

Section 4

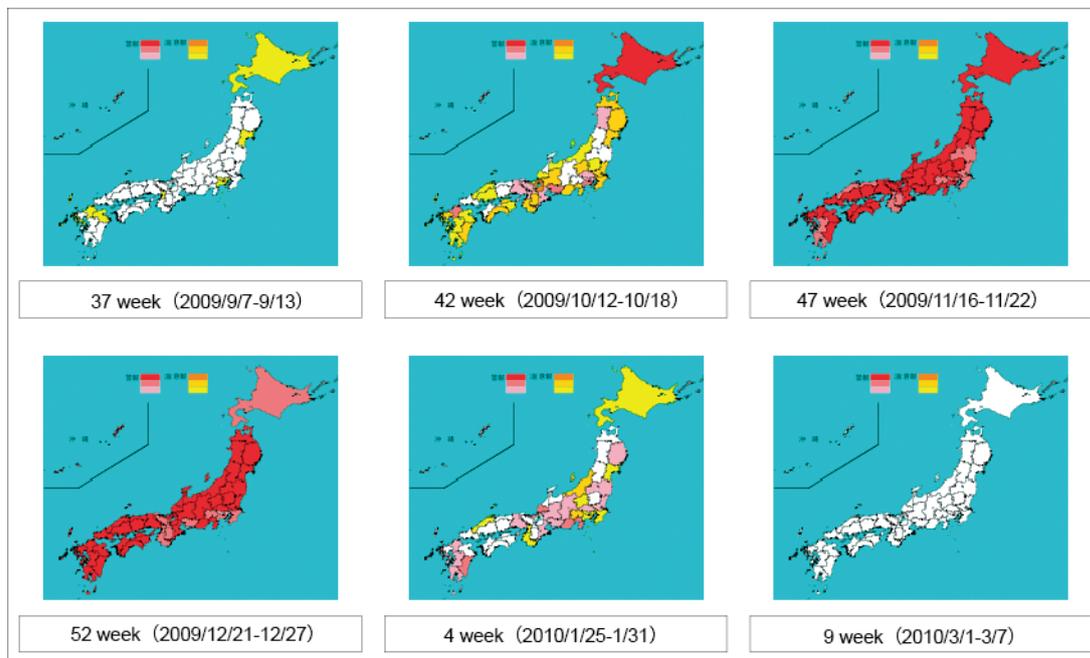
Securement of medical system and medicine etc.

1. Securement of medical system

The peak period and patient number of novel influenza outbreak varies by district (Chart 1-4-1)*1. Additionally, the local health resource and living environment vary, therefore, in the management of novel influenza, measures taken by prefectures and municipalities as well as the state, and management through cooperation of individual medical institutes and local medical personnel are critically important.

The Ministry of Health, Labour and Welfare presented in the revised “Guidelines for Securement of Medical Services, Quarantine and Request for Temporary Closure of Schools and Childcare Facilities” dated 1 October instant a guideline for securement of medical system shown in Chart 1-4-2 and requested specific management.

Chart 1-4-1 The change in influenza epidemic level map (2009~2010)



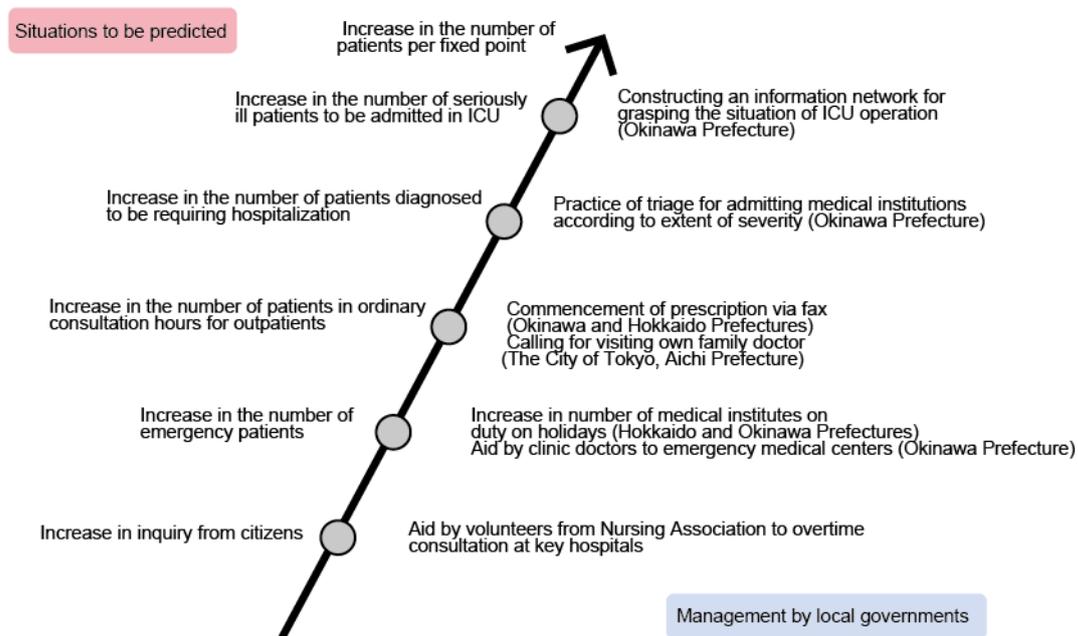
* 1 Prepared by Infectious Disease Surveillance Center, National Institute of Infectious Diseases, Japan

Chart 1-4-2 "Guidelines for Securement of Medical Services, Quarantine and Request for Temporary Closure of Schools and Childcare Facilities"
(the part relevant to medical care system, revised on October 1,2009)

<p>[Outpatient departments]</p> <ul style="list-style-type: none">• In principle, provide medical care at all the general medical institutions where influenza patients are regularly treated.• In order to prevent nosocomial infection, pay much attention to maintain the function of high-fever outpatient departments by separating the waiting room and consultation hour. The extent is to be determined by medical institutions according to their range of possible management.• In order to reduce chance of infection for regularly visiting patients with chronic diseases, inform people of the availability of long-period prescription and prescribing anti-influenza virus drugs etc. by fax telephone consultation.• In order to prepare for rapid increase in outpatients at night or on holidays, coordinate cooperation system for aiding emergent medical centers through liaison of Metropolitan and prefectural governments and local medical associations. When further difficulties are anticipated, necessity of establishing outpatient centers in places other than medical institutions shall be examined by Metropolitan and prefectural governments considering regional characteristics. <p>[Inpatient departments]</p> <ul style="list-style-type: none">• Admit also to general medical institutions other than the medical institutions designated for infectious diseases (pay attention to prevent nosocomial infections)• After confirmation of the securement of beds by Metropolitan and prefectural governments according to the actual regional situation, the number of beds and their operation situation at medical institutions, the number of retained respirators and their operation situation, and the number of personnel in operation, execute coordination of patient admission (arrange the system for transportation and acceptance of seriously ill dialysis patients, infants, mothers-to-be etc).• Pay utmost attention to preventive measures for nosocomial infection <p>[Fever Consultation Center etc.]</p> <ul style="list-style-type: none">• Telephone consultation counters including Fever Consultation Center execute provision of information via telephone such as introduction of adequate medical institutions or consultation with recuperating patients at home. Specific application shall be decided by Metropolitan and prefectural governments considering information needed by regional habitants.

In such revision of "application guideline", the Ministry referred to the actual managements of increasing number of patients in prefectures including Okinawa Prefecture where the epidemic preceded (Chart 1-4-3).

Chart 1-4-3 Measures taken in the districts where patients are rapidly increasing (concrete examples)



Outbreak of novel influenza in Okinawa Prefecture reached its peak of the number of reports per fixed point in the 34th reporting week (August 17-23) showing such situation as ① A large number of (slightly ill) patients are pressing upon medical institutes, ② Not only telephone consultation lies more heavily than was expected, but also much telephone inquiry was made, ③ There is an urgent need for arranged systems that will provide seriously ill patients with adequate medical care. In accordance with these situations the Ministry conducted the following management:

- Strengthening enlightenment to the prefectural citizens in prevention through TV commercial to reduce the pace of outbreaks and request for the closure of schools and nursing facilities to prevent infection spread,
- Public information on health care seeking behavior and management of developed fever through TV commercial to diversify medical care for visiting patients, and acceptance on holidays and overtime at medical systems affiliated with Medical Association to avoid onrush to certain medical systems (emergency hospitals etc.),
- Operating overtime telephone consultation in key hospitals by the volunteers from Nursing Association to reduce the burden of telephone consultation at medical systems
- Constructing a information network of pediatric care for novel influenza for grasping the situation of respirator use in order to secure beds for infant patients requiring ICU treatment with the aim at prevention of development of serious complications and

securement of available medical systems for this purpose.

The Ministry of Health, Labour and Welfare held, as occasion calls, the meeting of the section chiefs in charge etc. that carries out preventive measures for novel influenza in prefectures and introduced there these preceding cases to support management in prefectures, and also urged securement of outpatient medical care (expansion of telephone consultation service, enlightenment to regional habitants, cooperation with clinics in extension of consultation hours) and inpatient medical care (clarification in management of excess over the fixed number, grasp and coordination of reception system, grasp of reception system for seriously ill expectant mothers, coordination in cases of transportation and acceptance beyond prefectural borders) etc. to consolidate medical care system with lifesaving of seriously ill patients set as top priority. Additionally, showing an “epidemic scenario of novel influenza” substantially consisting of morbidity rate and rate of serious complications, the Ministry presented its policy to secure regional system for providing medical care, and at the same time urged study on outpatient medical care system, the number of beds in medical inpatient care institutions, and the number of retained respirators in each prefecture to conduct management adapted to actual regional situations through the feed back the of the results.

Furthermore, the Ministry prepared and distributed flow chart concerning “fever patient management”, guidelines for medical personnel aimed at conducting thorough preventive measures for nosocomial infection, and guidebook for people including those with basic diseases.

Additionally, as for dealing with medical treatment fee, in case of prescription of anti-influenza virus drug etc. through facsimile as well as increase in number of patients with the new type influenza, temporary relax was introduced in count method for the number of patients and nursing staff ruled by factors of score calculation.

And in the revision of medical treatment fee in 2010, it was decided that not ordinary “comprehensive payment” (method by which fixed sum of medical treatment fee is paid for each day of stay by an inpatient) but calculation on the basis of “piecework payment” (method by which medical treatment fee is paid for each service) shall apply also to testing and prescription even in the case of management of novel influenza outbreak with accommodation of wards, as long as sufficient preventive measures for nosocomial infection are taken in the management.

Then, as regards addition of scores in case of single room hospitalization of a patient with certain infection to prevent infection spread to others (“Special Addition for Environment of Recuperating Patients with Category 2 Infections”), ① infectious

diseases (emerging infectious diseases being supposed) including highly pathogenic avian influenza (H5N1) and novel influenza were added to the designated diseases, while ② “negative pressure room” (a room designed to keep air pressure lower to prevent virus etc. from escaping outwards) was added to the designated sickrooms.

2 Securement of medicine and medical products

With the basic aim of stable provision of medicine etc. necessary for preventive measures for the new type influenza, the Ministry of Health, Labour and Welfare has been striving for coordination with manufacturers on the basis of on-site needs, and arranging system to ensure swift and sufficient provision for people in need.

Specifically, the Ministry gave notice to prefectures on 7 September 2009, thereby urging arrangement of system to thoroughly avoid excessive provision in certain medical institutes or drugstores etc. and to discuss measures for stable provision in the region as well as requesting The Federation of Japan Pharmaceutical Wholesalers Association – an organization of dealers bearing medicine distribution, and medical organizations including The Japan Medical Association to offer cooperation.

(1) Securement and provision of anti influenza virus drugs

As for anti influenza virus drug, there are Tamiflu (Chugai Pharmaceutical Co., Ltd.) and Relenza (GlaxoSmithKline) etc. Through contact with both companies, the Ministry of Health, Labour and Welfare grasped the planned supply for influenza epidemic season since autumn 2009 and requested them to move up the execution of shipment plan. The Ministry is also grasping the situation of monthly provision (supply from medicine wholesaler to medical institution and stock quantity at manufacturer and wholesaler) and providing information to prefectures. And as for these anti influenza virus drugs, considering overseas situation and the latest information, the Ministry is now promoting a stockpile corresponding to 45% of the nation in “Action Plan for Measures against Pandemic Influenza”, and is doing its best for provision of anti influenza virus drugs by providing also information on national and prefectural stockpile (corresponding in total to about 56 million people as of the end of June 2010).

(2) Securement and provision of rapid diagnosis kits for influenza

As for diagnosis kits for influenza (rapid type), 16 products are provided by 15 domestic and foreign manufacturers. Provision of about 47 million units was planned for the year of 2009, which was managed on the basis of request to each manufacturer for increased production.

(3) Securement and provision of other medicine and medical supplies

As for masks (surgical mask, including products of nonwoven fabric for general use), the Ministry grasped information on monthly production of about 340 million pieces (79 million pieces for medical institutions per month and 264 million pieces for drugstores/pharmacies per month). Each manufacture has been endeavoring to increase production since the end of April 2009.

Antiseptics are provided by 18 companies in Japan and a total of about 16 million bottles (converted into 500ml) was scheduled to be produced during September 2009 and April 2010. Each manufacture has been endeavoring to increase production since the end of April 2009.

As for containers, due to some parts dependent on import, each manufacture has been also promoting securement of them. Respirators are provided by 12 companies, of which 10 are providing imported products. There are 32,586 respirators retained by medical institutions as of October 2009, with totaling 16,316 in operation.