Overview of Japan COVID-19 situation and the impact for occupational health based on SANPO Society survey

Hiroshi FUKUDA, M.D. Ph.D. Project Professor
Department of Advanced Preventive Medicine and Health Literacy
Graduate School of Medicine, Juntendo University
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1. Overview of Japan situation
2. The impact for occupational health based on SANPO Society survey
3. Workplace health promotion with CORONA, Challenge for the future
The world has completely changed.
Total Confirmed: 16,605

Coronavirus Cases in Japan (today)
Japan confirms 1st case of infection with new coronavirus from China

Jan 16, 2020

male, 30s who has traveled to Wuhan

first case in Japan
Japan didn’t have strict travel restrictions.
1st Japanese back from Wuhan; 5 taken to hospital with signs of flu

THE ASAHI SHIMBUN
January 29, 2020 at 14:45 JST

Returning employees from China was a serious issue for occupational health at the end of January.

http://www.asahi.com/ajw/articles/AJ2020012900044.html
Shinzo Abe, Prime minister

- March 2: School closures
- March 12: Pandemic by WHO
- April 7: Emergency declaration
- April 16: Cloth mask delivery “Abenomask”
- April 18: 100,000 yen handouts in cash
- May 4: Extended Emergency declaration
- May 25: Lifting of the state of emergency

Responses of the Japanese government
March 24 Olympic postponed
March 25 Stay-at-home requests (mild-Rockdown)
March 30 Expand the capacity of PCR/beds
April 20 Financial support for company
May 26 Lifting of Stay-at-home requests

The road map for "new daily life"

Responses of the Tokyo city
N95 mask fit test
10 PCR test capacity per day until March
Fever outpatient clinic opened in April
Capacity improved to more than 40 PCR/day
Global Covid-19 death toll: Latin America offsets decline in Europe and the US

Daily deaths of patients diagnosed with coronavirus (7-day rolling average)

Latin America and the Caribbean now accounts for 38 per cent of average global deaths

May 27-Jun 2 Average daily deaths 4,173

Mar 15-21 Total daily deaths 393

Nov 26-Dec 2 Average daily deaths 1,721

US total May 27-Jun 2 1,014

Rest of LatAm and Caribbean

Rest of N America

New York

US-ex-NY

Italy

UK

Rest of Europe

Mideast

Asia

The US share of average global daily deaths has fallen to 24 per cent

Daily confirmed deaths (% by region)

Source: FT analysis of ECDC and Covid Tracking Project data
© FT
Cumulative deaths attributed to Covid-19 in United States, China, United Arab Emirates, India, Italy and Japan

Cumulative deaths, by number of days since 100 total deaths first recorded

Source: FT analysis of data from the European Centre for Disease Prevention and Control and the Covid Tracking Project. Data updated June 3 2020 6.14pm BST

Cumulative deaths in Japan and others
Despite early exposure, its dense and aging population, and little social distancing measures, Japan reports low infection and low death from COVID-19. Here, we speculate on and discuss the possible reasons that may account for this anomaly.

There is a lot of interest brewing as to why Japan has such low numbers of confirmed infected cases of the COVID-19 disease, caused by the SARS-CoV-2 virus (Fig 1), despite its high population density (over 6,100 persons/sqkm in Tokyo, 2.4 times higher than New York City) and large percentage of high-risk individuals over 65 years of age (about 26%, compared with 15% in the USA). In Singapore, alerts and contact tracing have helped to "flatten the curve". In South Korea, mass testing and quarantine measures appear to have reduced the rate of new cases. However, Japan has not engaged in expansive testing, contact tracing, or lockdowns. Nevertheless, Japan is reporting a slow growth rate of infections, with just 1/10th of world average. It is difficult to make a direct comparison for infection rates because the number of tests per capita varies. This low death rate cannot be simply explained by SARS-CoV-2 disease but is due to lack of testing or reporting, as no surge in death from respiratory syndromes has been seen.

1) Japanese customs and culture
2) Attenuated virus already infected
3) Few SARS-CoV-2 receptors
4) Strong histocompatibility antigen against SARS-CoV-2
5) BCG vaccination

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SANPO-KAI
SHARING EVIDENCE, EXPERIENCE, EFFORT AMONG OCCUPATIONAL HEALTH STAFFS

Multidisciplinary occupational health staff study group
Focus on corporate case studies and good practices rather than lectures
May 21, “Effects of COVID-19 pandemic on OH activities”
122 companies responded. Almost all companies in various industries and sizes were affected by COVID-19 pandemic in their operations and activities.
Response/Countermeasures to COVID-19

- Setting up a response team
- Manual maintenance
- Promotion of telework
- Reduction of business hours
- Compensation for leave
- Self-restraint of meetings
- Video conference system
- Social distance
- Installation of antiseptic solution
- Smoking area closure
- Health monitoring for employees
- Mask distribution
- Providing information
- Postponing health checkups
- Dealing with positive cases
- Dealing with suspected cases
- Response to returnees from abroad
- Self-restraint for business trips
Concerns and troubles with COVID-19

- Response to lockdown
- Impact on business performance
- Compensation of salary
- Suspension of operations
- Lack of materials
- Termination of contract
- Implementation of telework
- Telework stress
- Corona infection of employees
- Discrimination against positive cases
- Anxious employee
- Lack of evidence
- No experts in the company
- Lack of mask and disinfectant
- Prohibition of overseas travel
- Overseas travel of new employees
Coronavirus: Japan's employees are working from home, but stress has followed them

- Prime Minister Shinzo Abe has called on companies to find ways to let employees work remotely and set a target of 70 per cent fewer commuters
- Firms can cut costs and employees don't need to commute, but 40 per cent of people said their mental health had been affected by teleworking
Dear Dr. Hiroshi,

How are you doing in these challenging times? I hope you and your family are well. How is the situation in Japan? And is how is this affecting the workplace?

I am not sure if you saw the announcements on the webinars we have been running on COVID-19 and the impact on the workplace. Our last one focused on Working from Home: What is the Impact on Wellbeing? To view a short summary of the webinar along with links to presentation slides, webinar video recording and additional links to resources please visit: https://www.globalhealthyworkplace.org/2020/05/07/webinar-summary-slides-video-recording-working-from-home-what-is-the-impact-on-wellbeing.

Our next one 2 weeks will focus on returning to work. As you will know, to bring back employees back to the workplace and developing strategies. Workplaces will share their guidance resources like IOE, EU OSHA and strategies in Japan/Asia, if you could share any that would be great.

I look forward to hearing from you.

Best regards,

Wolf
GCHW/IES May 5 Webinar Summary

The coronavirus COVID-19 crisis has heralded a massive shift in working patterns for many employees across most of the developed world. The impact on employee health and wellbeing is not fully understood yet. However, the current Institute for Employment Studies (IES) Working from Home Wellbeing survey gives us a first glimpse. Stephen Bevan, Head of HR Research Development at UK-based IES reported on the data gathered from 850 respondents in the UK.

Key findings include:
- After an initial major spike in musculoskeletal pain (50-60%) this has now trended lower, but still higher than before the crisis.
- A deterioration of diet and exercise with 20% of respondents admitting to an increase in alcohol consumption, 33% eating a less healthy diet, and 60% exercising less.
- Almost half (44%) report losing sleep due to worry and 42% report more fatigue than usual.
- 36% say work pressure is too much and 43% don’t have enough time to get their work done.
- 64% lost sleep
- 58% neck/shoulder pain
- 55% headache
- 60% not active
- 40% not waking up fresh
- 20% lonely & isolated
- 20% increased of alcohol
- 60% less exercise
- 33% eating less healthy
- 48% working long

Teleworking stress: British survey
Teleworking: pros and cons

Pros:
1. Time savings of commuting
2. Working at her own pace
3. Leave from your nasty boss
4. Easy to break
5. Meals regularly
6. Easy to concentrate
7. Having time for family
8. Task is clear

Cons:
1. VDT environment and work posture
2. Separation of work and private
3. Lack of communication
4. Lack of exercise
5. Irregular eating habits
6. Excessive information
7. Living environment
8. Difficulty in evaluating output
Guidelines for labor management in telework, MHLW

1. Environmental maintenance (VDT environment, stationery, desk, chair)
2. Work switch! Ingenuity
3. Active refreshing · Break every 30 minutes
4. Strengthen communication tools (ZOOM, etc.)
5. Physical condition management (weight, blood pressure → body temperature, sleep, stress…)
6. Online interview support for applicants

**OH Support for teleworking in the era with CORONA**
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緊急事態宣言、全国39県で解除 東京など8都道府県も可能なら21日に解除＝安倍首相

2020年5月14日（木）18時35分

May 25  Lifting of the state of emergency
“New normal” lifestyle proposed by the government
The meaning of wearing a mask has also changed.
The Health & Productivity Stock Selection

- Since FY 2014, METI and the Tokyo Stock Exchange (TSE) have been conducting the Health & Productivity Stock Selection.
- 26 companies are selected as the 2018 Health & Productivity Stock Selection.

Selection Criteria

1. Enterprises ranking in the top 20% of all the enterprises that answered the Survey on Health and Productivity Management in terms of scores derived from the overall rating system.
2. Enterprises whose ROE (return on equity) is at least 0%.

Evaluation Framework

[i] the positioning of health and productivity management in management philosophy and policies
[ii] organized frameworks established for tackling health and productivity management
[iii] specific systems established for ensuring health-conscious management as well as measures introduced for implementing them
[iv] measures established for assessing and improving health and productivity management
[v] adherence to laws and regulations and risk management

The Health & Productivity Management by METI
Certification & Qualification systems related to H&PM

- This program endeavors to **highlight these outstanding enterprises** engaged in efforts to advance H&PM and thereby **aims to organize an environment in which such enterprises are able to gain enhanced public recognition**, e.g., from employees, employment seekers, related enterprises and financial institutions, as organizations engaging in strategic H&PM program efforts for maintaining their employees’ health from a management perspective.

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**Large Organizations**

- The Health & Productivity Stock Selection (At most 33 companies)
- The Certified Health and Productivity Management Organization Recognition Program (White 500) (Goal: over 500 organizations)

**SMEs**

- The Certified Health and Productivity Management Organization Recognition Program
- Organizations to engage in the Health-conscious Management Declaration (Goal: over 10,000 organizations)

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The number of companies engaged in H&PM was increasing

In H&PM, improving the health literacy of an organization is a key factor for success. In WHP in the corona era, support for improving employee and organizational health literacy against unknown infectious diseases is very important.
Pre-post evaluation with Health Literacy

- **Gathering Information**
  - 2014: 51.4%
  - 2015: 51.2%
  - 2016: 52.5%
  - 2017: 54.2%
  - 2018: 55.8%

- **Selecting Information**
  - 2014: 51.6%
  - 2015: 51.2%
  - 2016: 52.5%
  - 2017: 54.2%
  - 2018: 55.8%

- **Judging Information**
  - 2014: 51.6%
  - 2015: 51.2%
  - 2016: 52.5%
  - 2017: 54.2%
  - 2018: 55.8%

- **Sharing Information**
  - 2014: 68.3%
  - 2015: 66.5%
  - 2016: 54.2%
  - 2017: 55.8%
  - 2018: 55.8%

- **Decision-Making**
  - 2014: 51.6%
  - 2015: 51.2%
  - 2016: 52.5%
  - 2017: 54.2%
  - 2018: 55.8%

- **Health Design Book**
  - Very Useful: 52.5%
  - Useful: 7.0%
  - Don’t know: 40.5%
  - Know it: 0%

*Strong agree*  *Don’t agree*


Continuous WHP enhances Health Literacy
It is important for employees do not blindly believe in media information, to improve their health literacy, and to discuss and consider whether they and their family and colleagues can be safe.
Thank you for your attention!