

ASEAN Regional Forum
Defense Officials Dialogue
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The Role of the Japan Self-Defense Forces in Response to COVID-19

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Outline

1. COVID-19 in Japan – the Current Situation
2. The Role of the JSDF in Responding to COVID-19
3. Activities of the Self-Defense Forces
 - (a) Operation “Diamond Princess”
 - (b) Disaster Relief Operations
 - (c) SDF Central Hospital
4. Information Sharing and Communication
5. Lessons and Achievements

1. COVID-19 in Japan – the Current Situation

- **On April 7**, the national government declared a state of emergency in Tokyo and six other prefectures
 - expanded to all 47 prefectures (on April 16)
- On May 14, the emergency area was reduced in scope to cover Tokyo and seven other prefectures
 - limited to Tokyo and four other prefectures (on May 21)
- **On May 25**, the state of emergency was lifted nation-wide
- Japan is currently restarting and expanding socio-economic activities in graduated approach

2. The Role of the JSDF in Responding to COVID-19

- ◆ **Mobility, readiness, self-sufficiency, and command and control** were critical to the SDF response in the early stages of the crisis
- ◆ A **Seamless Defense Posture** should be maintained to ensure an efficient response to other risks
 - ➡ Handover of tasks to private sector, appropriately
- ◆ **Sharing** information and lessons learned from activities

3. Activities of the Self Defense Forces

(1) Operation “Diamond Princess” (February 6-)

2,700 personnel provided assistance to 2,800 passengers for 3 weeks

Contribution at the earliest stage of the pandemic

ZERO infection among SDF members

(2) Complementary COVID-19 Disaster Relief Operation

Quarantine Assistance at Airports in Japan (March 28 – May 31)

Transportation Assistance

Education/Training etc...

(3) SDF Central Hospital

Clinical practice and research

3-(1) Operation “Diamond Princess”

- Outlines -

“Diamond Princess” cruise ship

British Flag

American Operator

Italian Captain

3711 on board

1,045 crew

2,666 passengers

Infection on board

- **712** infected with COVID-19
- **672** symptomatic
- **13** dead

Jan. 25	DP Arrives in Hong Kong
Feb. 1	1st COVID-19 case in Hong Kong
Feb. 3	DP Arrives in Yokohama
Feb. 4	PCR Testing Begins on board
Feb. 7	SDF Begin Operation
Feb. 14	Passengers Begin Disembarkation
Mar. 1	All Crew Disembarked

- JSDF's Assistance to the Diamond Princess

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	Duration	Number of personnel on duty
Medical Assistance	Feb 7 to 26	About 700
Life Support Assistance	Feb 9 to Mar1	About 1,300
Transportation of the disembarking passengers	Feb 14 to Mar 1	About 300
Joint Liaison Base	Feb 6 to Mar 1	About 400

- About **2,700 deployed personnel for 3 weeks**, including the NBC Counter Medical Unit
- Assistance provided to about **2,800 passengers**
- **Transportation assistance** to foreign passengers
US, Australia and NZ, Israel, Canada, Italy (including other EU nationals), UK, Philippines, India, Indonesia

On-board Operations



Collecting body fluid for PCR testing



Sorting medicine for passengers



Giving guidance to SDF members



Disinfection operations on board DP

Transporting passengers



Learning from the Diamond Princess operation...

- Measures that successfully contained the virus at the earliest stage
- Factors that contributed to **ZERO infections** among the approximately 2,700 SDF personnel deployed on the Diamond Princess

- Ensure the basics of personal protection practices, and
- Every single member's rigid adherence to the rules

➡ Sharing lessons learned from SDF operational activity with other sectors and international partners

Factors contributing to zero JSDF infections during the Diamond Princess operation

Back to the basics

a) Sanitize hands and fingers frequently after each task (every 1~2 hours)



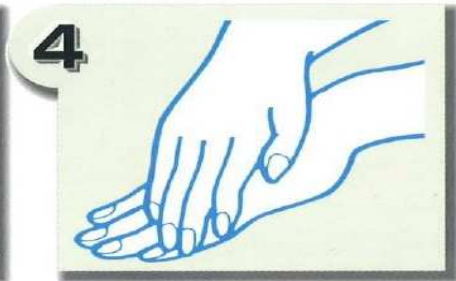
Use hand sanitizer



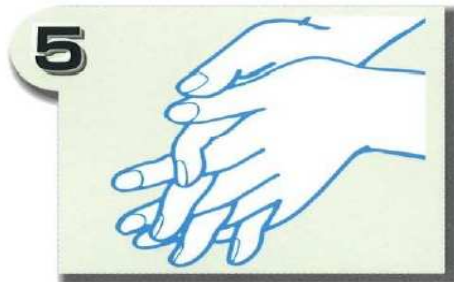
Apply the sanitizer first on your finger tips of both hands



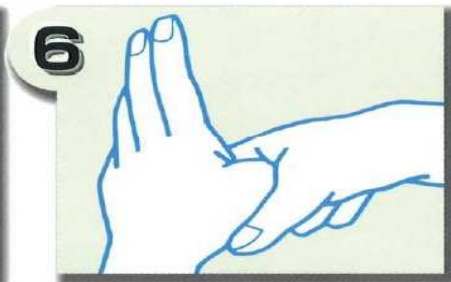
Apply well on the palm of your hands



Apply on the back of your hands



Make sure sanitizer is applied thoroughly in between your fingers



Also apply on the thumbs



Apply on your wrists until it gets dry

Source: Japanese Society for
Infection Prevention and Control
Educational Guidance
*Tentative Translation by MOD

< Instruction on using hand sanitizer >

b) Pay extra care to maximize the effectiveness of facemasks

- When wearing a facemask, press the metallic bridge strip to ensure there is no gap
- When removing a facemask, touch only the elastic strings to avoid contact with the surface
- Change facemasks at the completion of each task (every one to two hours)



<Only touch the strings and maintain distance when disposing>



<Pressing facemask with hand>



<Portable Washing Machine>

c) Ensure preventative laundry methods

- Those with higher risk and exposure are to launder their clothing individually in the bathtub or use a portable washing machine
- Those with less risk and exposure are to share a common washing machine on Hakuou (a private ferry used as a base of operation)

Ensure protection

- a) **The JSDF introduced tougher protective measures to update its already comprehensive standards** (next slide)
- b) **Worked in teams of two**
 - Putting on and taking off protective clothing
 - Double-checking if caps cover the hair fully and if there are any gaps in protective clothing







<Putting on / taking off protective clothing>



<Lecture on how to wear and remove protective clothing>

Updated JSDF Protective Standards

Task	Image	Contact with the subject	Protective Measures taken for the JSDF operation (filled in orange)					
			✓ : newly introduced JSDF standards ○ : general standards					
			Tyvek Suit	Hair cap	Face mask or N95 mask	Gown	Face shield or Goggles	Plastic gloves
Sanitisation of and within the ship		Yes	✓ *Tyvek suit consists of N95 mask, goggles, inner gloves, outer gloves, protective suit itself and shoe covers		○			○
Examination, Prescription and Distribution of medicine		Yes			○	○	○	○
Classification of medicine		No		✓	○	✓		✓
Transportation of PCR positive patients		Yes	✓ *Tyvek suit consists of N95 mask, goggles, inner gloves, outer gloves, protective suit itself and shoe covers		○	○		○

3-(2) Disaster Relief Operation: Disaster Relief at Key International Airports (March 28 – May 31)

For returning Japanese nationals and visiting foreigners

a) Quarantine Assistance at Narita and Haneda airports

Collection of bodily fluids for PCR testing

b) Transportation from key airports* to accommodation until PCR test results could be confirmed

Narita, Haneda, Kansai and Chubu

c) Assistance to those staying at above-mentioned accommodation

(distribution of meals etc.)



3-(2) Disaster Relief Operation: Education/training

The JSDF Organized a training program on infection preventative measures for local governments and privately-run accommodation providers and bus companies

- How to put on a facemask & face shield
- How to put on and take off PPE
- How to move from the green zone to red zone
- How to protect drivers on buses



Providing advice to the staff of a bus company about protection from COVID-19



Providing advice to the staff of a local authority about how to wear a PPE

3-(3) SDF Central Hospital: Clinical Practice

- ✓ Admitted a large number of patients over a short period of time
- ✓ Admitted nationals from 17 countries/regions

• Admitted a total of 464 persons who have tested positive (as of Jun 23)

350 were discharged

16 were transferred to other hospitals

77 were transferred to accommodation facilities

7 deaths, and

14 are yet to be discharged

- 107 persons (Approx. 15% of all patients with lab-detected infection from the *Diamond Princess*): Feb 11 – Feb 25 📌 **retrospective study**

• No secondary infection found in hospital staff



Published Results of the SDF Central Hospital Case Study (1) Articles

To avoid the collapse of health-care systems, **identification of patients at high risk for severe illness** is crucial

Asymptomatic or mildly symptomatic cases **do not necessarily need to visit a hospital**

- Unique situation: all 3,711 individuals on board the Diamond Princess were tested and **all positive SARS-CoV-2 cases were referred to hospital**, including those who were asymptomatic or with mild symptoms.
- **Identifying factors** associated with **symptomatic illness** among asymptomatic people and **disease progression** in patients with COVID-19

Clinical characteristics of COVID-19 in 104 people with SARS-CoV-2 infection on the *Diamond Princess* cruise ship: a retrospective analysis



Sakiko Tabata*, Kazuo Imai*, Shuichi Kawano, Mayu Ikeda, Tatsuya Kodama, Kazuyasu Miyoshi, Hirofumi Obinata, Satoshi Mimura, Tsutomu Kodera, Manabu Kitagaki, Michiya Sato, Satoshi Suzuki, Toshimitsu Ito, Yasuhide Uwabe, Kaku Tamura

Summary

Background The ongoing COVID-19 pandemic is a global threat. Identification of markers for symptom onset and disease progression is a pressing issue. We described the clinical features of people infected on board the *Diamond Princess* cruise ship who were diagnosed with asymptomatic severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection or mild or severe COVID-19, on admission to the Self-Defense Forces Central Hospital (Tokyo, Japan) and at the end of observation.

Methods This retrospective, single-centre study included participants with laboratory-detected SARS-CoV-2 infection who were admitted to the Self-Defense Forces Central Hospital from Feb 11 to Feb 25, 2020. Clinical records, laboratory data, and radiological findings were analysed. Clinical outcomes were followed up until discharge or Feb 26, 2020, whichever came first. We defined asymptomatic infection as SARS-CoV-2 infection with no history of clinical signs and symptoms, severe COVID-19 as clinical symptoms of pneumonia (dyspnoea, tachypnoea, peripheral capillary oxygen saturation <93%, and need for oxygen therapy), and mild COVID-19 as all other symptoms. Clinical features on admission were compared among patients with different disease severity, including asymptomatic infection, at the end of observation. We used univariable analysis to identify factors associated with symptomatic illness among asymptomatic people infected with SARS-CoV-2 and disease progression in patients with COVID-19.

Findings Among the 104 participants included in the final analysis, the median age was 69 years (IQR 47–75) and

Lancet Infect Dis 2020

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[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(20\)30482-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30482-5/fulltext)

Published Results of the SDF Central Hospital Case Study (2)

- 104 participants in the study
 - There were 104 participants out of 107 people with lab-detected infection from the Diamond Princess that were admitted to SDF Central Hospital from Feb 11 to Feb 25
 - Median age: 68 years / 52% male

Findings

◆ Serum LDH concentration

→ might be a **predictor** of symptomatic illness among people infected with SARS-NCoV-2

◆ Older age, congestion on chest CT, and lymphopenia

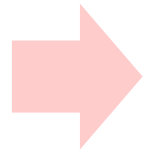
→ **potential risks** for disease progression identified in patients with COVID-19

For more accuracy...

The study concluded that further multicenter, multinational cohort studies with large population sizes, utilizing multivariable analysis, should be undertaken

4. Information Sharing and Communication

- From April 10 onwards, Japan shared materials with 83 countries and 6 international institutions, explaining lessons learned and findings from JSDF operations
- Defense Ministerial teleconferences with 14 countries; Vice Ministerial Conference with 3 countries



Japan has engaged in sharing lessons with other countries from an early stage

5. Lessons and Achievements

- Importance of HA/DR professionalism and mobility based on preparations for disaster relief operations
- Value of free, open, transparent and timely information sharing