7° CONVEGNO AIOP GIOVANI
LA SANITÀ DEL FUTURO - HEALTHCARE OF THE FUTURE - LA SANTE DU FUTUR

Public Interest vs. Individual Rights - Lessons from Experiences of the Swine Flu Panic in Japan -

7th AIOP Giovani Congress
May 27th, 2010

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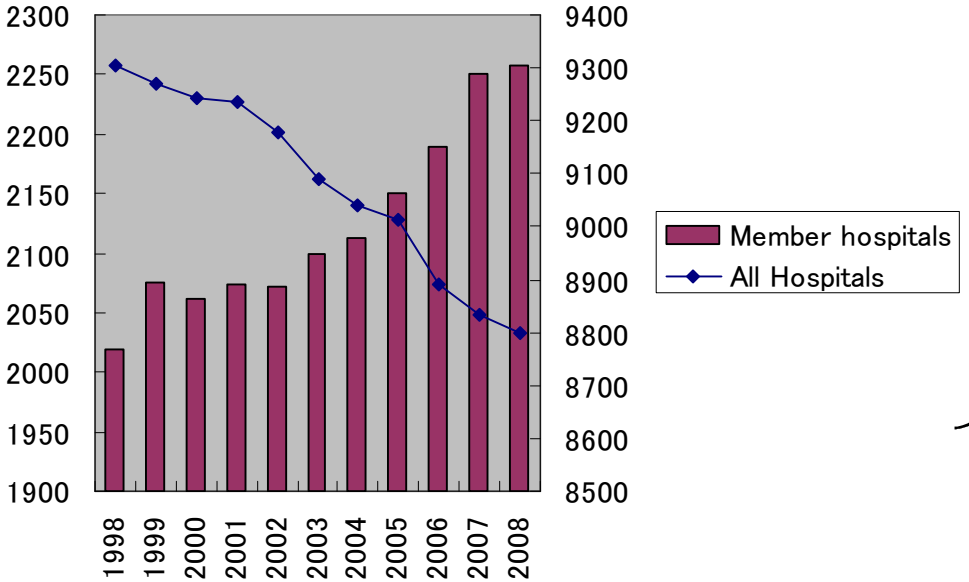
Overview of
All Japan Hospital Association

Hirotoshi Nishizawa

Our Mission and Our Members

- Our Mission : The All Japan Hospital Association (AJHA) is dedicated to improve the quality of hospital management and the health and welfare of the society by offering high quality, effective and valuable healthcare service.
- The number of member hospitals : 2,290 (26% of all hospitals in Japan)
- 99% of member hospitals : private hospitals (The largest private hospitals association)
- Decreasing of total number of hospitals, increasing of member hospitals of AJHA



List of Committees

- General Affairs
- Finance
- Regulations
- Future Planning
- Public Relations
- Future of Hospitals
- Healthcare Providing System and Taxation
- Health Insurance and Reimbursement
- Healthcare Improvement
- Long-term Care
- Human Resources
- Patient Safety
- Hospital Accreditation
- Art and Science
- International Exchange
- Physical Checkup
- Personal Information Protection
- Emergency Medicine and Disaster Damage Prevention
- Examination and Accreditation of Medical Administrators

<u>Major Activities</u>

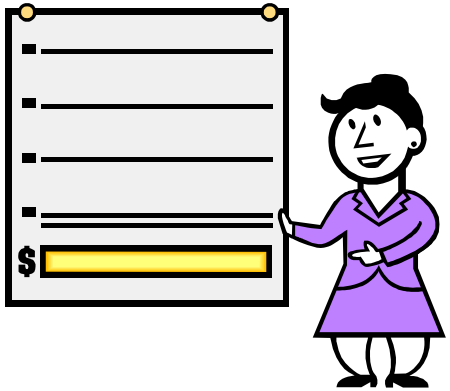
1) Emphasizing on survey and research
2) Offering education programs
3) Proposing health policy
4) Receiving several research grants
5) Joining several committees hosted by Ministry of health, Labour and Welfare
6) Publishing “AJHA News”
7) Publishing reports on the activities and study results

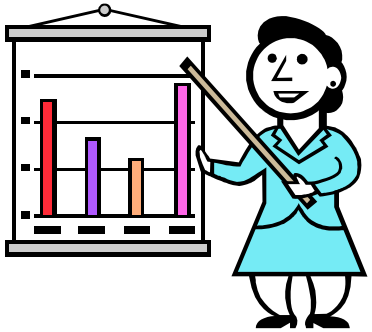
Public Interest vs. Individual Rights
- Lessons from Experiences of the Swine Flu Panic in Japan –

Tomonori Hasegawa

Road Map

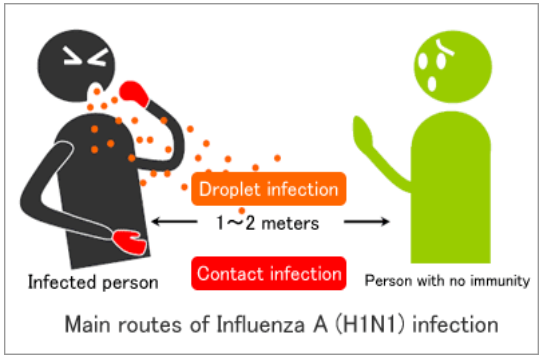
- 1. Swine Flu Panic
  - Swine Flu H1N1
  - Declaration of pandemic by WHO
  - Governmental Reactions
  - Experience of Swine Flu panic
- 2. Japanese Healthcare System
  - Low Mortality
  - Good access to Healthcare Facilities
  - Efficient Use of Healthcare Resources
- 3. Challenges
  - Sustainability
  - Lessons



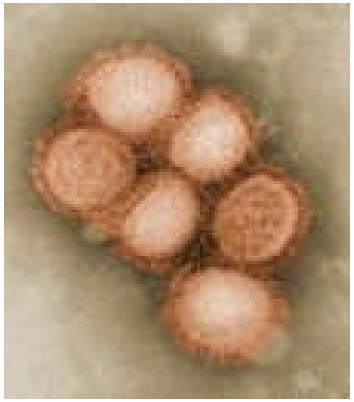


Swine Flu Panic
Swine flu H1N1

- FAQs of Influenza A H1N1 from Ministry of Health, Labor and Welfare (MHLW)
  - Different antigen from seasonal influenza
  - No immunity among general public
  - Possibility of pandemic
  - Symptom; cough, running nose, a sudden high fever, fatigue, headache, muscle ache, etc
  - Main treatment; Tamiflu, Relenza.
  - High risk group; underlying diseases, infants, pregnants, elderly people



Main routes of Influenza A (H1N1) infection



Pandemic Phase by WHO

Phase	Description
Phase 1	No influenza virus circulating among animals have been reported to cause infection in humans
Phase 2	An animal virus circulating in domesticated or wild animals is known to have caused infections in humans and is therefore considered a specific potential pandeminc threat
Phase 3	An animal or human-animal influenza reassortant virus has caused sporadic causes or small cluster of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-revel outbreaks
Phase 4	Human-to-human transmission of an animal or human-animal influenza reassortant virus able to sustain community-revel outbreaks has been verified
Phase 5	The same identified virus has caused sustained community-revel outbreaks in two or more countries in one WHO region
Phase 6	In addition to the criteria defined in Phase5, the same virus has caused sustained community-revel outbreaks in at least one other country in another WHO region
Post Peak Period	Levels of pandemic influenza in most countries with adequate surveillance have dropped below peak levels
Post Pandemic Period	Levels of influenza activity have returned to the levels seen for seasonal influenza in most countries with adequate surveillance

Declaration of pandemic by WHO

Margaret Chan,
WHO Director-General

Swine Influenza
- Appropriateness of the current phase 3-
Statement to the press, 25 April 2009

In response to cases of swine influenza A(H1N1), reported in Mexico and the USA,

World now at the start of 2009 influenza pandemic
- Raising the level of influenza pandemic alert from phase 5 to 6-
Statement to the press, 11 June 2009

"Worldwide, the number of deaths is small."

"Globally, we have good reason to believe that this pandemic, at least in its early days, will be of moderate severity."

"We know that the novel H1N1 virus preferentially infects younger people. ・・・・・the majority of cases have occurred in people under the age of 25 years."

"Countries with no or only a few cases should remain vigilant."

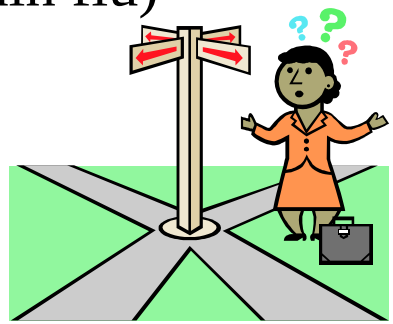
Infectious Diseases Law of Japan

- Purpose
  - Preventing outbreak and prevalence of infectious diseases to improve and promote public health
- Categorization based on Severity and Public Threat
- Revision of the law (May, 2008)
  - New Category for Novel type Influenza similar to Category 1 (very dangerous)
  - Report to Prefectural Governor
  - Hospitalization (mandatory)
- Again, novel Influenza was assumed to be highly toxic

Having supposed coming of Influenza A(H5N1), the government revised the law as above.

Guidelines for Swine Flu

- Estimation
  - 25% of population will be infected
  - Fatality rate from 0.53 (Asian flu) to 2.0% (Spain flu)
  - Death Toll from 170 thousand to 640 thousand
- Phase of outbreak
  - Antiviral drugs for precaution
  - Closedown of schools and self-restraint of assemblies
- Phase of pandemic
  - Distribution of stockpiled antiviral drugs
  - Maintaining social infrastructures
  - Vaccination

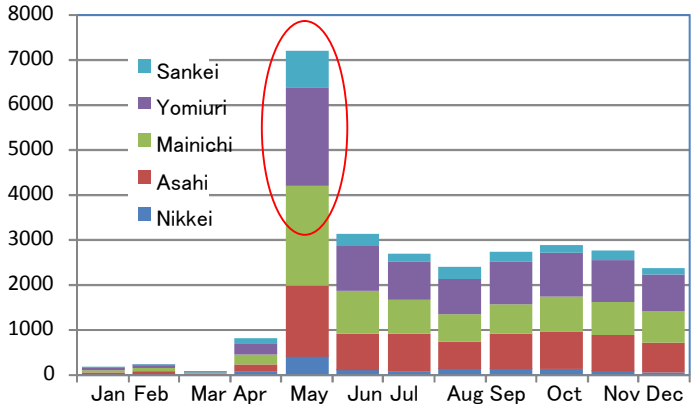



Swine Flu Panic

Responses by the Government and Mass Media

- Frequent appearance of minister of MHLW on mass media to mention “Never be in panic!”
- No stable policies
- Broadcasting pictures of “coastal operations” at the airport almost everyday

- Dramatic increase of articles of swine flu among 5 major newspapers after the first patient detected on May 9th



Graph made by Kunichika Matsumoto (Toho University)

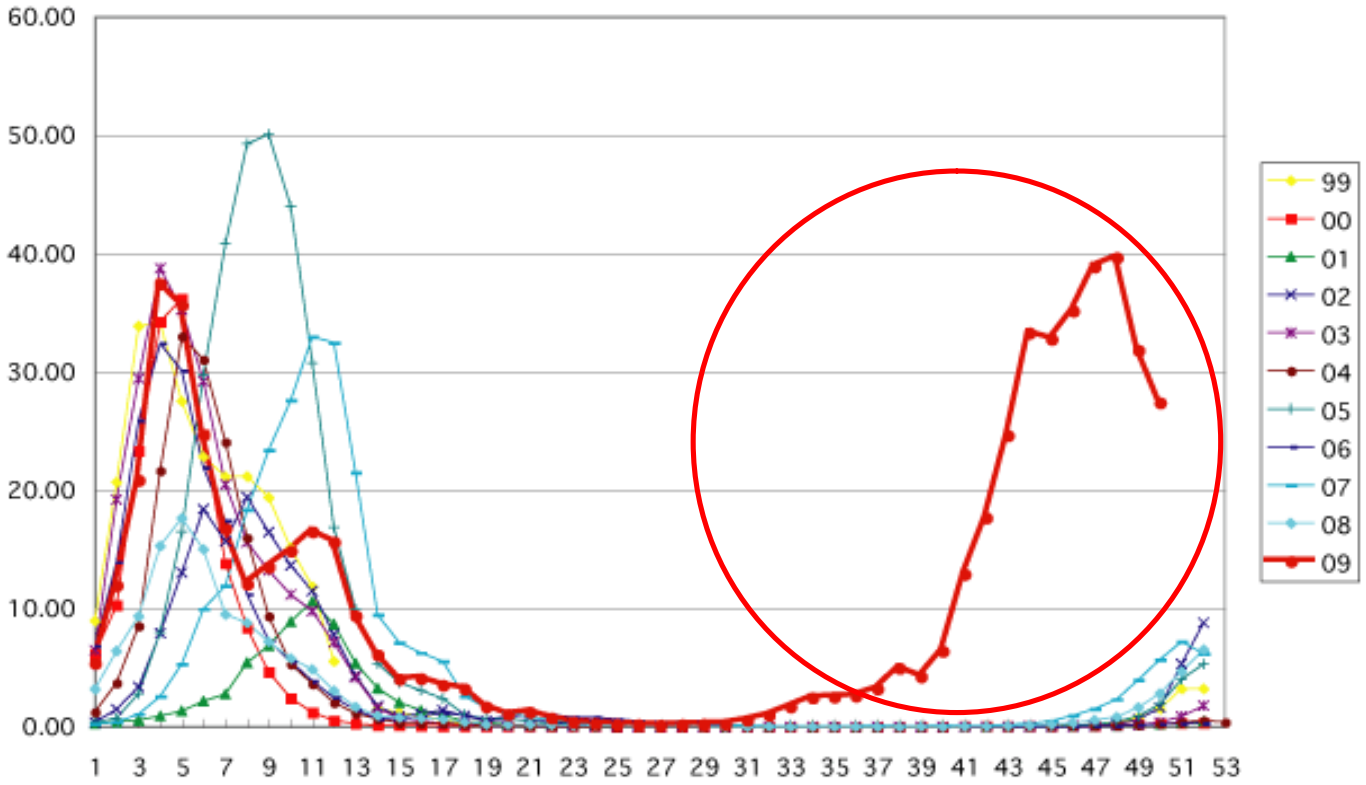
- Bashing on the patients with swine flu and treating as criminals

Citizens in Panic

- Rushing into drug stores to purchase flu masks whose scientific evidence of preventing flu has not been clarified
- Surging crowd to clinics and hospitals to demand not only check-up but vaccine and antivirals
- Condemning a school by many citizens over the telephone whose students caught in swine flu and setting press conference of apology by the principal

The Situation of Swine Flu

- Seasonal flu from January to February
- Remarkable prevalence of swine flu from August to December



Pandemic influenza A (H1N1) situation report of Japan (December 25, 2009)
Infectious Disease Surveillance Centers

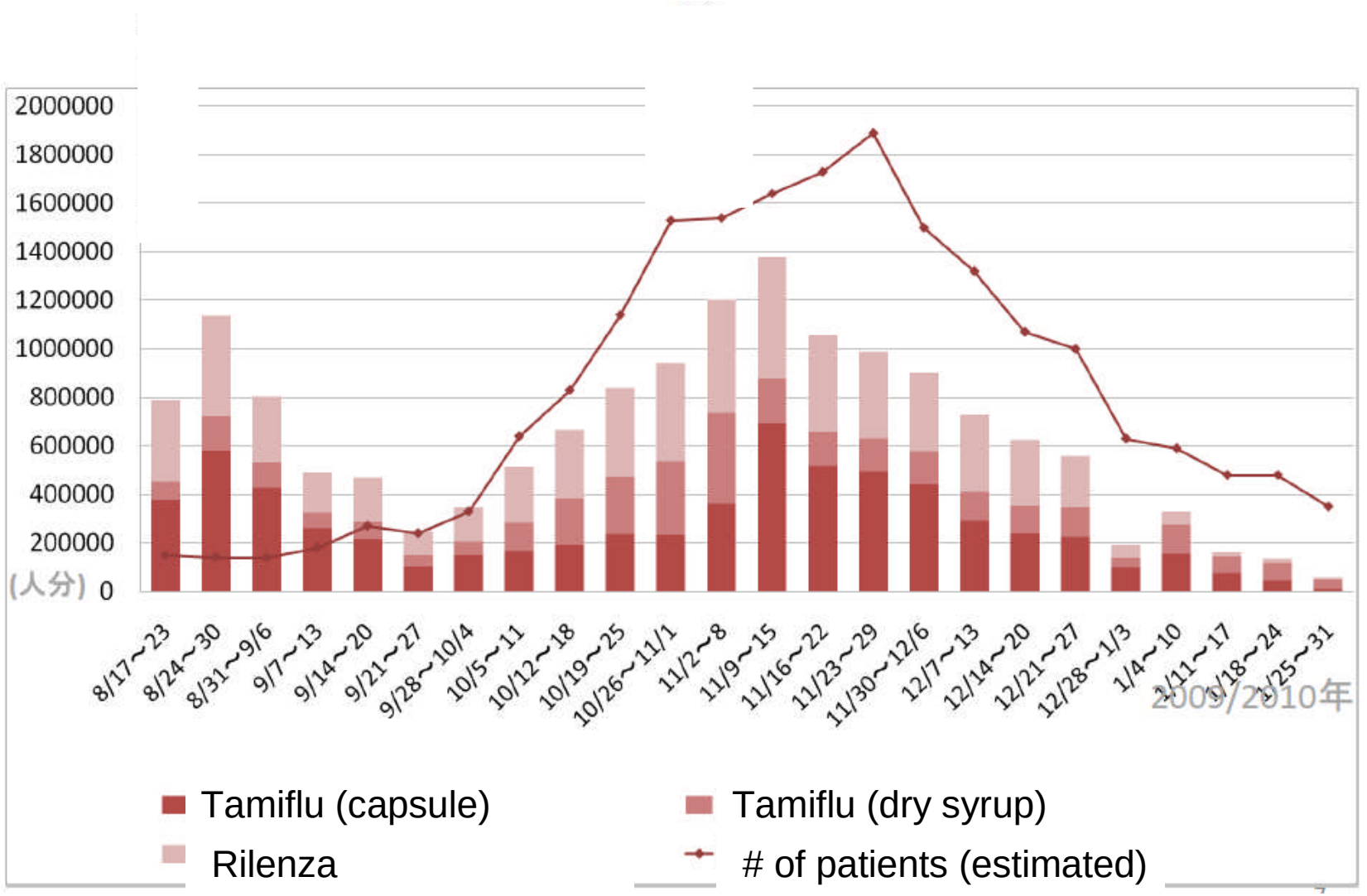
Responses by Healthcare Facilities

- Setting up “outpatients department for patients with fever” to isolate influenza like illness (ILI)
- Counseling over telephone
- Stockpiling plenty of surgical masks and spirit
- Vaccination according to priority specified by MHLW
- Prescribing Tamiflu or Relenza

Request from Hospital Associations

- Compensation for loss of beds without inpatients by preparing for infectious disease beds only for swine flu patients
- Subsidies to prepare for PPE, easy check kits, tents, tamiflu, respirators and so on
- Compensation to revise hospital structures in order to accommodate swine flu patients

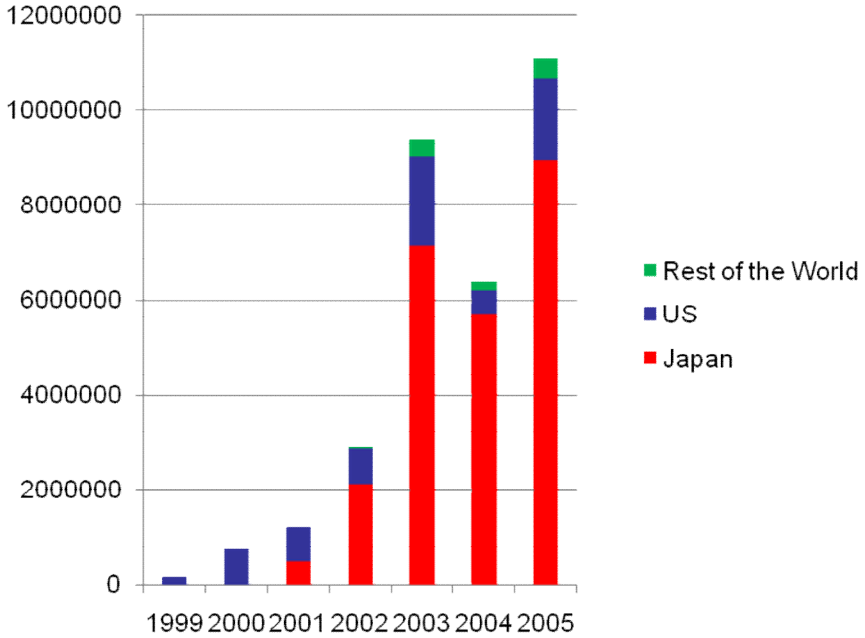
Patient Distribution and Use of Antiviral Drugs



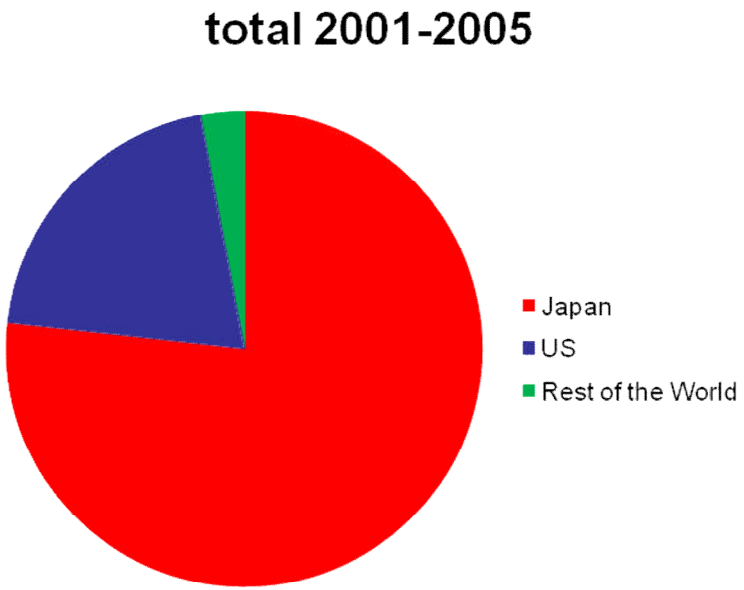
MHLW, Changes in Number of Estimated Patients and Antiviral Drugs, Inpatients Surveillance of Swine Flu, March 21st 2010

Do Japanese people love Tamiflu?

- 77% of Tamiflu in the world was used in Japan in 2005
- Stockpile of Tamiflu adequate to treat about 34 million people (25% of total population) in 2010, according to MHLW



# of prescriptions



Hoffmann-La Roche INC , Pediatric Advisory Committee Executive Summary for Tamiflu, Nov 11 2005

Extremely Low Mortality in Japan

Table 1 **Selected severity characteristics of pandemic influenza A (H1N1) 2009 virus infections, data as of 6 November 2009**[a]
Tableau 1 **Quelques caractéristiques de la gravité des infections par le virus de la grippe pandémique A (H1N1) 2009 (données au 6 novembre 2009)**[a]

Country – Pays	% of hospitalized cases with no co-morbidity – % de cas hospitalisés sans comorbidité	% of hospitalized cases who are pregnant – % de cas de femmes enceintes hospitalisées	Cumulative number of hospitalizations – Nombre cumulé d'hospitalisations	Incidence of hospitalization (per 100 000 population) – Incidence de l'hospitalisation (pour 100 000 habitants)	Median age of hospitalized cases (years) – Age médian des cas hospitalisés (ans)	Rate of ICU admission or hospitalization – Taux d'admission dans les services de soins intensifs ou d'hospitalisations	Number of deaths – Nombre de décès	Mortality rate (deaths per million population) – Taux de mortalité (nombre de décès par million d'habitants)
Northern hemisphere temperate zone – Zone tempérée de l'hémisphère Nord								
Canada	38	5	1 999	5.8	24	0.20	95	2.8
Japan – Japon	63	0.3	3 746	2.9	8	–	35	0.2
United Kingdom – Royaume-Uni	43	7.5	–	–	15-24	–	135	2.2
Mexico – Mexique	–	–	10 337	9.3	–	–	328	2.9
United States – Etats-Unis d'Amérique	27	7	9 079	3.0	21	0.25	1 004	3.3
Southern hemisphere temperate zone – Zone tempérée de l'hémisphère Sud								
South Africa – Afrique du Sud	–	–	–	–	–	–	91	1.8
Argentina – Argentine	47		9 974	24.5	20	0.13	593	14.6
Australia – Australie	51	6	4 844	22.5	31	0.13	186	8.6
Brazil – Brésil	79	8.3	17 219	8.8	26	–	1 368	7.0
Chile – Chili	47	2.4	1 852	10.8	32	0.39	140	8.1
New Zealand – Nouvelle-Zélande	–	6.5	1 001	23.3	20-29	0.12	19	4.4

Lowest Mortality Rate

[a] Adapted in part from Baker MG, Kelly H, Wilson N. Pandemic H1N1 influenza lessons from the southern hemisphere. *Eurosurveillance*, 2009, 14(42):pii=19370. – En partie d'après Baker MG, Kelly H, Wilson N. Pandemic H1N1 influenza lessons from the southern hemisphere. *Eurosurveillance*, 2009, 14(42): pii=19370.

WHO, *Weekly Epidemiological Record*, 13 November 2009

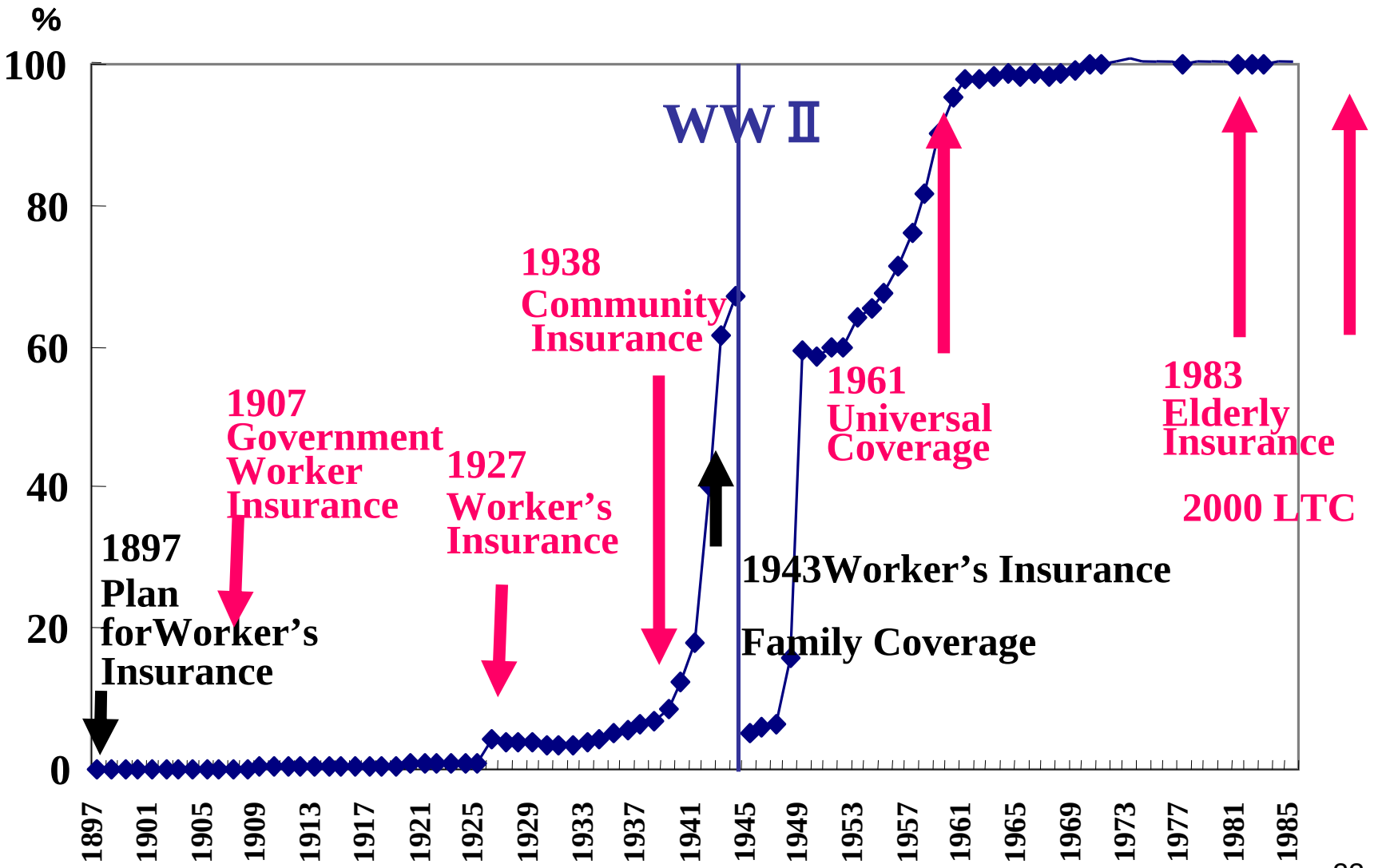
What Can We Learn from Our Experience of Swine Flu Panic?

- No leadership
  - No leader is a good news?
- Panic
  - Easy to heat-up and easy to cool-down
- Good access
- Dependence on Tamiflu
  - Healthy patients with uncomplicated illness need not be treated with antivirals (WHO guideline)
- Low mortality
  - 200 deaths / 20 million patients

Healthcare System in Japan

- Access
  - Universal coverage
  - Low co-payment rate (30%) and ceiling of out of pocket money
  - No gate-keeping system
- Efficiency
  - Lack of differentiation of healthcare organization
  - Too many HCOs with low patient volume
- Empowerment
  - Patient participation has just began
- Integration
  - Low, small sized/ owner-driven hospitals
- Quality
  - Seemingly high, but lack of data to demonstrate high quality
- Low Cost
  - Although the society is ageing rapidly

Coverage of Health Insurance 1897-1985



Japanese Healthcare System

Universal Insurance (1961-)

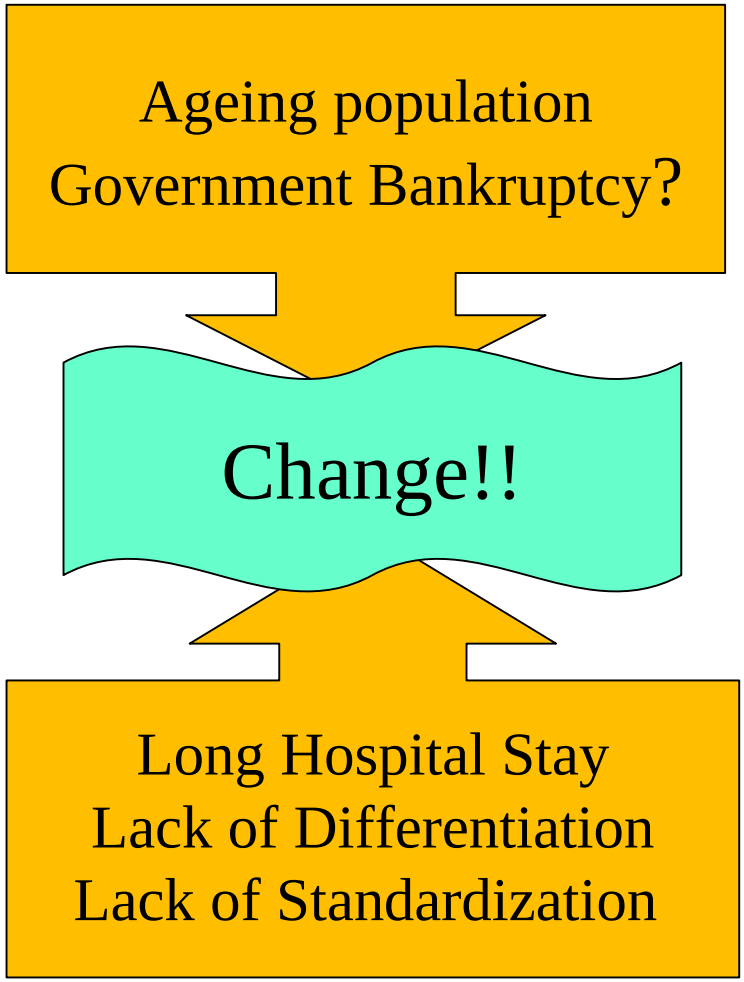
- community insurance
- workers' insurance
- elderly insurance (1985-)
- LTC insurance (2000-)
- reorganization and health plan for the elderly (2008-)

High Educational Level

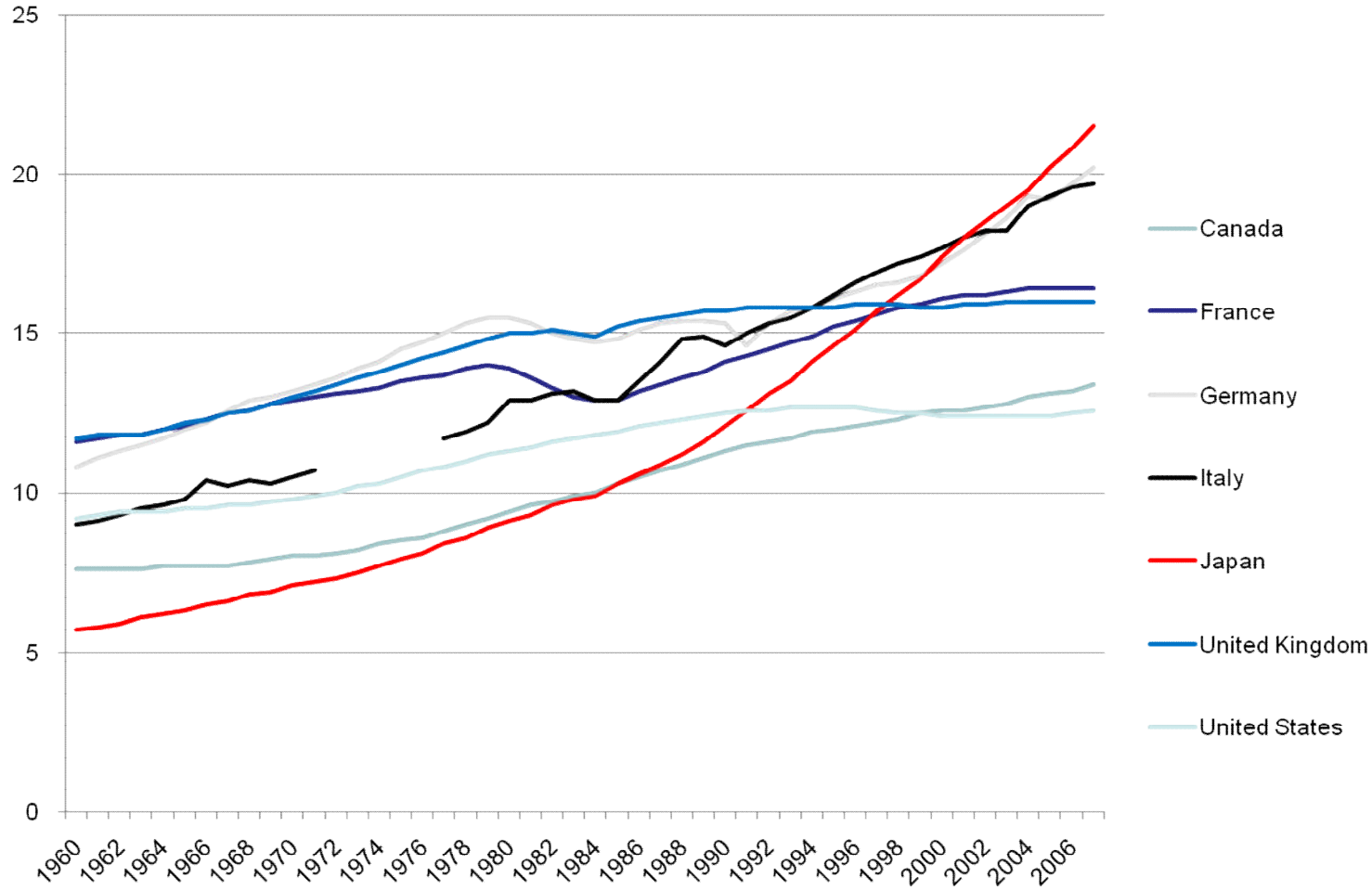
- illiterate 2-3%
- 40% enter university

High Standard of Living

- US$34,312 per capita GDP (2007)

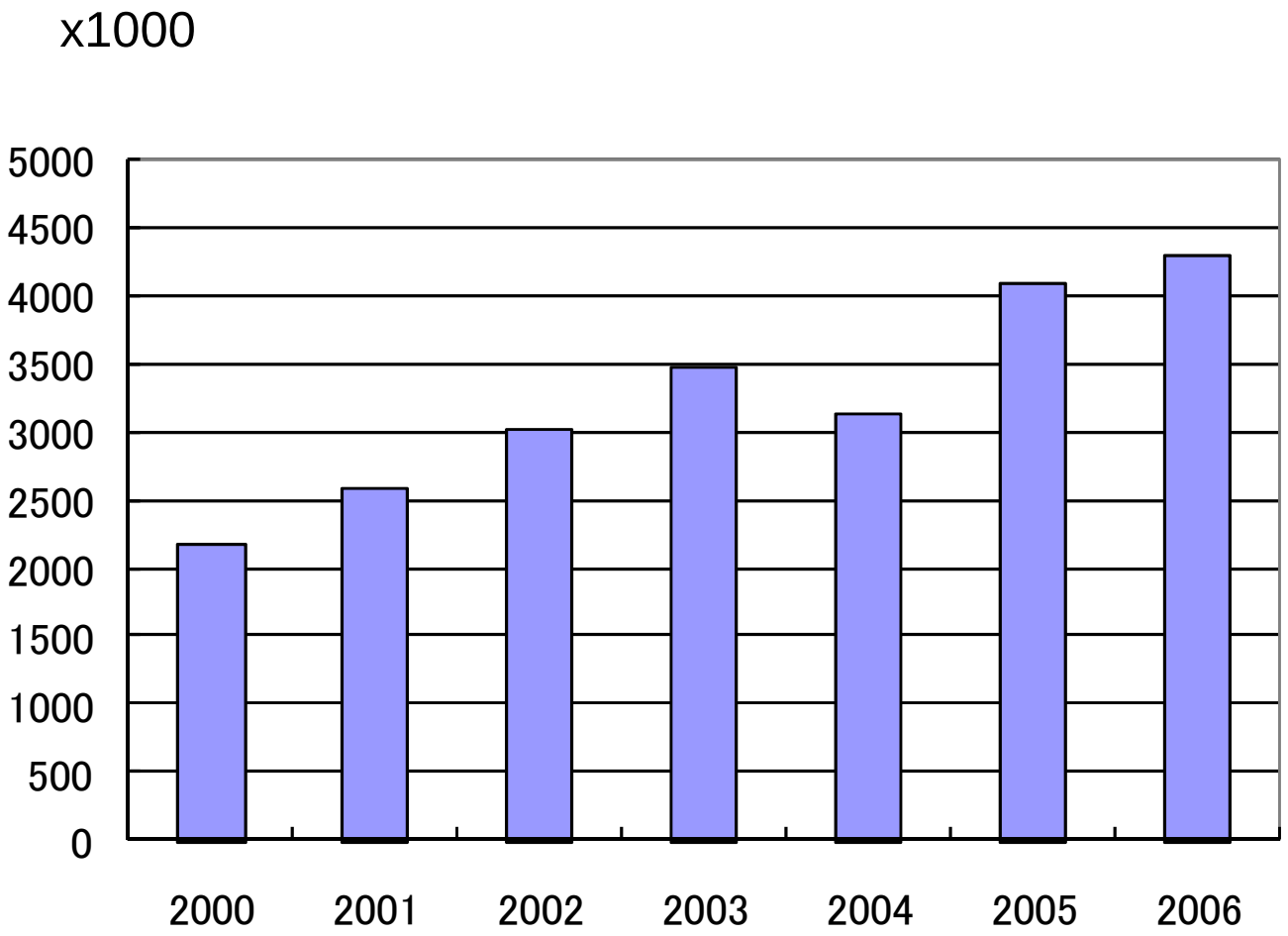


% of Elderly People (65y or more)

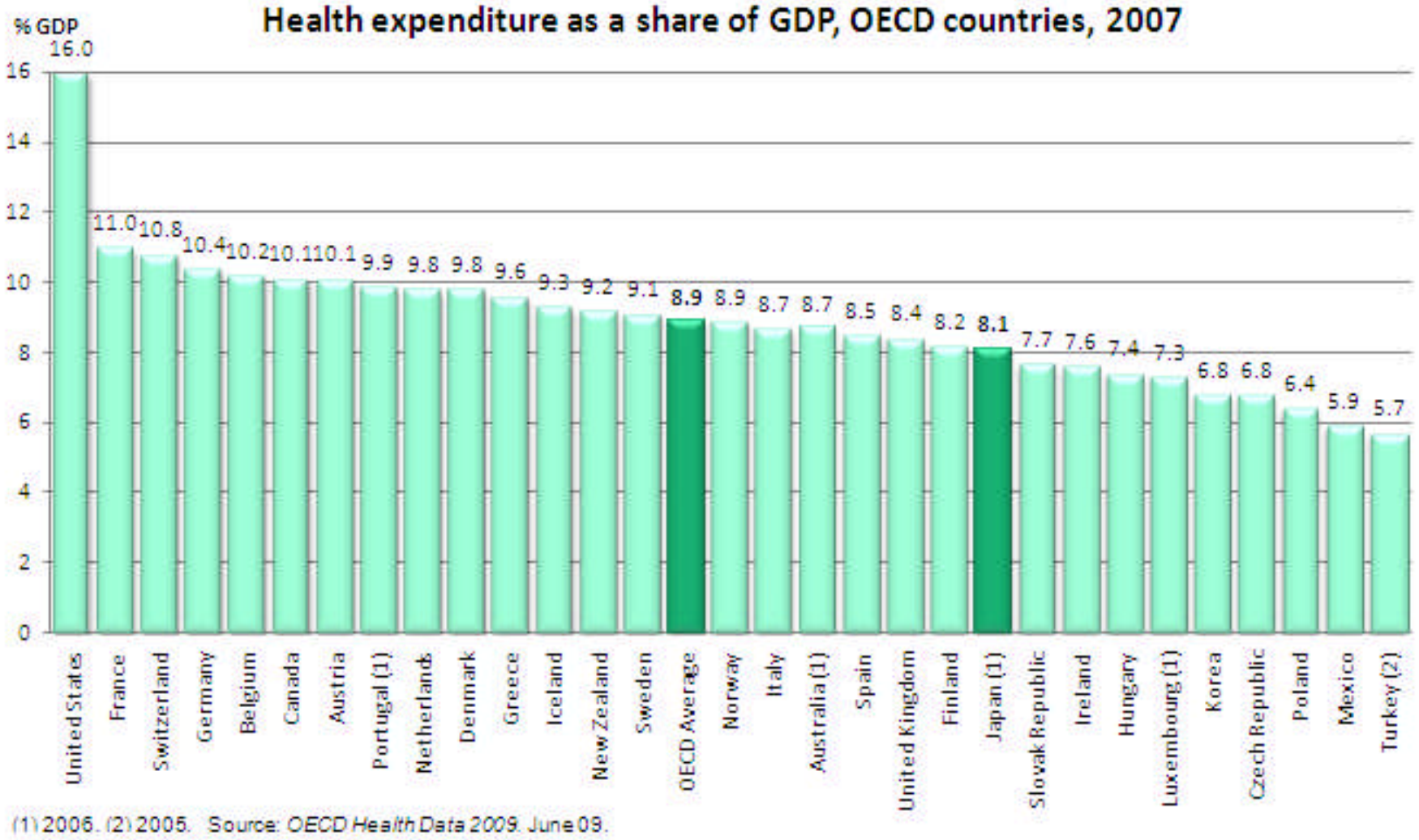


OECD, *OECD Health Data 2009*, 2009

of Beneficiaries of LTC insurance (2000-)

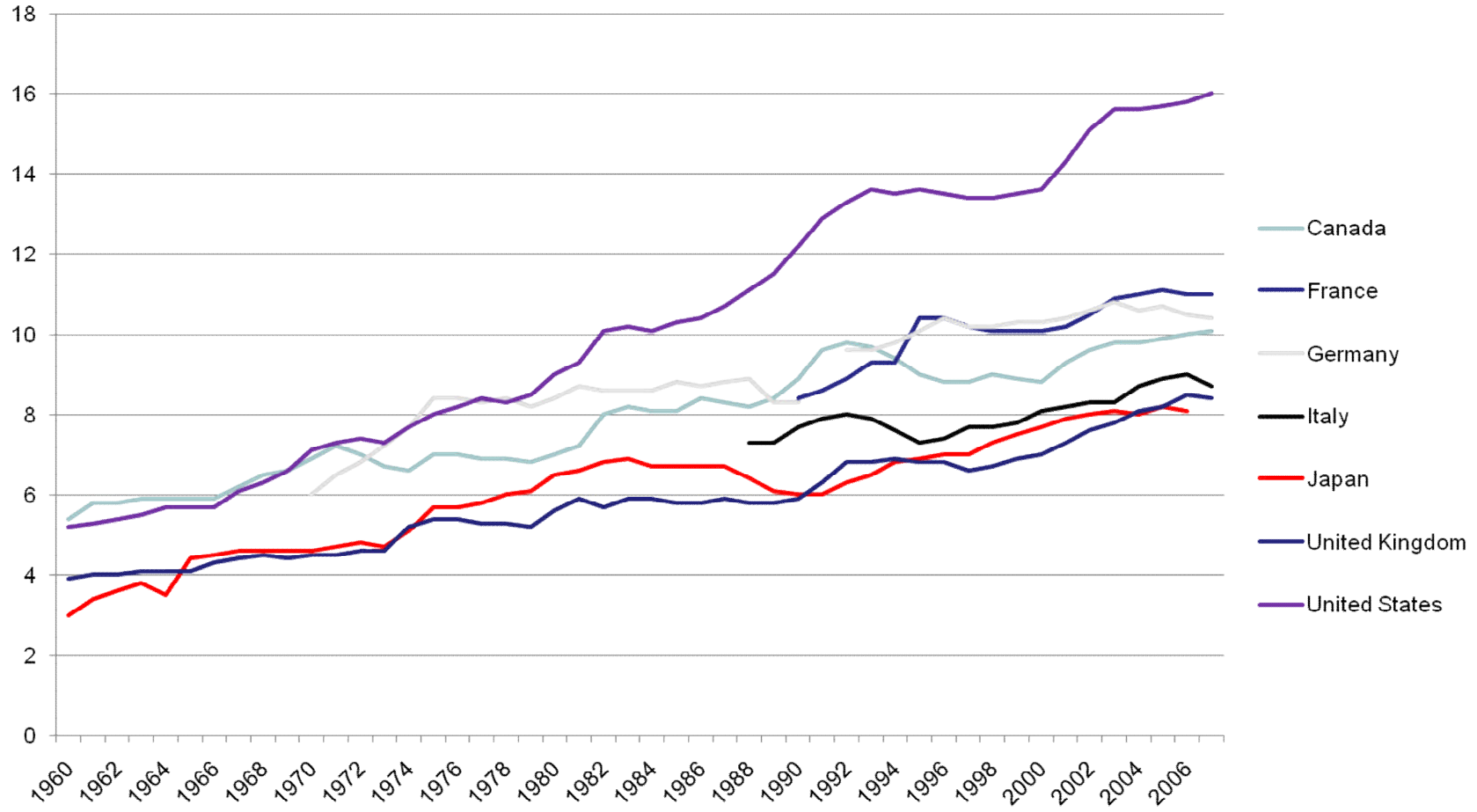


Health Expenditure (% of GDP)

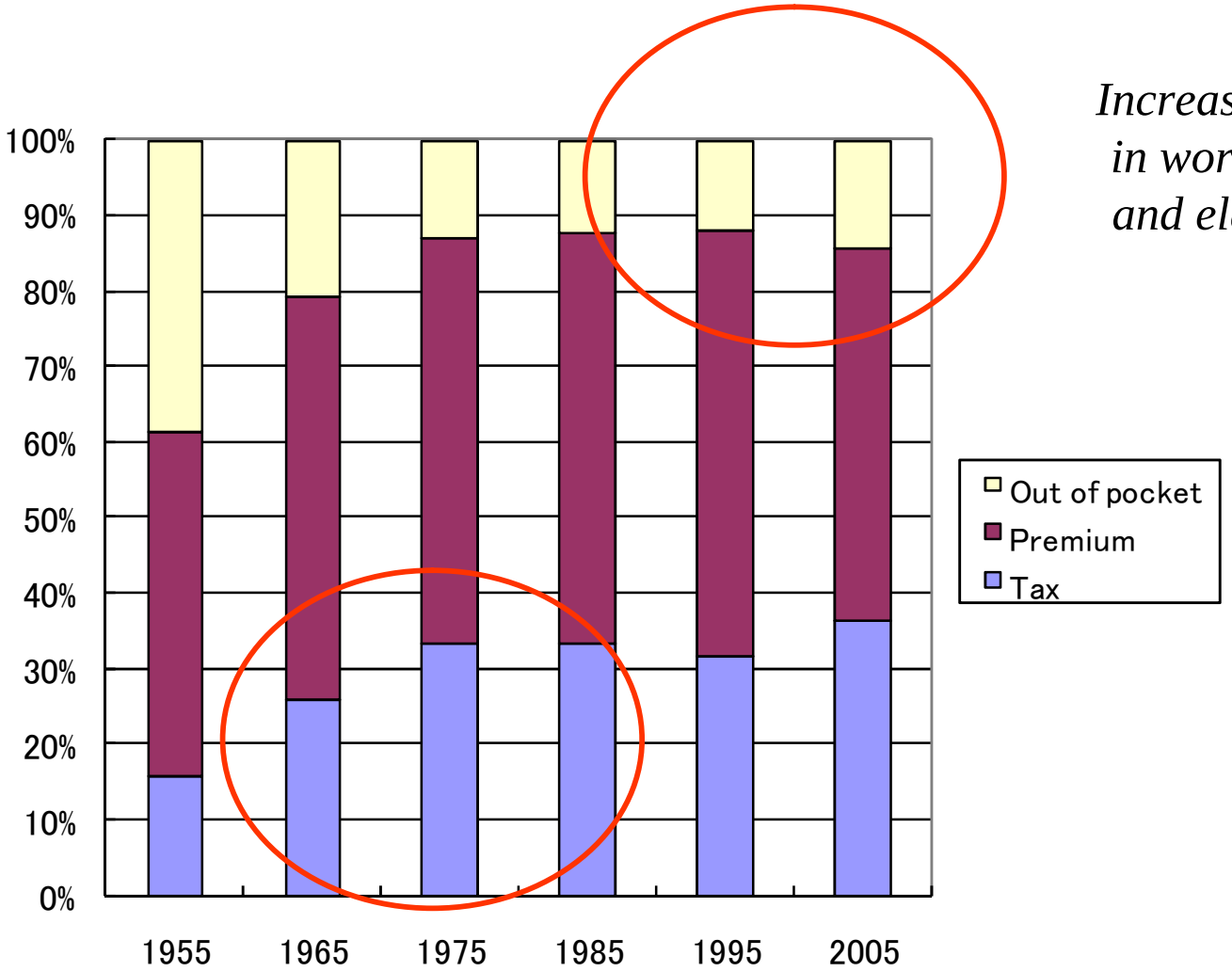


OECD, *OECD Health Data 2009*, 2009

Health Expenditure (% of GDP)

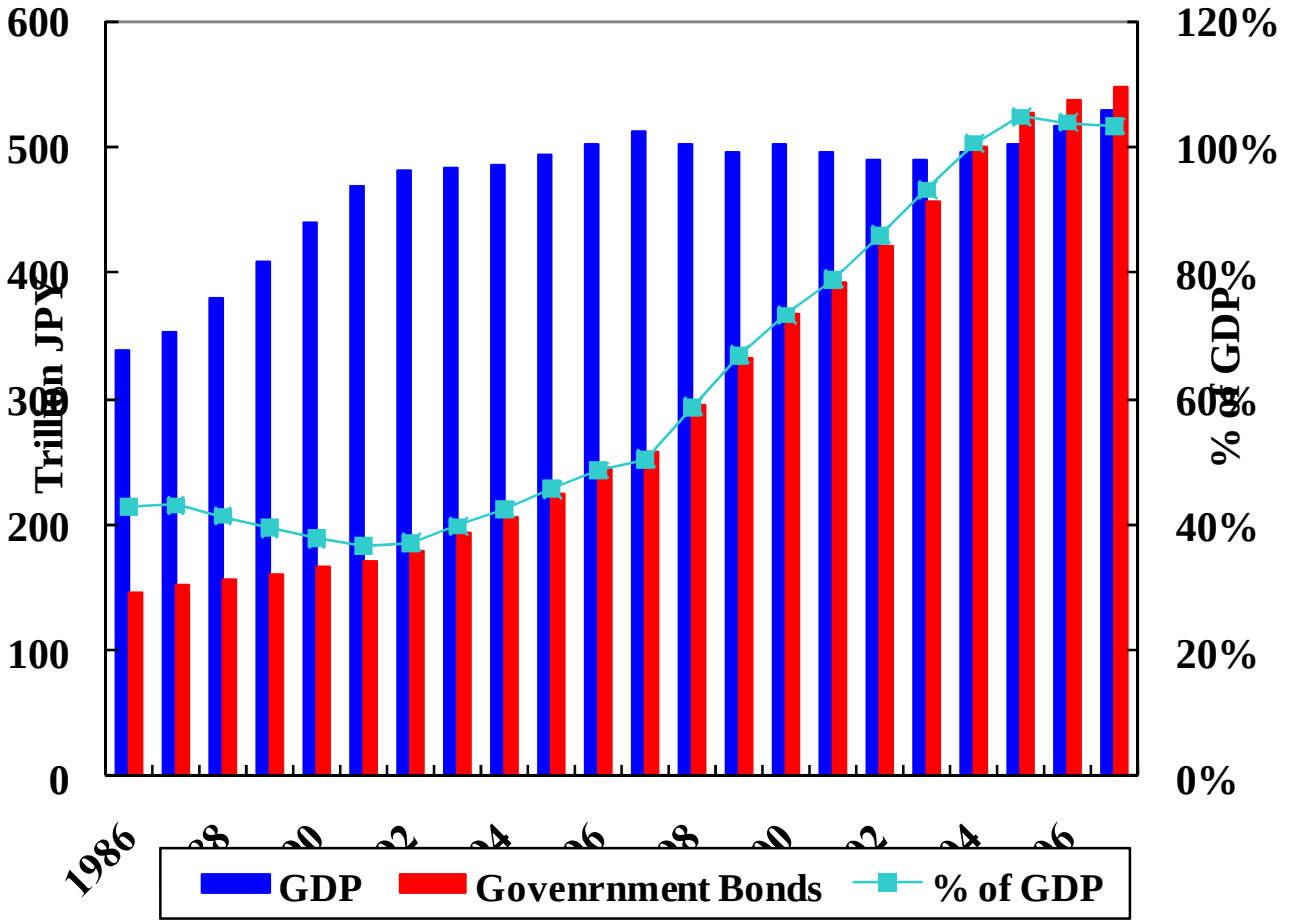


Who Pays Money?

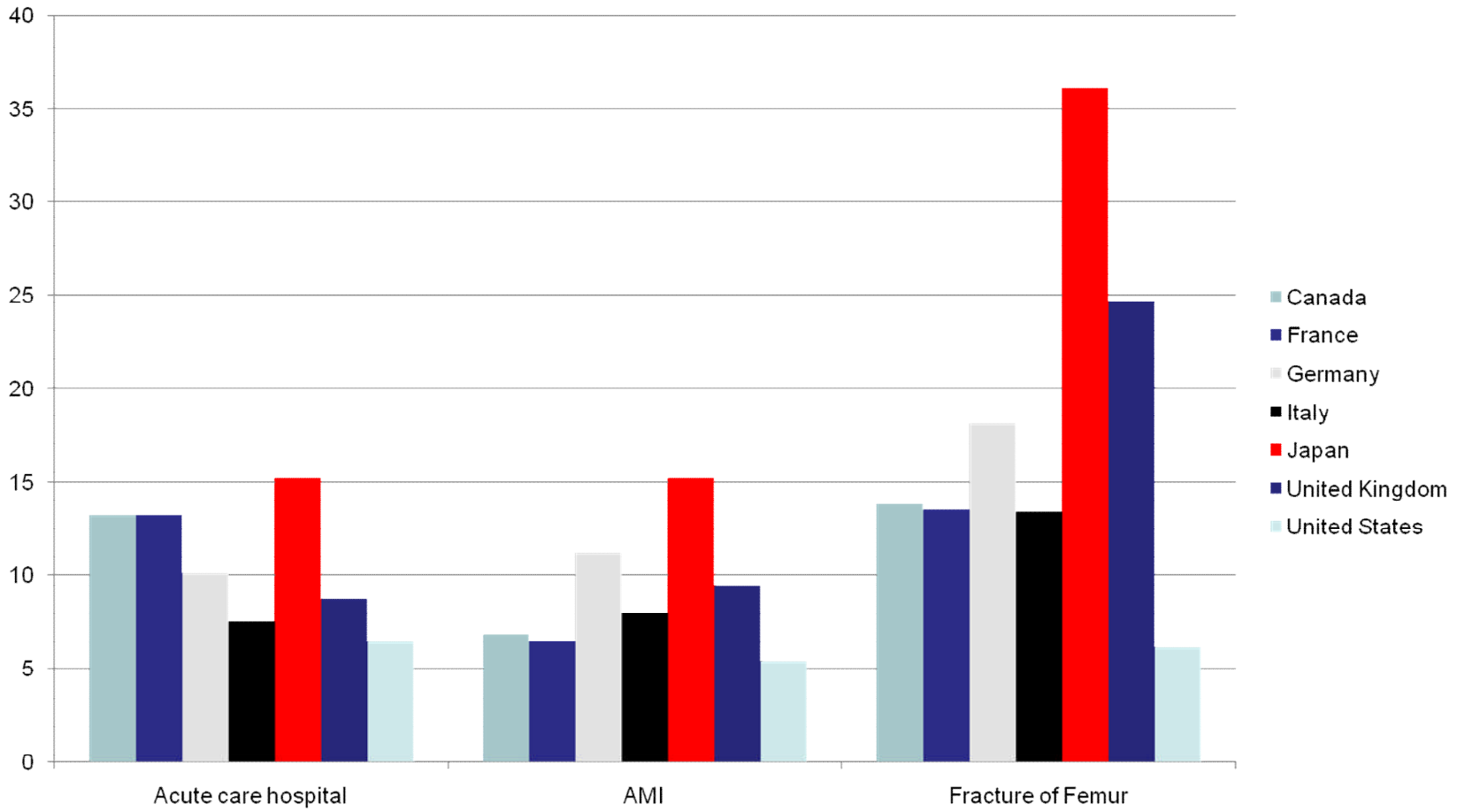


Increase of co-payment in worker's insurance and elderly insurance

Japan Government:
Close to Bankruptcy?



Average Length of Stay (2006)



Data are of 2006
As for Japan, data are those of hospitals participating DPC in 2006

Features of Hospital Beds

	Hospital bed/1000 population (2006)	Long term care bed/1000 population (2005)	Acute/long term care bed	Acute care staff bed ratio (2003)	LOS (2006)
Canada	2.7	NA	NA	4.2	7.3
France	3.7	5.7	0.65	1.6	5.4
Germany	5.7	9.2	0.62	2.0	7.9
Italy	3.3	3.2	1.0	3.1	6.7
Japan	8.2	2.3	3.6	1.0	19.2
United Kingdom	2.8	2.9	0.96	6.5	7.5
United States	2.7	5.3	0.51	5.0	5.6

Health Sector Reform (2001-)

- Direction
  - Accountability and Transparency
  - Quality and Safety issues
  - Deregulation and a market-oriented approach
- Payment schedule
- Reorganization of Insurance Bodies
- Privatization of National Hospitals and National Universities
- Decrease of Hospital Beds
- New Regional Health Plan
- IT introduction

Conclusions

- Success story
  - Good efficiency and equity (WHR2000)
  - Universal coverage (1961-)
- Health sector reform
  - Market-oriented mechanism
  - Competition
  - IT
- Long lead time and political instability
- Challenges
  - Consensus on cost and service level leading to financial problems
  - Decreased function as safety net
  - Threat to Solidarity



Thank you for your attention