

Here are answers from speakers to questions we received.

1. Why do some countries advocate expanded testing and others argue that less testing? Does it depend more on technology or culture ?

A. The testing strategy depends on many factors, including government policy, local epidemiological situation, local testing capacity, etc. However, it should be noted that none of the tests is perfect, including PCR for COVID-19.

The suppression of inspections is a matter of systems and strategies, and I do not believe that culture is directly involved. But culture may play a role in why people are able to accept such a strategy. For example, there could have been mass protests among the public against such a strategy, but this did not happen.

2. (1) According to this article, a journalist says, "the polite custom in Japan works well against the virus," how do you think of this point? <Coronavirus: Japan's mysteriously low virus death rate, By Rupert Wingfield-Hayes BBC News, Tokyo, 4 July 2020>

(2) What is the significant difference between East Asia and the West in dealing with COVID-19? What effects does that have? What lifestyle in East Asia is helping to prevent the COVID-19 outbreak?

(3) Could there be other explanations for why there are less severe cases in Japan than in other countries? What is Japan's secret of success in controlling the COVID-19?

(4) Europeans and Japanese have very different customs, in the way, they greet each other, maintain a certain physical distance, and so on. In your opinion, do these factors play a fundamental role in the transmission of the pandemic?

A. There should be many different factors that have contributed to the current situation of COVID-19 in Japan. We need to consider various factors, including currently unknown factors for future research.

It is conceivable that cultural behaviors may have influenced the spread of infection as one of the various factors. As Prof. Oshitani pointed out in the dialogue, it is worth examining from a cultural point of view the low level of intergenerational exchange, customs of greeting and conversation, and lack of resistance to masks.

3. What is new concerning religious party movements during and after the COVID-19 pandemic?

A. In the current outbreak, we have seen cases of clusters of meetings by religious groups that have become the source of the spread of the disease. The reason for this is that in many religions, gathering together to worship is doctrinally important, and it is difficult for the state to regulate such gatherings due to religious freedom and freedom of assembly. On the other hand, there has been a movement among religious groups to voluntarily suspend their meetings and other activities, considering it a public good to deter the spread of infectious diseases. In other words, we can see that religious organizations are becoming more aware that they should act for the public good beyond their own religious organizations.

4. Implications to the low and middle-income countries ?

A. Although there are many challenges for low- and middle-income countries, some countries have been minimizing the impact of COVID-19 so far. It is important to share lessons and good practices between countries.

Many low and middle-income countries have inefficient social infrastructures for the pandemic by the Covid-19, and for that reason, international collaborations and assistances by international organizations and the global community as a whole are crucial for these countries.

5. What form of international collaboration can we realize in the global health arena in the COVID-19 era beyond the superpower tension and increasing unilateralism?

A. Dialogues between countries by using different channels are more important than ever.

It seems true that each sovereign State seeks to maximize its own “national interest.” Recently, however, not only such sovereign States but also many other actors in the global community, like international organizations, NGOs, multi-national big companies, large-scale funds, etc., have engaged in various important activities regarding the COVID-19. It is very important we shall not overlook the importance of “global common interest” to contain the pandemic by the COVID-19 for all these actors all over the world.

6. How do you explain why no case reported from Iwate?

Why is Sendai City so small in the number of patients, despite its size? No telework was adopted in our workplace, but almost all the offices have no infected person. Why is this? Please make a guess.

A. There should be many reasons to explain geographic differences. Further studies are necessary to explain these differences.

7. Japan's cluster tracing strategy has been praised as very successful. However, I still wonder how it can be that successful despite limited testing and the possibility of cases that do not show any symptoms. Isn't it possible that clusters remain undetected?

A. It is true that some clusters cannot be detected. However, we have been trying to minimize the number of undetected clusters.

8. There is some stir in Japan right now regarding the suppression of the test. As we know, Japan Expert Panel only conduct the test if the pre-test probability is high enough so that if the test draws a positive result, it is not the false positive. There are some opinions that if you want to suppress the virus, you should be doing as much inspection as possible. That is more important if the incidence of the disease is low enough, something that Japan has achieved in June. What is Japan's rationale behind its reluctance to do more widespread testing? Has it something to do with the regulation of isolation implemented in Japan? Thank you very much in advance. I respect your work so much.

A. There are some limitations in PCR testing, both sensitivity and specificity. Just doing more widespread testing cannot control COVID-19.

9. What do you think is the most critical factor that affects the COVID-19 susceptibility?

A. We still do not know these factors.

10. For who is the covid19 seriously dangerous? Should healthy people have something to worry about this virus?

A. Even healthy young people might have a severe disease.

11. There is data that morbidity (mortality) is low in BCG vaccination areas. I would like to know why there is a correlation.

A. Some more studies are necessary to know the effect of BCG in COVID-19.

12. How probable do you see the COVID-19 vaccine will be available to the mass market by the end of the year?

A. There are some promising vaccine candidates. But we do not know when they will be available

in the market.

- 1 3. Do you think that increase of the COVID-19 patients is the second wave of the pandemic?
What is the probability of the second wave?
 - A. There might be the second wave. We all have to be prepared for the second wave of COVID-19.

- 1 4. (1) What would be effective methods/actions we can take now to design sustainable societies which are robust against future risks beyond our predictions?
(2) What is the direction of how to spend a new lifestyle? With the spread of coronavirus infectious diseases, it has revolutionized the way people work and spend their leisure time. There are also benefits, such as remote work and online meetings. However, I am concerned that face-to-face conversations and useful aspects of sports, etc. may be lost.
 - A. We need to create a safer and resilient society for COVID-19 and other infectious disease threats.

- 1 5. Why does John Hopkins University Resource Center work well sometimes compared with the WHO?
 - A. WHO is an inter-governmental international organization which is composed of sovereign member States confronting each other severely and does not have its own strong and efficient governance structure. Therefore, it is true that some University centers work more efficiently than WHO. However, this does not necessarily mean WHO has no “raison d’être” in the global community.