

# How did the Tokyo Metropolitan Government respond to COVID-19?

Norio Ohmagari\*

Disease Control and Prevention Center, National Center for Global Health and Medicine, Tokyo, Japan.

**Abstract:** Tokyo Metropolitan Area is the most populous metropolitan area in the world. While cities around the world are struggling to cope with COVID-19, the number of new positives and deaths in Tokyo has so far been relatively contained compared to other large metropolitan areas. In Japan, infection control measures do not prohibit people from moving around during a COVID-19 outbreak. However, people are not only refraining from travel and social activities at the request of the government, but are also using their own judgment to avoid risk based on information about the infectious disease. This plays an extremely important role in Japan's infection control measures. Expectations are high in Japan for maintaining the health care system and minimizing deaths. It is necessary to steadily respond to these expectations while normalizing social functions.

**Keywords:** health care system, infection prevention, policy, public awareness, Japan

## Introduction

The population of Tokyo is 13,988,129 as of January 1, 2022 (1), and the Tokyo Metropolitan Area is the most populous metropolitan area in the world. In general, the COVID-19 epidemic tends to be more pronounced in metropolitan areas. Even in Japan, it is known that epidemic waves are often preceded by epidemics in metropolitan areas such as Tokyo and Osaka before other areas. For this reason, COVID-19 control in Tokyo is critically important for Japan as a whole. Although Tokyo is such a large metropolitan area, the total number of cases has been low so far compared to other metropolitan areas such as New York and London. In order to provide material for considering this difference, this article introduces the infection control measures for COVID-19 in Tokyo.

## Overview of COVID-19 infections in Tokyo

As of February 17, 2022, the cumulative number of positive cases of COVID-19 in Tokyo was 863,984, and the estimated number of deaths as of the same date was 3,376 (2). The cumulative number of patients as of February 17, 2022 in New York, USA was 4,876,264, and the cumulative number of deaths as of the same date was 66,601 (3). The number of cumulative COVID-19 cases and deaths in Tokyo has remained relatively low.

## Progress of the administrative response by Tokyo Metropolitan Government to date

In the event of a large-scale pandemic, Japan uses the Act on Special Measures against Novel Influenza, *etc.* to respond by declaring a state of emergency and issuing priority measures. This is implemented to prevent the spread of the pandemic in order to contain the negative impact on medical care and society itself. The declaration of a state of emergency is a request from the Prime Minister to the prefectural governors to take measures to protect the lives, health, and livelihood of the people. Specific measures to prevent the spread of infectious diseases are decided and announced, such as refraining from going out, restricting the holding of events, and shortening the business hours of restaurants.

The Priority Measures for Prevention of Spread of Infectious Diseases was newly introduced after the revision of the Infectious Diseases Control Law in 2021. The purpose is to enable intensive countermeasures to be taken even when a state of emergency has not been declared. Emergency declarations are issued on a prefectural basis. Priority measures, on the other hand, can be limited to specific areas, such as cities, towns, and villages, by the governor of the prefecture targeted by the government. In general, priority measures to prevent the spread of the disease are issued first while monitoring the impact of the disease on the prefecture. And if the situation is still not expected to improve, an emergency declaration is made. Compared to similar policies in other countries, the declaration of a state of emergency in Japan is a more relaxed response in terms of restricting people's activities.

Table 1 shows a summary of the administrative response of the Tokyo Metropolitan Government and

**Table 1. Countermeasures taken by the Tokyo Metropolitan Government in response to the COVID-19 outbreak**

Response	Teams	Functions
Administrative response	Task force headed by the Governor of Tokyo	Cross-sectional cooperation from various organizations in the metropolitan government.
	Tokyo Center for Infectious Disease Control and Prevention (Tokyo iCDC)	A permanent control tower to take charge of effective countermeasures against infectious diseases, including crisis management, research and analysis, and information collection and dissemination.
	Tokyo Metropolitan Government's monitoring meeting	Reports weekly on the status of new coronavirus infections in Tokyo, accompanied by a media briefing with the governor and experts responding at the same time.
Medical countermeasures	Call centers for patients at home care	Consultation for patients recovering at home when their health deteriorates or when they have difficulties in their daily lives.
	Health observation of patients at home by health centers and medical institutions	Regularly contact patients in home care who are at high risk of serious illness to determine if they need to be hospitalized.
	Recuperation at the hotel	Patients who have difficulty recuperating at home are cared for in hotels.
	Dispatch of physicians and medical teams to patients under home care	Dealing with various medical problems that occur during home care.
	Temporary medical facility to house patients on the hospitalization waiting list	Temporary medical facility to accommodate patients who are in need of hospitalization but cannot immediately secure a bed at an inpatient medical facility.
	Temporary medical facilities that can accommodate elderly people in need of care, patients requiring dialysis, and pregnant women	Due to the difficulty in securing beds for patients with special backgrounds, such as the elderly requiring nursing care, patients requiring dialysis, and pregnant women.
	Designation of medical facilities to admit patients with COVID-19	Tokyo has more than 7,000 beds.
	Dispatch of medical teams to elderly care facilities where patients have occurred	A means for elderly COVID-19 patients to receive neutralizing antibody therapy and oral antiviral therapy while in a senior care facility.
	Dispatch of infectious disease specialists to medical institutions and elderly care facilities where clusters have occurred	Elderly patients with mild illnesses would rather remain in a senior care facility and receive treatment to preserve their general condition and mental health.

medical measures for COVID-19 in Tokyo.

### Administrative response of Tokyo Metropolitan Government

The Tokyo Metropolitan Government's response to the new coronavirus infection is being carried out under a task force headed by the Governor of Tokyo, with cross-sectional cooperation from various organizations in the metropolitan government. On October 1, 2020, the "Tokyo Center for Infectious Disease Control and Prevention (Tokyo iCDC)" was established by the Tokyo Metropolitan Government as a permanent control tower to take charge of effective countermeasures against infectious diseases, including crisis management, research and analysis, as well as information collection and dissemination. In times of peace, the Center will strengthen its intelligence functions such as policy planning, research and analysis utilizing networks with the national government, universities, *etc.*, and information collection and dissemination such as public awareness raising and guideline creation, and

human resource development. In addition, in times of emergency, such as the current one, it will perform the following functions respectively: crisis management, such as securing medical systems and coordinating hospitalization; and research and analysis, focusing on an analysis team that integrates the metropolitan government and external researchers.

The Tokyo Metropolitan Government's monitoring meeting reports weekly on the status of new coronavirus infections in Tokyo (4). The meeting and the subsequent press conference are all broadcast in real time on YouTube®. The content is also widely reported by mass media such as newspapers and television. This conference is a timely way to inform the people of Tokyo about the status of COVID-19 and its evaluation. There is also a lot of interest at the national level. It serves as a forum for risk communication between government agencies and the people of Tokyo. These results can be checked in real time by "Updates on COVID-19 in Tokyo", set up by the Tokyo Metropolitan Government (2). It has been reported that the Japanese people are collecting information and changing their behavior (5).

The establishment of risk communication forums such as the Tokyo Metropolitan Government's Monitoring Conference seems to have contributed to the change in behavior of citizens.

### **Medical countermeasures against COVID-19 in Tokyo**

As of February 2022, Tokyo has about 7,000 beds available for COVID-19 patients who require inpatient care. Health observation of positive patients is conducted by public health centers or among medical doctors. During this process, there are patients whose condition deteriorates. In this case, the public health center usually requests the medical institution to admit the patient according to the patient's condition. However, there are cases where such coordination is difficult. During the COVID-19 pandemic, the number of available hospital beds can decrease, taking longer to admit patients who need to be hospitalized. Therefore, consequently 46 beds are reserved for patients who are on the waiting list for hospitalization despite the need for inpatient treatment. And 720 beds are reserved for oxygen and medical care delivery stations that provide medical care such as oxygen administration and neutralizing antibody therapy for patients with mild to moderate illnesses. In addition, to promote treatment with antibody drugs to prevent severe disease, the metropolitan government has established a call center to administer antibody drugs to patients upon request from patients or medical personnel. During a major epidemic, many patients with moderate to severe illnesses are admitted to inpatient beds, and the length of stay of these patients becomes longer, making it difficult to secure vacant beds. Therefore, to increase the utilization rate of bed, a coordination headquarters has been set up to promote transfer and discharge of patients.

In addition, there is a system of overnight treatment for those with mild or asymptomatic positive cases to prevent infection within the family. The Tokyo Metropolitan Government has about 11,000 rooms available.

Patients undergoing treatment at home are monitored by the public health center and medical institutions, and a call center has been set up to provide consultation services in case of sudden changes in their condition or for daily life support.

### **Olympic support**

The Olympic and Paralympic Games Tokyo 2020 took place in the midst of the COVID-19 epidemic in Japan. In order to create a safe and secure environment for athletes and officials, the number of officials coming to Japan was reduced from the original plan to a quarter for the Olympics and a third for the Paralympics. As a watertight measure, officials were inspected twice before entering the country. Athletes were inspected

daily in principle, while other officials were inspected periodically according to their roles. Strict restrictions were placed on the destinations, behavioral management, and health management of those involved. Basic infection control measures were taken to prevent the spread of the disease in the athletes' village and competition venues, such as thorough implementation of basic corona control measures; including masks, maintaining physical distance, and avoiding three densities.

In order to minimize contact with people living in Japan and to ensure the safety and security of the people, public transportation was not used in principle. As a general rule, all related personnel were transported using special vehicles for the event. For accommodations, self-arranged accommodations were required to meet the "Accommodation Guidelines", and if they could not meet these standards, they were changed to hotels arranged by the Organizing Committee. With regard to the infection status of those involved in the Games in Japan, the positive rate of tests during the Games for athletes and Games officials was 0.03% (304 (number of positive cases)/1,014,170 (number of tests)) (6). The results of the intense contact person testing area of the athletes' village were recorded. Participating athletes, coaches, medical attendants, and Paralympic Games running mates entered the village after being tested negative before leaving their home country and upon arrival at the airport. All participants were tested for saliva every morning, and those who tested positive were subjected to nasopharyngeal PCR testing. Those who were confirmed positive were quarantined to a hotel outside the athletes' village. Those who were in close contact with those athletes were then housed in a designated area and tested daily for nasopharyngeal PCR for 14 days before and after the games. As a result, a total of 3,426 tests were conducted in the test area during Tokyo 2020, with a total of 15 positive cases (7). Thus, although there was some spread of the infection in Japan, there was no major spread of the infection in the athletes' village. The positive rate of screening tests conducted in downtown Tokyo from July 1 to September 8 of the same year was 0.1%. The positive rate among Olympic officials was much lower than this. As for the status of medical care for athletes and Games officials, at the peak of the Games the pre-Olympic assumption was that at the same 8.5 times, two Games officials would be hospitalized, and the actual number was two. There was no one seriously ill. According to pre-convention estimates, 44.6 asymptomatic and mildly positive participants were expected to be housed at a lodging facility in Tokyo during the peak period, but the actual number was 49. During the Games, efforts were made to limit the impact on local medical care by identifying positive cases early, isolating them quickly, and using the accommodation and treatment facilities secured by the Organizing Committee. No clusters of cases were identified by the public health authorities, and no cases of the spread of

infection from people involved in the Games to the entire city were reported.

Thus, although the Tokyo Olympics and Paralympics were the first games held in the world after the start of the COVID-19 pandemic, the bubble was kept under safe conditions and the games were held without any major problems.

### Conclusion

There are major differences in thinking among countries of how to combat the COVID-19 infection. Some countries are trying to minimize economic losses by resuming social activities as soon as possible, backed by aggressive vaccination promotion. On the other hand, there are countries that have a policy of minimizing the number of cases and deaths by strictly enforcing infection prevention measures and promoting vaccination, thereby minimizing the impact on healthcare and society. It will take some time for these countries to loosen their measures and reverse the situation.

Japan's and Tokyo's measures are similar to the latter. Tokyo citizens have extremely high expectations for the creation of a safe society, specifically to minimize the impact of COVID-19 on society and to maintain safe medical care and society. As the capital of the world's most aged country, Tokyo has a large number of elderly and other high-risk people. It is only natural that the people of Tokyo have high expectations for the creation of a city where these people can live in safety. It is not easy to establish infection control measures to protect the elderly, but many countries around the world will become super-aged societies in the future. The efforts made in Tokyo will provide other countries with important facts as examples of how to deal with infectious diseases in the super-aged society that will come in the future. At the same time, discussions and various efforts are being made to restore social activities. The consequences of these actions will be revealed by history.

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*\*Address correspondence to:*

Norio Ohmagari, Disease Control and Prevention Center, National Center for Global Health and Medicine, Toyama 1-21-1, Shinjuku-ku, Tokyo 162-8655, Japan.  
E-mail: nohmagari@hosp.ncgm.go.jp