



Future Various Development in Japan after Risky COVID-19 Period

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Abstract

Latest topics for COVID-19 were described. World Health Organization (WHO) revised the vaccination guidelines of COVID-19 in Mar 2023. John Hopkins University (JHU) has presented daily data for long, in which data of each district or country have been useful. Ministry of Health, Labor and Welfare (MHLW), Japan compared general prevalence ratio of positive antibody, as 28.6% in Nov 2022 and 42.3% in Feb 2023. Japan has high level of protective measures. By Japanese Infectious Diseases Law, position of COVID-19 will move to the same category as seasonal influenza from May 2023. People's wellness will be expected as Hinohara-ism.

Keywords: COVID-19; World Health Organization (WHO); John Hopkins University (JHU); Ministry of Health, Labor and Welfare (MHLW); Japan; Hinohara-ism

Commentary Article

The crucial problem of COVID-19 was raised in December 2019, and pandemic influences have been persisted for more than 3 years [1]. Among them, Japan has shown characteristic phenomenon with remarkable low infection rate, negative excess mortality [2], high recognition and performance of preventing measures by people and so on [3,4]. Authors et al. have reported several aspects of COVID-19 so far [5]. Adequate managements seemed to be almost satisfactory in Japan [6]. From March 2023, protective measures were gradually discontinued such as usually wearing masks.

In the light of world infection status, World Health Organization (WHO) has presented important commentary [7]. In Jan 2023, Director-General Tedros announced that COVID-19 still constitutes a "public health emergency of international concern". It started Jan 30, 2020, and then it enters the fourth year. He gave a comment on April 6 that WHO can lift the emergent status over COVID-19 by the end of 2023 [8] (Figure 1). John Hopkins University (JHU) has continued to present daily data for years [9]. Concerning the vaccination of COVID-19, large differences have

been reported among developed and developing countries so far. The latest data on Apr 5 2023 are shown in Figure 2 [8,9]. Among lots of countries, more than 70% of rate of vaccination was observed in Japan, Korea, Italy, Chile and others. In contrast, low rate was found in African countries.

WHO has revised the vaccination guidelines of COVID-19 in March 28, 2023 [10]. Regular vaccination will be recommended every 6-12 months only for the elderly and those with previous history. Healthy adults under 50-60 years and children with previous history are recommended to have one time of booster vaccination. However, regular vaccination is not recommended because it is relatively infective for public health. For healthy children aged 0.5-17 years old, vaccination will be decided according to the situation in each country. It is because the disease is unlikely to become severe when infected [10].

As to COVID-19 matter in Japan, the Ministry of Health, Labor and Welfare has always announced daily data for long [11]. The prevalence rate of positive antibody was 28.6%, when it was investigated in Nov 2022 after 7th wave of Japan. After that, 8th wave was found in all Japan from Nov 2022 to Feb 2023. In the last February, another same investigation was conducted [12]. As

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a result, 42.3% was positive from 16-69 years (n=13,121). The detail data were as follows: 62.2% for 16-19 years, 51.6% for 20s, 52.2% for 30s, 46.0% for 40s, 36.7% for 50s, 28.3% for 60s.

Thus, the ratio became lower as the age increased. The latest data of COVID-19 in Japan are shown in Figure 3 [9]. The 8th wave was almost over at present.

Figure 1: Reported number of COVID-19 cases in the world, the data are shown by weekly basis from WHO.

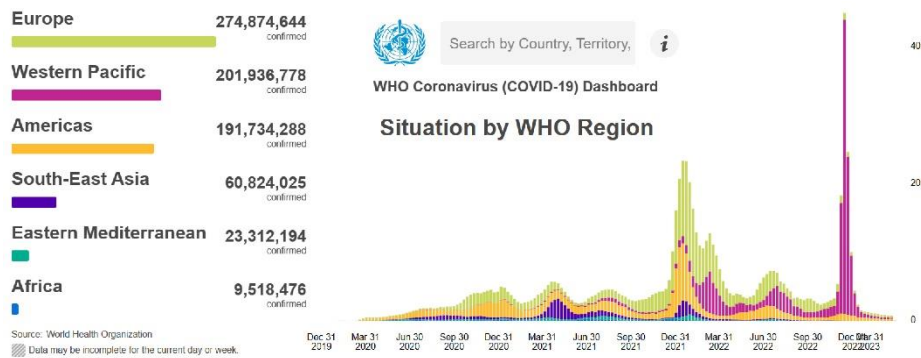


Figure 2: Vaccination situation of COVID-19 in the world. Persons received booster or additional dose per 100 population are shown. Confirmed COVID-19 cases were 762 million with 6.79 million deaths on April 5, 2023. Number of vaccine doses were given as 13 billion doses on April 1, 2023.

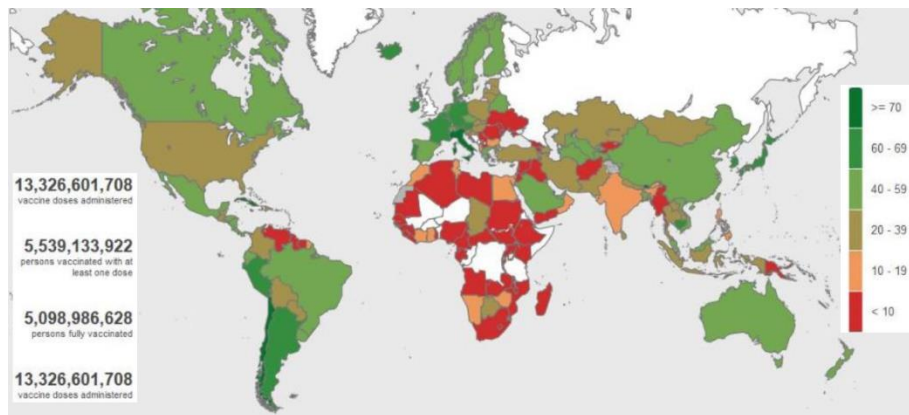
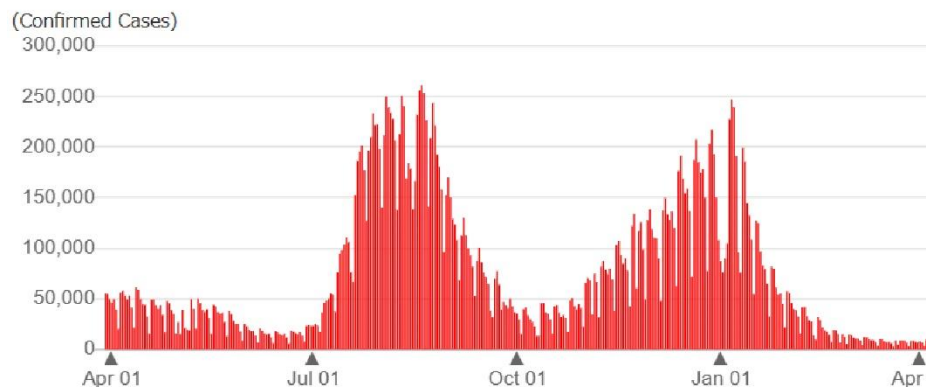


Figure 3: Newly confirmed cases of COVID-19 in Japan. Average number of newly confirmed cases were 7,685 cases on April 8, 2023. Previous week showed 6,709 cases a week.



The Japanese government has announced that the position of COVID-19 under the Infectious Diseases Law will move to the same category as seasonal influenza from May 8, 2023 [11-13]. The related perspective was announced from the Ministry on

April 7, in which infection control measures will be shifted to those based on the voluntary efforts of the people. In summary, latest status about COVID-19 for WHO and Japan has been introduced [14]. As the influences of COVID-19 decrease, our daily lives will be expected to increase with better

communication and wellness worldwide, which is involved in the philosophy of Schweiter, Oslerism and Hinohara-ism [15]. This article will become hopefully useful reference for future research development.

Conflict of Interest

The authors declare no conflict of interest.

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References

1. Msemburi W, Karlinsky A, Knutson V, Aleshin-Guendel S, Chatterji S, Wakefield J. The WHO estimates of excess mortality associated with the COVID-19 pandemic. *Nature*. 2023; 613: 130-137.
2. Bando H. Several Effective Measures for Minus Excess Mortality of COVID-19 in Japan Including Mutual Interrelationships and Long-Term Care Facilities (LTCF). *Asp Biomed Clin Case Rep*. 2021; 4: 191-194.
3. COVID-19 Excess Mortality Collaborators. Estimating excess mortality due to the COVID-19 pandemic: a systematic analysis of COVID-19-related mortality, 2020-21. *Lancet*. 2022; 399: 1513-1536.
4. Tokuda Y, Barnett PB, Sanji S, Takaizumi Y, tomono M, Tokuda H, et al. Serious mental illness and in-hospital mortality among hospitalized patients with acute COVID-19: A large-database analysis in Japan. *General Hospital Psychiatry*. 2023.
5. Urasaki H, Bando H, Niki M, Seimiya I. No Patients or Staffs with COVID-19 for 3 Years in a Nursing Home of Tokushima, Japan. *SunText Rev Virol*. 2022; 3: 133.
6. Bando H. Acute Decline of New COVID-19 Cases during autumn 2021 In Japan. *SunText Rev Virol*. 2021; 2: 122.
7. WHO Coronavirus (COVID-19).
8. WHO director-general.
9. JHU. COVID-19 in Japan.
10. WHO director-general.
11. MHLW of Japan.
12. HP of MHLW, Japan.
13. Shkolnikov VM, Klimkin I, McKee M, Jdanov DA, Alustiza-Galarza A, Németh L, et al. What should be the baseline when calculating excess mortality? New approaches suggest that we have underestimated the impact of the COVID-19 pandemic and previous winter peaks. *SSM Popul Health*. 2022; 18: 101118.
14. Jones K, Schnitzler K, Borgstrom E. The implications of COVID-19 on health and social care personnel in long-term care facilities for older people: An international scoping review. *Health Soc Care Community*. 2022. 30: e3493-e3506.
15. Bando H, Yoshioka A, Nishikiori Y. Medicine and philosophy with supreme humanity and achievement by great physicians, Schweitzer, Osler and Hinohara. *Int J Fam Commun Med*. 2020; 4: 74-76.