

Guideline for Medical Response

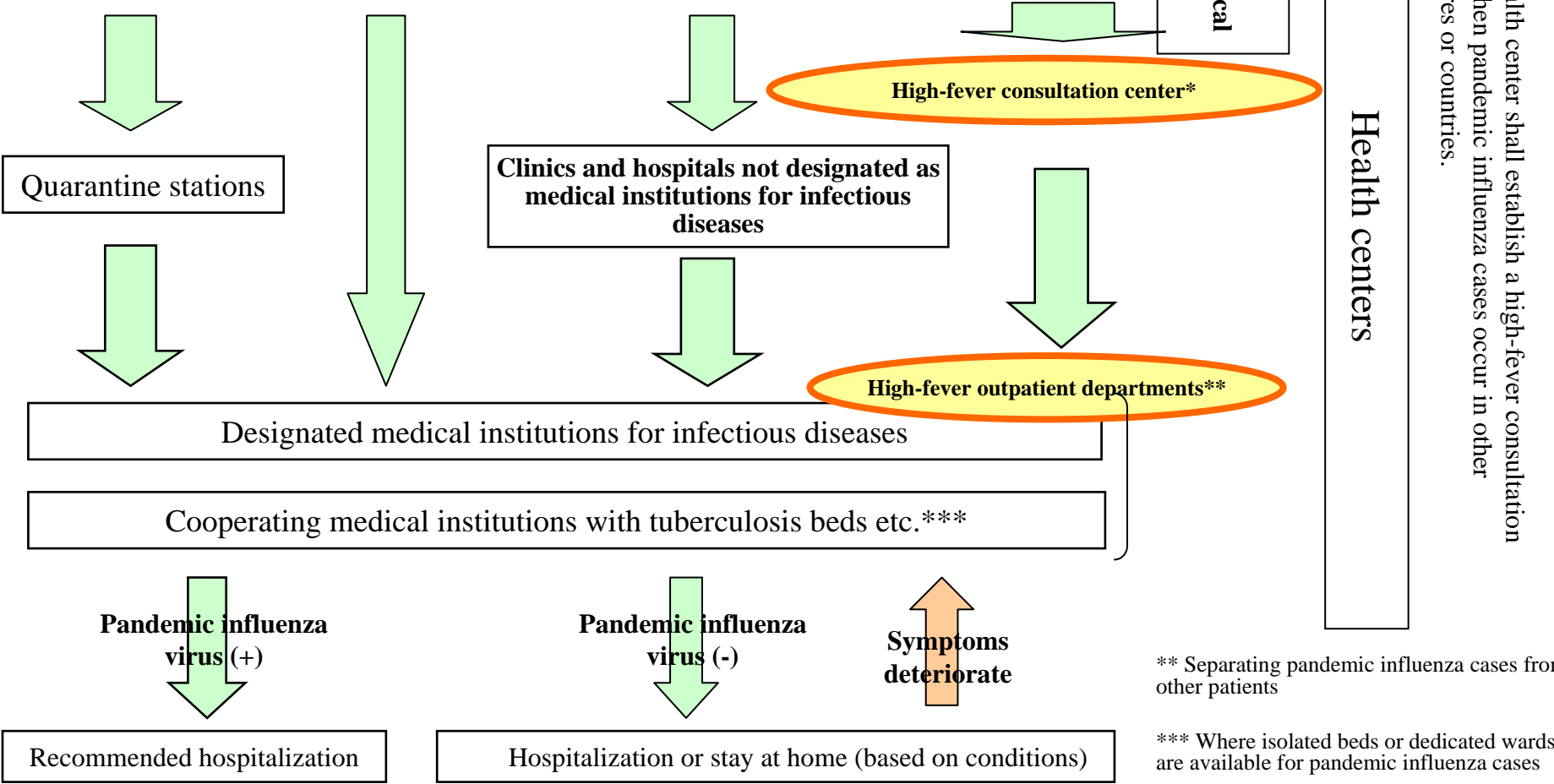
March 26, 2007

Pandemic Influenza Experts Advisory Committee

Guideline for Medical Response (Overview)

Stages where pandemic influenza cases occur, and receive medical treatment at designated medical institutions for infectious diseases etc., until recommended hospitalization is discontinued

Individuals manifesting pandemic influenza symptoms, those having contacted with such individuals or traveled to countries where infection occurs etc.

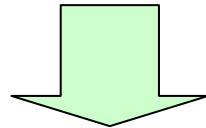


After recommended hospitalization is discontinued

Stages where pandemic influenza cases increase, recommended hospitalization is discontinued and medical treatment is provided at undesigned medical institutions as well

Individuals manifesting pandemic influenza symptoms, those having contacted with such individuals or traveled to countries where infection occurs etc.

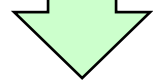
Provide info



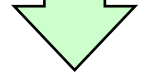
High-fever outpatient departments*

Provide info

Serious conditions



Mild conditions



* Examine whether high-fever outpatient departments shall be sustained, considering statuses of infection and available medical human resources at non-medical institutions.

All medical institutions providing hospitalized treatment

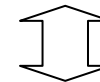
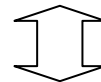
Households

Refrainment from outings
Wearing masks

Public facilities etc.

Beds at medical institutions are filled with serious cases

Provide info



Medical institutions, medical associations, pharmacies etc.

Health centers

Guideline for Medical Response

1. Introduction

- In 2005, the Inter-Ministerial Avian Influenza Committee enacted the Pandemic Influenza Preparedness Action Plan. This action plan instructs to “order medical institutions to examine and diagnose suspected pandemic influenza patients according to triage principles” in Phase 4A, and to “recommend hospitalization to identified influenza patients based on the Infectious Diseases Law, and treat them with antiviral drugs” in Phase 4B. However, more specific requirements are not provided in this action plan.
- The Guidelines for Medical Response was formulated to provide related sectors with more specific principles for acting. These guidelines will be reviewed continuously and renewed as necessary. It is preferable that medical institutions, prefectural governments etc. refer to these guidelines in establishing countermeasures against pandemic influenza.
- If actual human-to-human transmission occurs, definitions shall be established for cases designated for observation, suspected patients and confirmed patients, thereby indicating guidelines for diagnosing pandemic influenza. As experience in pandemic influenza cases accumulates and scientific findings are established to a certain degree, methods for medical treatment shall be stipulated. At this point, please refer to “III Guidelines for Diagnosis and Treatment” of the Guidelines for Influenza (H5N1) – Phase 3.
- These guidelines describe required medical response in five stages, using increase in the number of pandemic influenza patients as an indicator. These stages do not necessarily correspond to the WHO’s Pandemic Phases. It shall be noted that pandemic influenza may proceed from Stage 1 to Stage 3 or 4 in a few days, depending on its virulence.

2. Securing necessary medical resources in line with increase in pandemic influenza patients

Stage 1: Pandemic influenza patients have occurred in Japan or overseas, but have not occurred in the relevant prefecture.

(1) Establishing high-fever consultation centers

- The governments of prefectures, special districts and cities operating health centers (hereinafter “prefectural governments etc.”) shall establish organizations to receive inquiries from individuals having high fevers (“high-fever consultation centers”) at health centers or other public facilities. The governments shall also disseminate throughout local residents using posters, PR magazines and other media, that individuals having high fevers shall first consult high-fever consultation centers by phone etc.
- Such consultation centers are established with aims of identifying patients at an early stage, preventing infection to other individuals by encouraging patients to make inquiries before visiting medical institutions, providing mental support to local residents, and relieving specified medical institutions from excessive workload, among other purposes.

- Representatives of consultation centers shall avoid contact in person as far as possible during information exchange. If pandemic influenza is suspected from information provided by inquiring individuals (e.g. symptoms, history of contact with pandemic influenza patients or of travel to regions where infection occurs), consulting representatives shall wear masks and instruct such individuals to visit designated medical institutions for infectious diseases etc. If there is no possibility of pandemic influenza, consultants shall provide appropriate advice, and instruct inquiring individuals to consult nearby physicians as necessary.
 - High-fever consultation centers shall be sustained after pandemic influenza patients occur within the relevant prefecture.
- (2) Establishing immediate response schemes at medical institutions providing hospitalized treatment to pandemic influenza (such as designated medical institutions for infectious diseases)**
- In the early stage of pandemic influenza infection, hospitalization is recommended to patients regardless of seriousness of their conditions. Therefore, prefectural governments etc. shall identify in advance the number of available beds to hospitalize pandemic influenza patients. Once recommendation for hospitalization is issued, the following medical institutions shall provide hospitalized treatment to the relevant pandemic influenza patients.
 1. Designated medical institutions for infectious diseases¹ (Specified, Type 1 and Type 2)
 2. Medical institutions having tuberculosis beds or otherwise requested by prefectural governments etc. to provide beds to pandemic influenza patients, under the Pandemic Influenza Preparedness Action Plan (hereinafter “cooperating medical institutions”)
(Medical institutions categorized in 1 and 2 above are collectively referred to as “designated medical institutions for infectious diseases etc.”)

Designated medical institutions for infectious diseases shall estimate the number of pandemic influenza patients they can accept, considering capacities of their facilities and not limiting to beds for infectious diseases. Cooperating medical institutions shall also estimate the number of pandemic influenza patients they can accept, not limiting to negative pressure beds² etc., but including any rooms that are structurally capable of containing pandemic influenza virus within, as well as other methods such as allocating a whole floor or ward to pandemic influenza patients. Based on such estimations, prefectural governments etc. shall determine the numbers of available beds to hospitalize pandemic influenza patients in the early stage of pandemic, and base their response plans

¹ Designated medical institutions for infectious diseases
Refers to medical institutions that have beds to hospitalize patients of Type I, Type II and new infectious diseases specified by the Law concerning the Prevention of Infectious Diseases and Medical Care for Patients of Infection, and includes designated medical institutions for specified, Type I, and Type II infectious diseases.

² Negative pressure beds
Beds in a room in which pressure is kept lower than the pressure outside, thereby preventing pathogens of infectious diseases from spreading out of the room

on this information. The abovementioned available beds are hereafter collectively referred to as “beds for infectious diseases etc.”

- * If a medical institution has surplus tuberculosis beds in a ward convertible to pandemic influenza, while sustaining the existing tuberculosis treatment at its facilities, the use of such beds shall be examined.
- Designated medical institutions for infectious diseases etc. shall establish immediate response schemes in this stage. Prefectural governments etc. shall identify and support the preparedness of such medical institutions (concerning staffing, protective equipment, antiviral drugs etc.).
- Even if pandemic influenza patients have not been identified, many suspected patients may occur (including those consulting medical institutions claiming the possibility of pandemic influenza), some requiring hospitalization. Designated medical institutions for infectious diseases etc. shall hospitalize such suspected patients as well, who may be discharged or transferred to general hospitals as soon as the possibility of pandemic influenza is denied.
- See the Guidelines for Vaccination of Pandemic Influenza for the administration of prepandemic vaccines to the staff of designated medical institutions for infectious diseases etc.
- In preparation for Stage 3, described later, all medical institutions with hospitalization equipment shall formulate acceptance plans for pandemic influenza patients in advance.

Stage 2: Pandemic influenza patients occur in the relevant prefecture, and receive medical treatment at designated medical institutions for infectious diseases etc. during recommended hospitalization.

As mentioned earlier, the numbers of beds for infectious diseases etc. are compiled and determined by individual prefectural governments etc. Stage 2 continues until epidemiological studies become no longer able to track down routes of infection, and recommended hospitalization loses effects of preventing or controlling spread of infection, or until all the beds for infectious diseases etc. in the relevant prefecture are filled with pandemic influenza patients. Therefore, the timing when this stage ends varies by prefecture.

(1) Response at medical institutions in the early stage of pandemic

1) Response at general hospitals, clinics etc.

Individuals suspected of pandemic influenza are advised to consult high-fever consultation centers before visiting designated medical institutions for infectious diseases etc. However, if such individuals go directly to hospitals or clinics other than designated medical institutions for infectious diseases etc. (hereinafter “consulting medical institutions”), such medical institutions shall respond as follows.

- If consulting medical institutions consider any outpatients to be cases designated for observation, they shall report such individuals to local health centers.

- Local health centers shall advise the reporting institutions on transfer of such individuals to designated medical institutions for infectious diseases etc., capable of pandemic influenza tests.
- It takes at least half a day for laboratories to complete tests for pandemic influenza. Therefore, consulting medical institutions shall recommend voluntary hospitalization in advance at designated medical institutions for infectious diseases to suspected patients (hospitalization shall be voluntary until pandemic influenza tests prove positive). The accepting designated medical institutions for infectious diseases shall have beds that are structurally capable of containing pandemic influenza virus within the designated room.
- If consulting medical institutions is notified by health centers that all beds at designated medical institutions for infectious diseases are full, they shall recommend voluntary hospitalization at medical institutions requested by prefectural governments etc. to provide beds for pandemic influenza under the Pandemic Influenza Preparedness Action Plan (“cooperating medical institutions”) to the relevant individuals. In such cases, the accepting medical institutions shall take necessary measures to prevent the outflow of pandemic influenza virus to other rooms, such as using negative pressure rooms, dedicating a whole floor or ward to pandemic influenza, etc.
- Consulting medical institutions are required to cooperate in investigations specified by Article 15 of the Infectious Diseases Law, as far as possible. Therefore, consulting medical institutions are expected to help such investigations by formulating lists of contact information of individuals who may have contacted suspected patients of pandemic influenza in waiting rooms or other areas of their facilities.
- If requested by prefectural governments etc., consulting medical institutions shall submit the contact information lists formulated as above to health centers, to enable investigations specified by Article 15 of the Infectious Diseases Law. (See the Proactive Epidemiological Research Guidelines for Pandemic Influenza for procedures at health centers.)
- i) If suspected patients agree to hospitalization at designated medical institutions for infectious diseases etc.
- Consulting medical institutions shall confirm that the accepting medical institutions have required capacity, and transfer the suspected patients by their own cars or transfer vehicles. Public transportation shall not be used. In the case of emergency, the use of ambulance shall be examined. The consulting medical institutions shall provide information on the suspected patients to the accepting medical institutions and paramedics, who shall take sufficient infection prevention measures before transferring suspected patients. (See the Guidelines for Infection Prevention at Medical Facilities.)
- Health centers shall notify the test results of (suspected) pandemic influenza patients to the accepting medical institutions, consulting medical institutions, and individuals indicated in the contact information lists.
- ii) If suspected patients disagree to hospitalization at designated medical institutions for infectious diseases etc.

- Designated medical institutions for infectious diseases etc. shall instruct suspected patients to stay at their facilities or at home, until the test results are provided. Suspected patients shall be also instructed to wear masks, avoid crowded places and take other necessary countermeasures against infection during this stay.
- If pandemic influenza tests prove positive
 - Health centers shall notify the test results to the relevant patients, and recommend hospitalization at designated medical institutions for infectious diseases in principle, under Article 19 of the Infectious Diseases Law. The patients shall be transferred to the relevant designated medical institutions for infectious diseases. If all their beds are full, the patients shall be hospitalized at cooperating medical institutions instead.
 - Families of confirmed patients, as well as individuals who are likely to have contacted them in waiting rooms etc., shall become targets of proactive epidemiological studies conducted by the governing health centers (See the Proactive Epidemiological Research Guidelines for Pandemic Influenza for details).
- If pandemic influenza tests prove negative, health centers shall notify the results to the relevant suspected patients, consulting medical institutions, and individuals indicated on the lists of contact information. In this process, health centers shall also instruct that individuals shall report medical institutions or health centers immediately if their symptoms deteriorate.

2) Response at designated medical institutions for infectious diseases etc.

- Designated medical institutions for infectious diseases etc. shall provide hospitalized treatment to patients diagnosed as pandemic influenza and recommended to get hospitalized under Article 19 of the Infectious Diseases Law, regardless of seriousness of their conditions.
- Designated medical institutions for infectious diseases etc. shall obtain, from the transferring medical institutions, information on cases designated for observation, suspected patients or confirmed patients that they plan to accept. Staff at the accepting medical institutions shall also wear masks, gowns and/or other personal protective equipment (PPE) to prevent infection before the (suspected) patients arrive. Agreement of the (suspected) patients shall be obtained before hospitalization. (See the Guidelines for Infection Prevention at Medical Facilities.)
- If pandemic influenza tests prove positive, health centers shall recommend hospitalization to the relevant patients, who shall receive continued treatment at the accepting medical institutions under Article 19 of the Infectious Diseases Law.
- If pandemic influenza tests prove negative, the necessity for continued hospitalization shall be examined considering conditions of the relevant individuals. It is preferable to transfer such individuals to other beds or medical institutions as appropriate.
- If individuals manifesting symptoms of pandemic influenza consult designated medical institutions for infectious diseases etc. at first, they shall take the same response as general hospitals, clinics etc. to the relevant individuals and those contacting such individuals.

(2) Establishment of high-fever outpatient departments and the subsequent response

1) High-fever outpatient departments

- High-fever outpatient departments are established with aims to separate patients of pandemic influenza from those of other diseases, thereby minimizing contacts between the two groups and preventing the spread of infection, and to increase efficiency in pandemic influenza-related medical process and minimize confusion.
- The prefectural governments etc. are expected to formulate in advance lists of medical institutions and public facilities where high-fever outpatient departments shall be established, in collaboration with local medical associations etc. If prefectural governments etc. plan to establish high-fever outpatient departments as new clinics, procedures required for such establishment shall be planned simply because high-fever outpatient departments only operate temporarily.
- Prefectural governments etc., medical institutions and other related entities shall disseminate information on high-fever outpatient departments throughout local residents using posters, PR magazines and other media, and advise that individuals having high fevers visit high-fever outpatient departments.
- It is desirable that prefectural governments etc. establish high-fever outpatient departments as early as possible, to prevent the spread of infection. In the early stage of pandemic, it is desirable to open high-fever outpatient departments in as many locations as possible, so that each (suspected) patient will be able to consult a physician within thirty minutes, considering possible increase in (suspected) patients and availability of medical human resources.
- At high-fever outpatient departments, physicians shall interview, examine and administer medication to (suspected) patients, and take necessary measures in collaboration with related institutions if symptoms of pandemic influenza are identified.
- Health care workers at high-fever outpatient departments shall take sufficient countermeasures against infection, including the wearing of PPE (See the Guidelines for Infection Prevention at Medical Facilities).
- Prefectural governments etc. shall make efforts to form groups of physicians in collaboration with local medical associations, so that operations of high-fever outpatient departments will be managed by teams.
- The styles of high-fever outpatient departments may be determined in accordance with prefectural traits. Below are indicated a few examples.
 - Putting up dedicated outpatient departments at designated medical institutions for infectious diseases (Entrances shall be separated to avoid contacts with patients of other diseases);
 - Converting existing clinics, local medical examination centers etc. into high-fever outpatient departments;
 - Using prefabricated facilities in the premises of medical institutions;

- Dispatching physicians and health care workers to community centers, local gyms and other public facilities; etc.
 - In support of operations of high-fever outpatient departments, prefectural governments etc. shall procure required supplies for infection prevention, coordinate between consulting medical institutions, allocate human resources, establish a scheme for administering pre-pandemic vaccines, secure necessary amount of antiviral drugs, and take other necessary measures.
 - Prefectural governments etc. shall establish additional high-fever outpatient departments if local needs grow.
- 2) Medical institutions other than designated medical institutions for infectious diseases etc.**
- Medical institutions that do not treat pandemic influenza shall concentrate on treatment for other diseases, thereby sustaining regular medical services. They shall also assign physicians temporarily or provide other supports to high-fever outpatient departments as necessary.
- (3) Response at administrative agencies**
- 1) Prefectural governments etc.**
- If consulting medical institutions report cases designated for observation to local health centers, they shall contact designated medical institutions for infectious diseases etc. in the same prefecture, and arrange the acceptance of (suspected) patients. Health centers shall also forward the samples of cases designated for observation, taken at the reporting institutions under Article 15 of the Infectious Diseases Law, to local health institutes.
 - Health centers shall request consulting medical institutions to submit lists of contact information and other necessary information, required for studies conducted by prefectural governments etc. under Article 15 of the Infectious Diseases Law.
 - If pandemic influenza tests prove positive
 - Health centers shall notify the test results to the relevant consulting medical institutions and designated medical institutions for infectious diseases etc., and recommend the hospitalization of suspected or confirmed patients at designated medical institutions for infectious diseases under Article 19 of the Infectious Diseases Law.
 - Health centers shall also conduct investigations into sources of infection and individuals contacting patients, ten-day health monitoring, and other required studies under Article 15 of the Infectious Diseases Law. (See the Proactive Epidemiological Research Guidelines for Pandemic Influenza for details.)
 - If pandemic influenza tests prove negative, health centers shall notify the results to the relevant suspected patients, consulting medical institutions, accepting medical institutions, and individuals indicated on the lists of contact information.

- In collaboration with the Ministry of Health, Labour and Welfare, local governments shall arrange that necessary antiviral drugs, infection prevention supplies etc. are provided smoothly to designated medical institutions for infectious diseases etc. (See the Guidelines for Antiviral Drugs for details of antiviral drugs.)

2) Ministry of Health, Labour and Welfare

- The MHLW shall identify the status of pandemic influenza patients in Japan, and arrange that pre-pandemic vaccines, antiviral drugs, infection prevention supplies etc. are distributed appropriately and smoothly.
- See the Guidelines for Vaccination of Pandemic Influenza for protocol to administer pre-pandemic vaccines to health care workers.
- The ministry shall also determine the timing to diminish the use of antiviral drugs to seasonal influenza patients, monitoring the trends of pandemic influenza. Such timing shall be instructed to individual medical institutions through prefectural governments etc.

Stage 3: The number of pandemic influenza patients increases, and recommended hospitalization is discontinued. Any beds convertible to pandemic influenza may be mobilized, at all medical institutions with hospitalizing equipment in the relevant prefecture.

If epidemiological studies become no longer able to track down routes of infection, and recommended hospitalization loses effects of preventing or controlling spread of infection, or if all the beds at designated medical institutions for infectious diseases etc. are filled, prefectural governments etc. shall discontinue recommended hospitalization of pandemic influenza patients specified by Article 19 of the Infectious Diseases Law through consultation with the central government, considering the number of beds available for pandemic influenza.

In Stage 3, pandemic influenza patients may be identified or treated at any medical institutions with hospitalization equipment. Therefore, such medical institutions shall take part in the treatment of pandemic influenza patients in accordance with their capacities.

(1) Procedures following the discontinuation of recommended hospitalization

1) Response at high-fever outpatient departments

- High-fever outpatient departments shall separate patients of pandemic influenza from those of other diseases, thereby preventing the spread of infection. High-fever outpatient departments shall also determine whether individual pandemic influenza patients require hospitalization, based on seriousness of their conditions. (Because recommended hospitalization will have been discontinued in this stage, only patients in serious conditions who require hospitalized medical treatment shall be stay at medical institutions.)

- If patients are not considered to require hospitalized treatment, high-fever outpatient departments shall administer medication as necessary, and recommend rest at home as far as possible.
- If patients manifest serious pneumonia or deteriorated respiratory functions, or are otherwise considered to require hospitalized treatment, high-fever outpatient departments shall arrange hospitalization at medical institutions with cooperation from health centers and other related entities.
- As stated earlier, the styles of high-fever outpatient departments to satisfy the abovementioned requirements may be determined in accordance with prefectural traits.

2) Response at medical institutions

- If pandemic influenza patients are identified or treated at medical institutions other than designated medical institutions for infectious diseases etc., such medical institutions shall register themselves as cooperating medical institutions at prefectural governments etc.
- To secure beds for pandemic influenza treatment, medical institutions shall explain the situations to hospitalized patients of pandemic influenza and other diseases, and recommend them to leave the medical institutions and rest at home, if it is therapeutically possible.
- After the process as above, medical institutions shall accept pandemic influenza patients who manifest serious pneumonia or deteriorated respiratory functions, and therefore considered to require hospitalized treatment, using the vacated beds.
- Medical institutions hospitalizing pandemic influenza patients shall take sufficient measures for infection prevention, by dedicating a whole ward to pandemic influenza patients temporarily or otherwise distancing patients of pandemic influenza from those of other diseases. In this stage, it is considered impossible to conduct confirming tests for all suspected cases of pandemic influenza. Therefore, on-site measures shall be taken to hospitalize (suspected) patients in different rooms in accordance with seriousness of their conditions.
- Medical institutions shall refrain from precautionary hospitalizations and operations. Outpatients shall also be requested to refrain from unnecessary visits to medical institutions.
- Medical institutions shall arrange their consultation systems to sustain medical services other than influenza treatment. The retention of pediatric medical services is particularly important.
- Hospital-clinic collaboration and hospital-hospital collaboration are important for self help and mutual help in local communities. (It is desirable that prefectural governments etc. support self help and mutual help in local communities by promoting hospital-clinic collaboration³ and hospital-hospital collaboration⁴ assuming pandemic influenza during the normal time.)

³ Hospital-clinic collaboration
Collaboration between hospitals and clinics

3) **Medical institutions excluded from pandemic influenza treatment**

- To sustain medical services for other diseases, prefectural governments etc. may designate medical institutions excluded from pandemic influenza treatment at their own discretion (such as dialysis hospitals and cancer centers).
- Medical institutions excluded from pandemic influenza treatment shall concentrate on treatment for other diseases, thereby sustaining regular medical services. However, physicians at medical institutions excluded from pandemic influenza treatment shall cooperate in house calls to pandemic influenza patients, consultation at high-fever outpatient departments, and other required services as necessary.

(2) **Response at administrative agencies**

1) **Prefectural governments etc.**

- Prefectural governments etc. shall identify and provide information on vacant beds at medical institutions, so that pandemic influenza patients in serious conditions will be hospitalized by priority.
- Prefectural governments etc. shall instruct pandemic influenza patients resting at home and their families to prevent infection between family members, through public relations, websites and other media.
- Prefectural governments etc. shall examine whether high-fever outpatient departments should be continued, discontinued, increased or decreased, considering the status of infection outside medical institutions and availability of medical human resources.
- Prefectural governments etc. shall also arrange that antiviral drugs, infection prevention supplies etc. are distributed appropriately and smoothly. (See the Guidelines for Antiviral Drugs for details of antiviral drugs.)

2) **Ministry of Health, Labour and Welfare**

- The MHLW shall arrange that antiviral drugs, infection prevention supplies etc. are distributed appropriately and smoothly in Japan.
- See the Guidelines for Vaccination of Pandemic Influenza for protocol to administer prepandemic vaccines to health care workers.
- The ministry shall also request its people to refrain from unnecessary or precautionary visits to outpatient departments, ambulance calls or hospitalizations.

Stage 4: The number of pandemic influenza patients requiring hospitalization becomes enormous, and new beds become necessary in addition to existing beds at

⁴ Hospital-hospital collaboration
Collaboration between hospitals and other hospitals

medical institutions.

In this stage, medical services must be provided at facilities other than medical institutions.

- If the number of pandemic influenza patients requiring hospitalized treatment increases to a level beyond the capacities of medical institutions, prefectural governments etc. shall find ways to provide medical services at facilities other than medical institutions, to pandemic influenza patients in serious conditions who require hospitalized treatment.
- Prefectural governments etc. shall dispatch health care workers to such facilities in collaboration with local medical associations, so that necessary services will be provided.
- Accommodation facilities are only mobilized temporarily during infection spread, and are therefore classified as extension of residential facilities, not as medical facilities governed by the Medical Service Law.
- As accommodation facilities to provide medical services outside medical institutions, it is desirable to select public seminar houses or similar public facilities that satisfy the following conditions.
 - Having space, beds and other equipment capable of housing many patients;
 - Equipped with toilets, showers and other sanitation;
 - Capable of serving meals;
 - Equipped with air conditioning; and
 - Having sufficient parking space and/or near transportation facilities

Stage 5: Infection of pandemic influenza starts to subside.

If pandemic influenza seems to have started subsiding, prefectural governments etc. shall take the following measures.

- Discontinue high-fever consultation centers and high-fever outpatient departments;
- Promote swift return to regular medical services;
- Identify and analyze the local impact of pandemic influenza;
- Start preparations for the second wave of pandemic; and
- Arrange that, as far as possible, health care workers who have been infected by and become immune to pandemic influenza will be mobilized if pandemic influenza occurs again.

3. Securing health care workers and providing them with seminars and training for pandemic

- Prefectural governments etc. shall take measures to secure necessary health care workers, by involving physicians of other specialties into pandemic influenza teams.
- Health care workers may run short during pandemic. Therefore, prefectural governments etc. shall identify in advance available medical human resources (e.g. physicians, nurses, hygienists) in collaboration with local medical associations, and requesting their cooperation as necessary.
- Prefectural governments etc. shall take sufficient infection prevention measures for health care workers, including training of wearing and removing PPE.
- In providing seminars and training, prefectural governments etc. shall consider the possibility of mobilizing physicians of other specialties for pandemic influenza treatment.

4. Securing medical supplies

- To enable appropriate infection prevention and diagnosis, prefectural governments etc., medical institutions, fire departments and other entities shall stock necessary PPE and diagnostic kits. In particular, prefectural governments etc. shall arrange, secure and support the stocking and distribution of PPE, diagnostic kits and other supplies at high-fever outpatient departments and medical institutions.

References:

- Guidelines for Infection Prevention at Medical Facilities
- “Use of Personal Protective Equipment (PPE) pertaining to Contacts with Patients in Countermeasures against Avian (H5N1) and Pandemic Influenza (Phases 3 to 5),”

Infectious Disease Surveillance Center, National Institute of Infectious Diseases

<http://idsc.nih.go.jp/disease/influenza/05pandemic.html>

- During pandemic, demand for artificial respirators and other medical supplies is likely to grow. Prefectural governments etc. shall check whether necessary artificial respirators and other medical supplies are secured at hospitalizing medical institutions, so that continuous treatment will be provided.

5. Treatment at home

- If all beds at designated medical institutions for infectious diseases etc. are filled with pandemic influenza patients, recommended hospitalization under Article 19 of the

Infectious Diseases Law will be discontinued. In such cases, hospitalized patients are requested to leave medical institutions and rest at home, if therapeutically possible.

- Prefectural governments etc. and medical institutions shall provide necessary information to pandemic influenza patients resting at home, through telephone consultation, visits, websites and so on. Patients shall also be advised to refrain from outings.
- It is desirable that physicians at medical institutions excluded from pandemic influenza treatment cooperate proactively in visits, house calls, visiting cares to pandemic influenza patients at home.
- If patients of pandemic influenza or other diseases resting at home are required to refrain from outings for an extended period, medical institutions, dispensing pharmacies and others shall collaborate in providing telephone consultation and necessary medication.
- Medical institutions shall collaborate with public welfare departments of prefectural governments and municipalities in taking abovementioned responses.
- See the Guidelines for Infection Prevention at Medical Facilities for response to deaths at home.
- Prefectural governments etc. shall promote hospital-clinic collaboration and hospital-hospital collaboration assuming pandemic influenza during the normal time.

6. Social welfare facilities etc.

- At social welfare facilities etc., many users are vulnerable to infection. Therefore, it is important to prevent the intrusion of pandemic influenza virus into social welfare facilities, and to prevent infection spread inside such facilities.
- Social welfare facilities etc. shall limit the short-term stay at or visits to facilities by individuals manifesting pandemic influenza symptoms. Such facilities shall also advise employees manifesting pandemic influenza symptoms to consult designated medical institutions, and request them to stop commuting. Visits by residents' families manifesting pandemic influenza symptoms shall also be limited.
- If any of residents manifest pandemic influenza symptoms, social welfare facilities etc. shall report to and consult nearby health centers immediately, and have such residents examined by designated medical institutions.
- If all beds at designated medical institutions for infectious diseases etc. are filled, pandemic influenza patients not requiring hospitalized treatment shall rest and receive treatment at social welfare facilities etc. Facilities shall collaborate with medical institutions in doing so, and transfer patients to designated rooms (to prevent infection to other residents), protect employees from infection, and request refrainment from unnecessary visits to patients among other infection prevention measures.
- Aged patients are particularly vulnerable to dehydration and sudden changes. Therefore, social welfare facilities etc. shall treat and rest such patients in close collaboration with medical institutions, including visits by physicians. If aged patients require hospitalized treatment due to deteriorated respiratory functions etc., social welfare facilities etc. shall

transfer them to medical institutions that have necessary equipment, in collaboration with health centers.

- If cluster infection occurs, social welfare facilities etc. shall report to and consult nearby health centers immediately, and receive examination by designated medical institutions. Facilities and medical institutions shall examine the option of visits by physicians to facilities as necessary. Cluster infection must be reported to departments in charge at prefectural governments etc. without fail.
- See the Guidelines for Pandemic Influenza Preparedness etc. at Nursing Care Facilities for Aged Citizens and other references for pandemic influenza preparedness at social welfare facilities.
- Social welfare facilities etc, shall collaborate with public welfare departments of prefectural governments and municipalities in taking abovementioned responses.

7. Transfers of patients

(1) Necessary preparations before transfers of patients

- The Infectious Diseases Law stipulates that the governors of prefectures are responsible for transferring patients to whom recommendation for hospitalization has been issued under Article 19 of the Infectious Diseases Law. Therefore, prefectural governments shall prepare PPE and other supplies required for infection prevention, referring to “6. Infection Prevention during Transfers of Patients” of the Guidelines for Infection Prevention at Medical Facilities.
- Patients to whom recommendation for hospitalization has not yet been issued under Article 19 of the Infectious Diseases Law shall be transferred by fire departments in the case of emergency. In such cases, fire departments shall prepare PPE and other supplies required for infection prevention, referring to “6. Infection Prevention during Transfers of Patients” of the Guidelines for Infection Prevention at Medical Facilities.

2) Transfers of patients during pandemic

- During pandemic, recommendation for hospitalization may be issued to too many patients to be transferred by prefectural governments. Therefore, the governments shall establish in advance schemes for patient transfers during pandemic, in consultation with fire departments and other related agencies.
- Agencies in charge of patient transfers (prefectural governments, fire departments etc.) and medical institutions shall collaborate and share information with each other, so that an increasing number of citizens manifesting pandemic influenza symptoms will be transferred swiftly to adequate medical institutions.
- If an increasing number of pandemic influenza patients etc. call for ambulances, it is necessary to request refrainment from unnecessary or precautionary ambulance calls, use of private patient transfer businesses in the case of mild conditions, and otherwise promote adequate use of ambulances to sustain normal emergency functions.

9. Essential utilities at medical facilities

- Even if social functions decline during pandemic, medical facilities must secure essential utilities to sustain necessary treatment for hospitalized patients, such as electricity, water and meals. Prefectural governments etc. shall support the securing of such utilities at medical facilities.