Infectious Disease Laws in Japan and Related Organizations in Tokyo

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Population
13,512,000 in 2016 (>10% of total population of Japan)

Administrative Districts
23 special wards (self-governing municipalities)
26 cities, 5 towns, and 8 villages
Trend of Major Cause of Mortality in Japan

- Spanish Flu (1918)
- Pandemic Influenza H1N1 (2009)
- SARS (2003)

Causes:
- Pneumonia
- Tuberculosis
- Cerebrovascular Disease
- Malignant Neoplasm
- Cardiovascular Disease

(MoHLW, Japan, Vital Statistics of Japan)
Background of Infectious Disease Prevention Law Enactment

1. Advances in medicine and health care, and the improvement of hygiene

2. Request for the transparency of public administration and respect for human rights

3. Activation of international exchange through development of mass transportation (e.g. aircraft)

→ Infectious disease measures that corresponds to the changes of the times are required.
**Infectious Disease(IDs) Related Laws in Japan**

- **Contagious Disease Prevention Act (CDPA)** (1897)
- **Amended CDPA** (1994)
- **Sexually Transmitted Disease Prevention Law (1948)**
- **Amended**
- **TBPL (1951)**
- **Amended TBPL (2006)**
- **Infectious Disease Prevention Law (IDPL)** (1999)
- **Amended IDPL (2003)**
- **Amended IDPL (2007)**
- **Vaccination Law (1948)**
- **Quarantine Law (1951)**

*the Law Concerning the Prevention of Infectious Diseases (IDs) and Medical Care for Patients of IDs*  
Preamble of IDs Prevention Law (extract)

In Japan, it is important to acknowledge the fact that stigma and discrimination against the patients of Hansen's disease or acquired immunodeficiency syndrome (AIDS) existed in the past and to make use of the lessons we learned from these experiences.
Standpoints of IDs Prevention Law

1. Respect for human rights of patients or infected persons
   From patient isolation to necessary hospitalization recommendation (category I, II, designated IDs, new IDs)

2. Classification of IDs and response to each category
   Based on infectiousness and severity (category I-IV)

3. Development of proactive government system
   Establishment of ID surveillance system, strengthen health crisis management system

4. Corresponding to the unknown IDs
   Category if new IDs, and designated IDs
Process of Amendment of IDs Prevention Law

1999
Enactment of IDs Prevention Law

2003
Strengthen of rapid response to a new IDs’ occurrence after SARS pandemic
Strengthen of the measures for animal-derived IDs (Category IV IDs)

2006
Strengthen of regulation and administration of retention of pathogens
Reclassification of IDs: SARS (I→II), cholera (II→III), shigellosis (II→III)
TB (Abolishment of TB Prevention Law→II)

2008
Reclassification of IDs: Avian Influenza (H5N1) (designated IDs → II)
Regulation of a new IDs category: new IDs like pandemic influenza

2014
Reclassification of IDs: Avian Influenza (H7N9) (designated IDs→II),
Middle East Respiratory Syndrome (MERS) (designated IDs→II)
Strengthen of information collection system for IDs
## Structure of the Current IDs Prevention Law

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Supplementary Provisions
## Classification of IDs and Measures

<table>
<thead>
<tr>
<th>Cat.</th>
<th># of dis.</th>
<th>Characters</th>
<th>Measures</th>
<th>Hospitals, cost</th>
</tr>
</thead>
</table>
| I    | 7        | - Human to human transmission  
- The risk is evaluated based on the infectiousness and severity.  
Cat.1 Ultimate high  
Cat.2 High  
Cat.3 IDs that can cause the outbreak if its patient is a particular profession | - Hospitalization  
- Disinfection  
- Traffic restriction, etc. | - Class 1 IDs designated medical institutions  
- Partial public expense |
| II   | 7        | - Hospitalization  
- Disinfection, etc. | - Class 2 IDs designated medical institutions  
- Partial public expense |
| III  | 5        | - Employment restrictions of specific occupations  
- Disinfection | - General medical institutions  
- Patient fee |
| IV   | 44       | - Measures to vector animals  
- Disinfection, etc. | |
| V    | 22+      | - Providing information to the public and stakeholders | |
### Classification of IDs and Measures

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<th>Cat.</th>
<th>Characters</th>
<th>Measures</th>
<th>Hospitals, cost</th>
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</thead>
<tbody>
<tr>
<td>New Infectious</td>
<td>- Unknown IDs with human to human transmission - The risk is ultimate high</td>
<td>- Initially, the Minister of Health, Labor and Welfare provides the guidance and advice to the prefectural governor. - After specifying the requirements, such as the definition of case symptoms, by a Cabinet Order, taking a measure as cat.1</td>
<td>-Specific IDs designated medical institutions -Full public expense</td>
</tr>
<tr>
<td>Diseases</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pandemic</td>
<td>- Influenza that has the ability of human-human transmission - Reemerging</td>
<td>- Hospitalization - Disinfection - Cat.1 measures can be taken by a Cabinet Order - Persons with possible infection are requested for regular health report, and self-restriction of outing</td>
<td>-Specific, class 1, and class 2 - Partial public expense</td>
</tr>
<tr>
<td>Influenza, etc.</td>
<td>Influenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated IDs</td>
<td>- Recognized IDs with risk as same as cat.I-III (by a Cabinet Order, effective in a year)</td>
<td>Same measures as category I-III</td>
<td></td>
</tr>
</tbody>
</table>
Specific IDs designated Hp. Class 1 IDs designated Hp. Class 2 IDs designated Hp.

IDs Designated Hospitals in Tokyo

1, 2 : # of beds
Ebola hemorrhagic fever response training, Bokutoh Hospital, Tokyo, from Tokyo Hospital Newsletter, #41, Nov. 2014
Notifiable Diseases Surveillance

All category I-IV, and some Category V IDs

All hospitals/clinics

Notification

Public Health Centers

On-line report  \(\leftrightarrow\) Weekly report

Tokyo Metropolitan Institute of Public Health

FAX

Bureau of Health and Social Welfare, TMG HQ

Confirmation and report

Infectious Disease Surveillance Center

National Institute of Infectious Diseases

Ministry of Health, Labor and Welfare, Japan
Notification form (for tuberculosis)

- **Patient Information**
- **Symptoms**
- **Diagnostic Examinations**
- **Route of Transmission**
Sentinel Surveillance

Some of Category V IDs

Hospital and clinic sentinels

Local Health Centers

Tokyo Metropolitan Institute of Public Health

Submit samples (pathogen)

Reporting # of cases

On-line report

Bureau of Health and Social Welfare, TMG

Summary, Confirmation, Report

Infectious Disease Surveillance Center

National Institute of Infectious Diseases

Ministry of Health, Labor and Welfare, Japan
Sentinel Sites in Tokyo
Tokyo Population: 13.5 million (2016)

Patient Sentinel
- Pediatrics: 264 points
- Internal Medicine: 155 points
- Ophthalmology: 39 points
- STIs: 55 points
- Core hospitals: 25 points

+ Influenza: 419 points
  + Unidentified fever/rash: 443 points

Pathogen Sentinel (about 10% of patient sentinels)
Pediatrics 26, Internal M 15, Ophthalmology 4, STIs 4 points, Core Hp. 21
Basic Guidelines and Prevention Plan

【Basic Guidelines】
● The basic guidelines for achieving the overall promotion of the prevention of infectious diseases

【Prevention Plan】
● Tokyo IDs Prevention Plan(2008)

【Specific IDs prevention guidelines】
● Influenza
● Sexually Transmitted Infections
● Acquired Immunodeficiency Syndrome
● Tuberculosis
● Measles
● Rubella
**2007**

**Target:** To achieve the measles elimination by the fiscal year 2012, and maintain the status (indicator:<1 case/1 million population)

**Activities:**
- Notification of all cases with genetic diagnostic tests
- Measles vaccination at the ages of 1, 6, 12, and 18
- Provision of medical care
- Implementation of research
- International collaboration
- M&E, promotion system: Measles Expert Meeting, Surveillance, etc.

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**Drastic decrease of patients** 11,013 (2008) → 442 (2011)

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**Amendment in 2012**

**New Target:** To be certified for the measles elimination by WPRO within the fiscal year 2015.

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**Certified for Japan measles elimination in March 2015**
Quarantine Infectious Diseases (Quarantine Law)

No.1 IDs= Category I of IDs Prevention Law
No.2 IDs= “Pandemic Influenza, etc.” of IDs Prevention Law
No.3 IDs= Requiring examinations to prevent domestic invasion of pathogens (Zika, Chikungunya, Dengue, MERS, H5N1・H7N9, Malaria)

Evaluation of the possibility of the disease’s entering the country

<table>
<thead>
<tr>
<th>No</th>
<th>Rarely possible</th>
<th>Highly possible</th>
</tr>
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<tbody>
<tr>
<td>Quarantine certificate</td>
<td>Provisional Quarantine certificate</td>
<td>Isolation, retention, disinfection No.1&amp;2 IDs:</td>
</tr>
</tbody>
</table>

Health Monitoring:
Person with possibly infected (but not retention) reports every day about his/her current location, contact address, and BT to the quarantine station.

The case is transported and hospitalized to the IDs designated institutions. After a predetermined period of time, his/her isolation and retention is resolved.

(Tokyo Metropolitan Government, Guideline of Infectious Diseases Measures)
# Current Vaccination in Japan

## Routine

<table>
<thead>
<tr>
<th>Category A: Prevention of outbreaks</th>
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<tbody>
<tr>
<td><strong>Live</strong></td>
<td><strong>Inactivate</strong></td>
</tr>
<tr>
<td>BCG</td>
<td>DPT-IPV</td>
</tr>
<tr>
<td>MR</td>
<td>Japanese Encephalitis</td>
</tr>
<tr>
<td>Varicella</td>
<td>HPV</td>
</tr>
<tr>
<td></td>
<td>PCV13</td>
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<tr>
<td></td>
<td>Hib</td>
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## Voluntary

<table>
<thead>
<tr>
<th>Live</th>
<th>Inactivate</th>
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<tbody>
<tr>
<td>Mumps</td>
<td>Neisseria meningitides</td>
</tr>
<tr>
<td>Rotavirus</td>
<td></td>
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<tr>
<td>Yellow fever</td>
<td></td>
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<tr>
<td>Influenza</td>
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<tbody>
<tr>
<td>Influenza (&gt;65 y.o.)</td>
<td>PPSV23</td>
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Thank you so much for your attention!

(http://free-photos.gatag.net/2014/01/06/090000.html)