the persons infected with COVID-19 whom they must report. Patients must be reported only when one of the following four criteria

is met: Criterion 1: People over the age of 65, Criterion 2: People who require hospitalization, Criterion 3, If a doctor determines that there is a risk of aggravation or if a COVID-19 treatment or oxygen is required, Criterion 4: Pregnant women. The criteria indicate people with COVID-19 that is likely to be aggravated. The intention of limiting reporting to at-risk patients is to reduce the number of reports and to reduce the administrative burden on medical personnel. However, this emergency measure does not mean that Japan's policy of ascertaining the total number of cases will cease. If the emergency measure is taken, the number of COVID-19 cases diagnosed by doctors themselves will be counted, and the total number of new infections by day and the age group of the infected must be published. If the four criteria are not met, a report need not be submitted, but the total number of new infections by prefecture and the total number of the infected by age group will be counted, so the number of new cases can be ascertained. That said, there are issues with this measure. New cases will only be counted based on a diagnosis by a doctor, so some people who test positive according to a simple test kit will not be seen at a medical facility unless they meet the criteria. This hampers determination of the exact number of new cases. In addition, if COVID-19 is not reported, then voluntary isolation of the infected person and voluntary isolation of his or her close contacts may not be encouraged by public health centers, leading to the further spread of the infection. Moreover, symptoms may worsen even in cases with a low risk of aggravation; in the worst-case scenario, death could occur due to delayed treatment.

At present, this emergency measure has been urgently implemented on a trial basis. If the infection spreads further in the future, more prefectures will adopt this emergency measure. However, Japan needs to respond flexibly to problems arising in the future.

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