Ⅵ. 参考資料

Ⅵ-1．検疫関係基礎資料

（関係法令、我が国の検疫関係基礎データ）

昭和二十六年法律第二百一号

検疫法

目次

第一章　総則

（目的）

第一条　この法律は、国内に常在しない感染症の病原体が船舶又は航空機を介して国内に侵入することを防止するとともに、船舶又は航空機に関してその他の感染症の予防に必要な措置を講ずることを目的とする。

（検疫感染症）

第二条　この法律において「検疫感染症」とは、次に掲げる感染症をいう。

一　感染症の予防及び感染症の患者に対する医療に関する法律（平成十年法律第百十四号）に規定する一類感染症

二　感染症の予防及び感染症の患者に対する医療に関する法律に規定する新型インフルエンザ等感染症

三　前二号に掲げるもののほか、国内に常在しない感染症のうちその病原体が国内に侵入することを防止するためその病原体の有無に関する検査が必要なものとして政令で定めるもの

（疑似症及び無症状病原体保有者に対するこの法律の適用）

第二条の二　前条第一号に掲げる感染症の疑似症を呈している者については、同号に掲げる感染症の患者とみなして、この法律を適用する。

２　前条第二号に掲げる感染症の疑似症を呈している者であつて当該感染症の病原体に感染したおそれのあるものについては、同号に掲げる感染症の患者とみなして、この法律を適用する。

３　前条第一号又は第二号に掲げる感染症の病原体を保有している者であつて当該感染症の症状を呈していないものについては、それぞれ同条第一号又は第二号に掲げる感染症の患者とみなして、この法律を適用する。

（検疫港等）

第三条　この法律において「検疫港」又は「検疫飛行場」とは、それぞれ政令で定める港又は飛行場をいう。

第二章　検疫

（入港等の禁止）

第四条　次に掲げる船舶又は航空機（以下それぞれ「外国から来航した船舶」又は「外国から来航した航空機」という。）の長（長に代つてその職務を行う者を含む。以下同じ。）は、検疫済証又は仮検疫済証の交付（第十七条第二項の通知を含む。第九条を除き、以下同じ。）を受けた後でなければ、当該船舶を国内（本州、北海道、四国及び九州並びに厚生労働省令で定めるこれらに附属する島の区域内をいう。以下同じ。）の港に入れ、又は当該航空機を検疫飛行場以外の国内の場所（港の水面を含む。）に着陸させ、若しくは着水させてはならない。ただし、外国から来航した船舶の長が、検疫を受けるため当該船舶を第八条第一項に規定する検疫区域若しくは同条第三項の規定により指示された場所に入れる場合若しくは次条ただし書第一号の確認を受けた者の上陸若しくは同号の確認を受けた物若しくは第十三条の二の指示に係る貨物の陸揚のため当該船舶を港（第八条第一項に規定する検疫区域又は同条第三項の規定により指示された場所を除く。）に入れる場合又は外国から来航した航空機の長が、検疫所長（検疫所の支所又は出張所の長を含む。以下同じ。）の許可を受けて当該航空機を着陸させ、若しくは着水させる場合は、この限りでない。

一　外国を発航し、又は外国に寄航して来航した船舶又は航空機

二　航行中に、外国を発航し又は外国に寄航した他の船舶又は航空機（検疫済証又は仮検疫済証の交付を受けている船舶又は航空機を除く。）から人を乗り移らせ、又は物を運び込んだ船舶又は航空機

（交通等の制限）

第五条　外国から来航した船舶又は外国から来航した航空機（以下「船舶等」という。）については、その長が検疫済証又は仮検疫済証の交付を受けた後でなければ、何人も、当該船舶から上陸し、若しくは物を陸揚げし、又は当該航空機及び検疫飛行場ごとに検疫所長が指定する場所から離れ、若しくは物を運び出してはならない。ただし、次の各号のいずれかに該当するときは、この限りでない。

一　検疫感染症の病原体に汚染していないことが明らかである旨の検疫所長の確認を受けて、当該船舶から上陸し、若しくは物を陸揚げし、又は当該航空機及び検疫飛行場ごとに検疫所長が指定する場所から離れ、若しくは物を運び出すとき。

二　第十三条の二の指示に従つて、当該貨物を陸揚げし、又は運び出すとき。

三　緊急やむを得ないと認められる場合において、検疫所長の許可を受けたとき。

（検疫前の通報）

第六条　検疫を受けようとする船舶等の長は、当該船舶等が検疫港又は検疫飛行場に近づいたときは、適宜の方法で、当該検疫港又は検疫飛行場に置かれている検疫所（検疫所の支所及び出張所を含む。以下同じ。）の長に、検疫感染症の患者又は死者の有無その他厚生労働省令で定める事項を通報しなければならない。

第七条　削除

（検疫区域）

第八条　船舶の長は、第十七条第二項の通知を受けた場合を除くほか、検疫を受けようとするときは、当該船舶を検疫区域に入れなければならない。

２　外国から来航した航空機の長は、当該航空機を最初に検疫飛行場に着陸させ、又は着水させたときは、直ちに、当該航空機を検疫区域に入れなければならない。

３　前二項の場合において、天候その他の理由により、検疫所長が、当該船舶等を検疫区域以外の場所に入れるべきことを指示したときは、船舶等の長は、その指示に従わなければならない。

４　第一項及び第二項の検疫区域は、厚生労働大臣が、国土交通大臣と協議して、検疫港又は検疫飛行場ごとに一以上を定め、告示する。

（検疫信号）

第九条　船舶の長は、検疫を受けるため当該船舶を検疫区域又は前条第三項の規定により指示された場所に入れた時から、検疫済証又は仮検疫済証の交付を受けるまでの間、厚生労働省令の定めるところにより、当該船舶に検疫信号を掲げなければならない。船舶が港内に停泊中に、第十九条第一項の規定により仮検疫済証が失効し、又は同条第二項の規定により仮検疫済証が失効した旨の通知を受けた場合に

おいて、その失効又は失効の通知の時から、当該船舶を港外に退去させ、又は更に検疫済証若しくは仮検疫済証の交付を受けるまでの間も、同様とする。

（検疫の開始）

第十条　船舶等が検疫区域又は第八条第三項の規定により指示された場所に入つたときは、検疫所長は、荒天の場合その他やむを得ない事由がある場合を除き、すみやかに、検疫を開始しなければならない。但し、日没後に入つた船舶については、日出まで検疫を開始しないことができる。

（書類の提出及び呈示）

第十一条　検疫を受けるに当つては、船舶等の長は、検疫所長に船舶等の名称又は登録番号、発航地名、寄航地名その他厚生労働省令で定める事項を記載した明告書を提出しなければならない。但し、仮検疫済証の失効後に受ける検疫にあつては、検疫所長から求められた場合に限る。

2　検疫所長は、船舶等の長に対して、第一号から第三号までに掲げる書類の提出並びに第四号及び第五号に掲げる書類の呈示を求めることができる。

一　乗組員名簿

二　乗客名簿

三　積荷目録

四　航海日誌又は航空日誌

五　その他検疫のために必要な書類

（質問）

第十二条　検疫所長は、船舶等に乗つて来た者及び水先人その他船舶等が来航した後これに乗り込んだ者に対して、必要な質問を行い、又は検疫官をしてこれを行わせることができる。

（診察及び検査）

第十三条　検疫所長は、検疫感染症につき、前条に規定する者に対する診察及び船舶等に対する病原体の有無に関する検査を行い、又は検疫官をしてこれを行わせることができる。

2　検疫所長は、前項の検査について必要があると認めるときは、死体の解剖を行い、又は検疫官をしてこれを行わせることができる。この場合において、その死因を明らかにするため解剖を行う必要があり、かつ、その遺族の所在が不明であるか、又は遺族が遠隔の地に居住する等の理由により遺族の諾否が判明するのを待つていてはその解剖の目的がほとんど達せられないことが明らかであるときは、遺族の承諾を受けることを要しない。

（陸揚等の指示）

第十三条の二　検疫所長は、船舶等に積載された貨物について当該船舶等において前条第一項の検査を行なうことが困難であると認めるときは、同項の検査を行なうため、当該船舶等の長に対して、当該貨物を検疫所長の指示する場所に陸揚し、又は運び出すべき旨を指示することができる。

（汚染し、又は汚染したおそれのある船舶等についての措置）

第十四条　検疫所長は、検疫感染症が流行している地域を発航し、又はその地域に寄航して来航した船舶等、航行中に検疫感染症の患者又は死者があつた船舶等、検疫感染症の患者若しくはその死体、又はペスト菌を保有し、若しくは保有しているおそれのあるねずみ族が発見された船舶等、その他検疫感染症の病原体に汚染し、又は汚染したおそれのある船舶等について、合理的に必要と判断される限度において、次に掲げる措置の全部又は一部をとることができる。

一　第二条第一号又は第二号に掲げる感染症の患者を隔離し、又は検疫官をして隔離させること。

二　第二条第一号又は第二号に掲げる感染症の病原体に感染したおそれのある者を停留し、又は検疫官をして停留させること（外国に当該各号に掲げる感染症が発生し、その病原体が国内に侵入し、国民の生命及び健康に重大な影響を与えるおそれがあると認めるときに限る。）。

三　第二条第二号に掲げる感染症の患者又は当該感染症の病原体に感染したおそれのある者に対し、当該感染症の感染の防止に必要な報告又は協力を求めること。

四　検疫感染症の病原体に汚染し、若しくは汚染したおそれのある物若しくは場所を消毒し、若しくは検疫官をして消毒させ、又はこれらの物であつて消毒により難いものの廃棄を命ずること。

五　墓地、埋葬等に関する法律（昭和二十三年法律第四十八号）の定めるところに従い、検疫感染症の病原体に汚染し、又は汚染したおそれのある死体（死胎を含む。）の火葬を行うこと。

六　検疫感染症の病原体に汚染し、若しくは汚染したおそれのある物若しくは場所の使用を禁止し、若しくは制限し、又はこれらの物の移動を禁止すること。

七　検疫官その他適当と認める者をして、ねずみ族又は虫類の駆除を行わせること。

八　必要と認める者に対して予防接種を行い、又は検疫官をしてこれを行わせること。

2　検疫所長は、前項第一号から第四号まで又は第七号に掲げる措置をとる必要がある場合において、当該検疫所の設備の不足等のため、これに応ずることができないと認めるときは、当該船舶等の長に対し、その理由を示して他の検疫港又は検疫飛行場に回航すべき旨を指示することができる。

（隔離）

第十五条　前条第一項第一号に規定する隔離は、次の各号に掲げる感染症ごとに、それぞれ当該各号に掲げる医療機関に入院を委託して行う。ただし、緊急その他やむを得ない理由があるときは、当該各号に掲げる医療機関以外の病院又は診療所であつて検疫所長が適当と認めるものにその入院を委託して行うことができる。

一　第二条第一号に掲げる感染症　特定感染症指定医療機関（感染症の予防及び感染症の患者に対する医療に関する法律に規定する特定感染症指定医療機関をいう。以下同じ。）又は第一種感染症指定医療機関（同法に規定する第一種感染症指定医療機関をいう。以下同じ。）

二　第二条第二号に掲げる感染症　特定感染症指定医療機関、第一種感染症指定医療機関又は第二種感染症指定医療機関（感染症の予防及び感染症の患者に対する医療に関する法律に規定する第二種感染症指定医療機関をいう。以下同じ。）

2　検疫所長は、前項の措置をとつた場合において、第二条第一号又は第二号に掲げる感染症の患者について、当該感染症の病原体を保有していないことが確認されたときは、直ちに、当該隔離されている者の隔離を解かなければならない。

3　第一項の委託を受けた病院又は診療所の管理者は、前条第一項第一号の規定により隔離されている第二条第一号又は第二号に掲げる感染症の患者について、当該感染症の病原体を保有していないことを確認したときは、検疫所長にその旨を通知しなければならない。

4　前条第一項第一号の規定により隔離されている者又はその保護者（親権を行う者又は後見人をいう。以下同じ。）は、検疫所長に対し、当該隔離されている者の隔離を解くことを求めることができる。
5　検疫所長は、前項の規定による求めがあつたときは、当該隔離されている第二条第一号又は第二号に掲げる感染症の患者について、当該感染症の病原体を保有しているかどうかの確認をしなければならない。
（停留）
第十六条　第十四条第一項第二号に規定する停留は、第二条第一号に掲げる感染症の病原体に感染したおそれのある者については、期間を定めて、特定感染症指定医療機関又は第一種感染症指定医療機関に入院を委託して行う。ただし、緊急その他やむを得ない理由があるときは、特定感染症指定医療機関若しくは第一種感染症指定医療機関以外の病院若しくは診療所であつて検疫所長が適当と認めるものにその入院を委託し、又は船舶の長の同意を得て、船舶内に収容して行うことができる。
2　第十四条第一項第二号に規定する停留は、第二条第二号に掲げる感染症の病原体に感染したおそれのある者については、期間を定めて、特定感染症指定医療機関、第一種感染症指定医療機関若しくは第二種感染症指定医療機関若しくはこれら以外の病院若しくは診療所であつて検疫所長が適当と認めるものに入院を委託し、又は宿泊施設（感染症の予防及び感染症の患者に対する医療に関する法律第四十四条の三第二項に規定する宿泊施設をいう。以下この項及び次条第一項において同じ。）の管理者の同意を得て宿泊施設内に収容し、若しくは船舶の長の同意を得て船舶内に収容して行うことができる。
3　前二項の期間は、第二条第一号に掲げる感染症のうちペストについては百四十四時間を超えてはならず、ペスト以外の同号又は同条第二号に掲げる感染症については五百四時間を超えない期間であつて当該感染症ごとにそれぞれの潜伏期間を考慮して政令で定める期間を超えてはならない。
4　検疫所長は、第一項又は第二項の措置をとつた場合において、当該停留されている者について、当該停留に係る感染症の病原体を保有していないことが確認されたときは、直ちに、当該停留されている者の停留を解かなければならない。
5　第一項又は第二項の委託を受けた病院又は診療所の管理者は、第十四条第一項第二号の規定により停留されている者について、当該停留に係る感染症の病原体を保有していないことを確認したときは、検疫所長にその旨を通知しなければならない。
6　第十四条第一項第二号の規定により停留されている者又はその保護者は、検疫所長に対し、当該停留されている者の停留を解くことを求めることができる。
7　検疫所長は、前項の規定による求めがあつたときは、当該停留されている者について、当該停留に係る感染症の病原体を保有しているかどうかの確認をしなければならない。
（感染を防止するための報告又は協力）
第十六条の二　第十四条第一項第三号の規定による求めは、第二条第二号に掲げる感染症の患者については、厚生労働省令で定めるところにより、当該感染症の病原体を保有していないことが確認されるまでの間、当該者の体温その他の健康状態について報告を求め、又は宿泊施設から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることにより行う。
2　第十四条第一項第三号の規定による求めは、第二条第二号に掲げる感染症の病原体に感染したおそれのある者については、厚生労働省令で定めるところにより、当該感染症の潜伏期間を考慮して定めた期間内において、当該者の居宅又はこれに相当する場所から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることにより行う。
3　第一項の規定により報告を求められた者は、正当な理由がある場合を除き、これに応じなければならず、前二項の規定により協力を求められた者は、これに応ずるよう努めなければならない。
4　第一項の規定による協力の求めに応じない患者に対する第十五条第一項の規定の適用については、同項中「委託して行う。」とあるのは「委託し、又は宿泊施設（感染症の予防及び感染症の患者に対する医療に関する法律第四十四条の三第二項に規定する宿泊施設をいう。第二号において同じ。）の管理者の同意を得て当該宿泊施設内に収容して行う。」と、同項第二号中「又は」とあるのは「若しくは」と、「同じ。）」とあるのは「同じ。）又は宿泊施設」とする。
（審査請求の特例）
第十六条の三　第十四条第一項第一号の規定により隔離されている者であつて当該隔離の期間が三十日を超えるもの又はその保護者は、当該隔離について文書又は口頭により、厚生労働大臣に審査請求をすることができる。
2　厚生労働大臣は、前項の審査請求があつたときは、当該審査請求があつた日から起算して五日以内に、当該審査請求に対する裁決をしなければならない。
3　第十四条第一項第一号の規定により隔離されている者であつて当該隔離の期間が三十日を超えないもの又はその保護者が、厚生労働大臣に審査請求をしたときは、厚生労働大臣は、当該審査請求に係る隔離されている者が同号の規定により隔離された日から起算して三十五日以内に、当該審査請求に対する裁決をしなければならない。
4　厚生労働大臣は、第二項の裁決又は前項の裁決（隔離の期間が三十日を超える者に係るものに限る。）をしようとするときは、あらかじめ、審議会等（国家行政組織法（昭和二十三年法律第百二十号）第八条に規定する機関をいう。）で政令で定めるものの意見を聴かなければならない。
5　第三項の審査請求（隔離の期間が三十日を超えない者に係るものに限る。）については、行政不服審査法（平成二十六年法律第六十八号）第二章第四節の規定は、適用しない。
（検疫済証の交付）
第十七条　検疫所長は、当該船舶等を介して、検疫感染症の病原体が国内に侵入するおそれがないと認めたときは、当該船舶等の長に対して、検疫済証を交付しなければならない。
2　検疫所長は、船舶の長が第六条の通報をした上厚生労働省令で定めるところにより厚生労働省令で定める事項を通報した場合において、これらの通報により、当該船舶を介して、検疫感染症の病原体が国内に侵入するおそれがないと認めたときは、あらかじめ、当該船舶の長に対して、検疫済証を交付する旨の通知をしなければならない。
（仮検疫済証の交付）
第十八条　検疫所長は、検疫済証を交付することができない場合においても、当該船舶等を介して検疫感染症の病原体が国内に侵入するおそれがほとんどないと認めたときは、当該船舶等の長に対して、一定の期間を定めて、仮検疫済証を交付することができる。
2　前項の場合において、検疫所長は、検疫感染症（第二条第二号に掲げる感染症を除く。）の病原体に感染したおそれのある者で停留されないものに対し、出入国管理及び難民認定法（昭和二十六年政令第三百十九号）第二条第五号に規定する旅券の提示を求め、当該者の国内における居所、連絡先及び氏名並びに旅行の日程その他の厚生労働省令で定める事項について報告を求め、同項の規定により定めた期間内において当該者の体温その他の健康状態について報告を求め、若しくは質問を行い、又は検疫官をしてこれらを行わせることができる。
3　検疫所長は、前項の規定による報告又は質問の結果、健康状態に異状を生じた者を確認したときは、当該者に対し、保健所その他の医療機関において診察を受けるべき旨その他検疫感染症の予防上必要な事項を指示するとともに、当該者の居所の所在地を管轄する都道府

県知事（保健所を設置する市又は特別区にあつては、市長又は区長とする。第五項及び第二十六条の三において同じ。）に当該指示した事項その他の厚生労働省令で定める事項を通知しなければならない。

4　第一項の場合において、検疫所長は、第二条第二号に掲げる感染症の病原体に感染したおそれのある者で停留されないものに対し、第二項に規定する旅券の提示を求め、若しくは当該者の国内における居所、連絡先及び氏名並びに旅行の日程その他の厚生労働省令で定める事項について報告を求め、又は検疫官をしてこれらを求めさせることができる。

5　検疫所長は、前項の規定により報告された事項を同項に規定する者の居所の所在地を管轄する都道府県知事に通知しなければならない。

（仮検疫済証の失効）

第十九条　仮検疫済証の交付を受けた船舶等に、前条第一項の規定により定められた期間内に、検疫感染症の患者又は検疫感染症による死者が発生したときは、当該仮検疫済証は、その効力を失う。この場合においては、当該船舶等の長は、直ちに、その旨を最寄りの検疫所長に通報しなければならない。

2　仮検疫済証を交付した検疫所長は、当該船舶等について更に第十四条第一項各号に掲げる措置をとる必要があると認めたときは、前条第一項の規定により定めた期間内に限り、当該仮検疫済証の効力を失わしめることができる。この場合においては、当該検疫所長は、直ちに、その旨を当該船舶等の長に通知しなければならない。

3　前二項の規定により仮検疫済証が失効した場合において、当該船舶が港内に停泊中であり、又は当該航空機が国内の場所（港の水面を含む。）に停止中であるときは、第一項の通報を受けた検疫所長又は当該仮検疫済証を交付した検疫所長は、当該船舶等の長に対し、当該船舶等を検疫区域若しくはその指示する場所に入れ、又は当該船舶を港外に退去させ、若しくは当該航空機をその場所から離陸させ、若しくは離水させるべき旨を命ずることができる。

（証明書の交付）

第二十条　検疫所長は、第十四条第一項各号の一に掲げる措置又は同条第二項の指示をした場合において、当該船舶等の長その他の関係者から求められたときは、その旨の証明書を交付しなければならない。

（検疫港以外の港における検疫）

第二十一条　次に掲げる要件のすべてを満たしている船舶の長は、第四条の規定にかかわらず、検疫を受けるため、当該船舶を検疫港以外の港に入れることができる。ただし、あらかじめその港の最寄りの検疫所の長の許可を受けた場合に限る。

一　検疫感染症が現に流行し、又は流行するおそれのある地域として厚生労働省令で指定する外国の地域を発航し、又はその地域に寄航して来航したものでないこと。

二　航行中に、前号に規定する外国の地域を発航し又はその地域に寄航した他の船舶又は航空機（検疫済証又は仮検疫済証の交付を受けている船舶又は航空機を除く。）から人を乗り移らせ、又は物を運び込んだものでないこと。

三　航行中に検疫感染症の患者が発生しなかつたこと。

四　医師又は外国の法令によりこれに相当する資格を有する者が船医として乗り組んでいること。

五　ねずみ族の駆除が十分に行われた旨又はねずみ族の駆除を行う必要がない状態にあることを確認した旨を証する証明書（検疫所長又は外国のこれに相当する機関が六箇月内に発行したものに限る。）を有すること。

2　船舶の長は、前項ただし書の許可を受けようとするときは、厚生労働省令で定めるところにより、同項各号に掲げる事項その他厚生労働省令で定める事項を通報して申請しなければならない。

3　検疫所長は、第一項ただし書の許可の申請を受けたときは、すみやかに、許可するかどうかを決定し、これを当該船舶の長に通知しなければならない。

4　第一項の船舶の長は、当該船舶を検疫港以外の港に入れたときは、直ちに、当該船舶をその港の区域内の検疫所長が指示する場所に入れなければならない。

5　第九条及び第十条の規定は、第一項の船舶が前項の規定により指示された場所に入つた場合に準用する。

6　検疫所長は、第一項の船舶が検疫感染症の病原体に汚染し、若しくは汚染したおそれがあると認めるとき、又は当該船舶を検疫港に回航させた上更に第十三条に規定する診察若しくは検査を行う必要があると認めるときは、当該船舶の長に対し、その理由を示して、その港における検疫を打ち切ることができる。

7　前項の規定により検疫港以外の港における検疫が打ち切られたときは、当該船舶の長は、直ちに、当該船舶を港外に退去させなければならない。

8　第二十条の規定は、検疫所長が第六項の規定により検疫を打ち切つた場合に準用する。

（第四条第二号に該当する船舶等に関する特例）

第二十二条　第四条第二号に該当する船舶又は航空機（同時に同条第一号にも該当する船舶又は航空機を除く。）の長は、当該船舶又は航空機の性能が長距離の航行に堪えないため、又はその他の理由により、検疫港又は検疫飛行場に至ることが困難であるときは、第四条の規定にかかわらず、検疫を受けるため、当該船舶を検疫港以外の港に入れ、又は当該航空機を検疫飛行場以外の国内の場所（港の水面を含む。）に着陸させ、若しくは着水させることができる。

2　前項の船舶又は航空機の長は、当該船舶を検疫港以外の港に入れ、又は当該航空機を検疫飛行場以外の国内の場所（港の水面を含む。）に着陸させ、若しくは着水させたときは、直ちに、最寄りの保健所長に、検疫感染症の患者の有無、第四条第二号に該当するに至つた日時及び場所その他厚生労働省令で定める事項を通報しなければならない。ただし、当該船舶又は航空機の長が、あらかじめ、最寄りの検疫所長にこれらの事項を通報した場合は、この限りでない。

3　前項の通報を受けた保健所長は、当該船舶又は航空機について、検査、消毒その他検疫感染症の予防上必要な措置をとることができる。

4　第一項の船舶又は航空機については、第五条ただし書第三号に規定する許可は、保健所長もすることができる。

5　第一項の船舶又は航空機であつて、当該船舶又は航空機を介して検疫感染症の病原体が国内に侵入するおそれがない旨の保健所長の確認を受けたものについては、第四条及び第五条の規定を適用しない。

6　第九条及び第十条の規定は第一項の船舶の長が第二項ただし書の通報をした後当該船舶を検疫港以外の港に入れた場合に、同条の規定は第一項の航空機の長が第二項ただし書の通報をした後当該航空機を検疫飛行場以外の国内の場所（港の水面を含む。）に着陸させ、又は着水させた場合に準用する。

（緊急避難）

第二十三条　検疫済証又は仮検疫済証の交付を受けていない船舶等の長は、急迫した危難を避けるため、やむを得ず当該船舶等を国内の港に入れ、又は検疫飛行場以外の国内の場所（港の水面を含む。）に着陸させ、若しくは着水させた場合において、その急迫した危難が去つたときは、直ちに、当該船舶を検疫区域若しくは検疫所長の指示する場所に入れ、若しくは港外に退去させ、又は当該航空機をその場所から離陸させ、若しくは離水させなければならない。

2　前項の場合において、やむを得ない理由により当該船舶を検疫区域等に入れ、若しくは港外に退去させ、又は当該航空機をその場所から離陸させ、若しくは離水させることができないときは、船舶等の長は、最寄りの検疫所長、検疫所がないときは保健所長に、検疫感染症の患者の有無、発航地名、寄航地名その他厚生労働省令で定める事項を通報しなければならない。
3　前項の通報を受けた検疫所長又は保健所長は、当該船舶等について、検査、消毒その他検疫感染症の予防上必要な措置をとることができる。
4　第二項の船舶等については、第五条ただし書第三号に規定する許可は、保健所長もすることができる。
5　第二項の船舶等であつて、当該船舶等を介して検疫感染症の病原体が国内に侵入するおそれがほとんどない旨の検疫所長又は保健所長の確認を受けたものについては、当該船舶等がその場所にとどまつている限り、第五条の規定を適用しない。
6　前四項の規定は、国内の港以外の海岸において航行不能となつた船舶等について準用する。
7　検疫済証又は仮検疫済証の交付を受けていない船舶等の長は、急迫した危難を避けるため、やむを得ず当該船舶から上陸し、若しくは物を陸揚げし、又は当該航空機から離れ、若しくは物を運び出した者があるときは、直ちに、最寄りの保健所長又は市町村長に、検疫感染症の患者の有無その他厚生労働省令で定める事項を届け出なければならない。

（協力の要請）

第二十三条の二　検疫所長は、当該検疫所における検疫業務を円滑に行うため必要があると認めるときは、船舶等の所有者若しくは長又は検疫港若しくは検疫飛行場の管理者に対し、第十二条の規定による質問に関する書類の配付、検疫の手続に関する情報の提供その他必要な協力を求めることができる。

第三章　検疫所長の行うその他の衛生業務

（応急措置）

第二十四条　検疫所長は、検疫を行うに当たり、当該船舶等内に、感染症の予防及び感染症の患者に対する医療に関する法律第六条第三項から第五項まで及び第八項に規定する感染症で検疫感染症以外のものの患者若しくは死者を発見した場合又は当該船舶等がこれらの感染症の病原体に汚染し、若しくは汚染したおそれがあると認めた場合において、緊急の必要があるときは、診察、消毒等その予防に必要な応急措置を行い、又は検疫官をしてこれを行わせなければならない。

（ねずみ族の駆除）

第二十五条　検疫所長は、検疫を行うに当り、当該船舶においてねずみ族の駆除が十分に行われていないと認めたときは、当該船舶の長に対し、ねずみ族を駆除すべき旨を命ずることができる。ただし、当該船舶の長が、ねずみ族の駆除が十分に行われた旨又はねずみ族の駆除を行う必要がない状態にあることを確認した旨を証する証明書（検疫所長又は外国のこれに相当する機関が六箇月内に発行したものに限る。）を呈示したときは、この限りでない。

（申請による検査等）

第二十六条　検疫所長は、船舶又は航空機の所有者又は長が、実費を勘案して政令で定める額の手数料を納めて、当該船舶若しくは航空機に対する検疫感染症の病原体の有無に関する検査、消毒、若しくはねずみ族若しくは虫類の駆除、その乗組員等に対する診察若しくは予防接種、又はこれらの事項に関する証明書の交付を求めたときは、当該検疫所における検疫業務に支障のない限り、これに応ずることができる。
2　検疫所長は、外国に行こうとする者が、実費を勘案して政令で定める額の手数料を納めて、検疫感染症に関する診察、病原体の有無に関する検査若しくは予防接種又はこれらの事項に関する証明書の交付を求めたときは、当該検疫所における検疫業務に支障のない限り、これに応ずることができる。
3　検疫所長は、貨物を輸出しようとする者が、実費を勘案して政令で定める額の手数料を納めて、輸出しようとする貨物に対する検疫感染症の病原体の有無に関する検査、消毒若しくは虫類の駆除又はこれらの事項に関する証明書の交付を求めたときは、当該検疫所における検疫業務に支障のない限り、これに応ずることができる。

（検疫感染症以外の感染症に関する診察等）

第二十六条の二　検疫所長は、外国に行こうとする者又は第十二条に規定する者が、実費を勘案して政令で定める額の手数料を納めて、感染症の予防及び感染症の患者に対する医療に関する法律第六条第三項から第六項まで及び第八項に規定する感染症で検疫感染症以外のもののうち政令で定める感染症に関する診察、病原体の有無に関する検査若しくは予防接種又はこれらの事項に関する証明書の交付を求めたときは、当該検疫所における検疫業務に支障のない限り、これに応ずることができる。

（都道府県知事等との連携）

第二十六条の三　検疫所長は、第十三条第一項、第二十四条、第二十六条第一項又は前条に規定する診察の結果に基づき、当該診察を受けた者が感染症の予防及び感染症の患者に対する医療に関する法律第六条第二項から第五項まで、第七項又は第八項に規定する感染症の病原体を保有していることが明らかになつた場合には、厚生労働省令で定める場合を除き、当該者の居住地（居住地がないか、又は明らかでないときは、現在地）を管轄する都道府県知事に厚生労働省令で定める事項を通知しなければならない。

（検疫所長の行う調査及び衛生措置）

第二十七条　検疫所長は、検疫感染症及びこれに準ずる感染症で政令で定めるものの病原体を媒介する虫類の有無その他これらの感染症に関する当該港又は飛行場の衛生状態を明らかにするため、検疫港又は検疫飛行場ごとに政令で定める区域内に限り、当該区域内にある船舶若しくは航空機について、食品、飲料水、汚物、汚水、ねずみ族及び虫類の調査を行い、若しくは当該区域内に設けられている施設、建築物その他の場所について、海水、汚物、汚水、ねずみ族及び虫類の調査を行い、又は検疫官をしてこれを行わせることができる。
2　検疫所長は、前項に規定する感染症が流行し、又は流行するおそれがあると認めるときは、同項の規定に基づく政令で定める区域内に限り、当該区域内にある船舶若しくは航空機若しくは当該区域内に設けられている施設、建築物その他の場所について、ねずみ族若しくは虫類の駆除、清掃若しくは消毒を行い、若しくは当該区域内で労働に従事する者について、健康診断若しくは虫類の駆除を行い、又は検疫官その他適当と認める者をしてこれを行わせることができる。
3　検疫所長は、前項の措置をとつたときは、すみやかに、その旨を関係行政機関の長に通報しなければならない。

（情報の収集及び提供）

第二十七条の二　検疫所長は、外国に行こうとする者又は外国から来た者に対し、検疫感染症の外国における発生の状況及びその予防の方法についての情報の提供を行い、その周知を図らなければならない。
2　検疫所長は、前項に規定する情報の提供を適確に行うために検疫感染症に関する情報の収集、整理及び分析に努めなければならない。

第四章　雑則

（検疫官）

第二十八条　この法律に規定する事務に従事させるため、厚生労働省に検疫官を置く。

（立入権）

第二十九条　検疫所長及び検疫官は、この法律の規定による職務を行うため必要があるときは、船舶、航空機又は第二十七条第一項及び第二項に規定する施設、建築物その他の場所に立ち入ることができる。

（権限の解釈）

第三十条　この法律の規定による検疫所長及び検疫官の権限は、犯罪捜査のために認められたものと解釈してはならない。

（制服の着用及び証票の携帯）

第三十一条　検疫所長及び検疫官は、この法律の規定による職務を行うときは、制服を着用し、且つ、その身分を示す証票を携帯し、関係者の要求があるときは、これを呈示しなければならない。

2　検疫所長及び検疫官の服制は、厚生労働大臣が定める。

（実費の徴収）

第三十二条　検疫所長は、次に掲げる場合においては、船舶等の所有者又は長から、政令で定めるところにより、その実費を徴収しなければならない。

一　第十四条第一項第四号、第五号又は第七号に規定する措置をとつたとき。

二　船舶等の乗組員に対して第十四条第一項第一号又は第二号に規定する措置をとつたとき。

2　検疫所長は、前項の規定により実費を負担しなければならない者が、経済的事情により、その実費の全部又は一部を負担することが困難であると認められる場合においては、同項の規定にかかわらず、その全部又は一部を徴収しないことができる。

3　前二項の規定は、第二十二条第三項又は第二十三条第三項（同条第六項において準用する場合を含む。）の規定により、検疫所長又は保健所長が必要な措置をとつた場合に準用する。

（費用の支弁及び負担）

第三十三条　第二十二条第三項又は第二十三条第三項（同条第六項において準用する場合を含む。）の規定により保健所長がとる措置に要する費用は、当該保健所を設置する都道府県、市又は特別区が支弁し、国庫は、政令の定めるところにより、これを負担しなければならない。

（検疫感染症以外の感染症についてのこの法律の準用）

第三十四条　外国に検疫感染症以外の感染症（次条第一項に規定する新感染症を除く。）が発生し、これについて検疫を行わなければ、その病原体が国内に侵入し、国民の生命及び健康に重大な影響を与えるおそれがあるときは、政令で、感染症の種類を指定し、一年以内の期間を限り、当該感染症について、第二条の二、第二章及びこの章（次条から第四十条までを除く。）の規定の全部又は一部を準用することができる。この場合において、停留の期間については、当該感染症の潜伏期間を考慮して、当該政令で特別の規定を設けることができる。

2　前項の政令で定められた期間は、当該政令で指定された感染症の種類について、当該感染症の外国及び国内における発生及びまん延の状況その他の事情に鑑み、当該政令により準用することとされた規定を当該期間の経過後なお準用することが特に必要であると認められる場合は、一年以内の政令で定める期間に限り延長することができる。

（新感染症に係る措置）

第三十四条の二　厚生労働大臣は、外国に新感染症（感染症の予防及び感染症の患者に対する医療に関する法律に規定する新感染症であつて同法第五十三条の規定により政令で定められる新感染症以外のものをいう。以下この条において同じ。）が発生した場合において、当該新感染症の発生を予防し、又はそのまん延を防止するため緊急の必要があると認めるときは、検疫所長に、当該新感染症にかかつていると疑われる者に対する診察を行わせることができる。この場合において、検疫所長は、検疫官をして当該診察を行わせることができる。

2　検疫所長は、第十三条第一項、第二十四条、第二十六条第一項、第二十六条の二又は前項に規定する診察において、新感染症の所見がある者を診断したときは、直ちに、厚生労働大臣に当該所見がある者の氏名、年齢、性別その他厚生労働省令で定める事項を報告しなければならない。

3　検疫所長は、前項の報告をした場合には、厚生労働大臣の指示に従い、当該新感染症を第二条第一号（第十八条第四項及び第五項に規定する事務にあつては、第二条第二号）に掲げる感染症とみなして、第十三条、第十三条の二、第十四条第一項第一号、第二号及び第四号から第七号まで、第十七条、第十八条、第十九条第二項及び第三項並びに第二十条に規定する事務の全部又は一部を実施することができる。

4　前項の規定により仮検疫済証を交付した船舶等については、当該新感染症について第十九条第一項の規定を準用する。

5　厚生労働大臣は、第三項の規定により検疫所長に指示を行おうとするときは、あらかじめ、厚生科学審議会の意見を聴かなければならない。

（新感染症に係る隔離）

第三十四条の三　前条第三項の規定により検疫所長が実施する第十四条第一項第一号に規定する隔離は、特定感染症指定医療機関に入院を委託して行う。ただし、緊急その他やむを得ない理由があるときは、特定感染症指定医療機関以外の病院であつて当該検疫所長が適当と認めるものにその入院を委託して行うことができる。

2　検疫所長は、前項の措置をとつた場合において、厚生労働大臣の指示に従い、当該隔離に係る新感染症を公衆にまん延させるおそれがないことが確認されたときは、直ちに、当該隔離されている者の隔離を解かなければならない。

3　第一項の委託を受けた病院の管理者は、前条第三項の規定により隔離されている者について、検疫所長に当該隔離に係る新感染症を公衆にまん延させるおそれがない旨の意見を述べることができる。

4　前条第三項の規定により隔離されている者又はその保護者は、検疫所長に対し、当該隔離されている者の隔離を解くことを求めることができる。

5　検疫所長は、前項の規定による求めがあつたときは、当該隔離されている者について、厚生労働大臣の指示に従い、当該隔離に係る新感染症を公衆にまん延させるおそれがないかどうかの確認をしなければならない。

6　厚生労働大臣は、第二項又は前項の規定により検疫所長に指示を行おうとするときは、あらかじめ、厚生科学審議会の意見を聴かなければならない。

（新感染症に係る停留）

第三十四条の四　第三十四条の二第三項の規定により検疫所長が実施する第十四条第一項第二号に規定する停留は、特定感染症指定医療機関に入院を委託して行う。ただし、緊急その他やむを得ない理由があるときは、特定感染症指定医療機関以外の病院であつて当該検疫所長が適当と認めるものにその入院を委託して行うことができる。

2　検疫所長は、前項の措置をとつた場合において、厚生労働大臣の指示に従い、当該停留に係る新感染症を公衆にまん延させるおそれがないことが確認されたときは、直ちに、当該停留されている者の停留を解かなければならない。

3　第一項の委託を受けた病院の管理者は、第三十四条の二第三項の規定により停留されている者について、検疫所長に当該停留に係る新感染症を公衆にまん延させるおそれがない旨の意見を述べることができる。
4　第三十四条の二第三項の規定により停留されている者又はその保護者は、検疫所長に対し、当該停留されている者の停留を解くことを求めることができる。
5　検疫所長は、前項の規定による求めがあつたときは、当該停留されている者について、厚生労働大臣の指示に従い、当該停留に係る新感染症を公衆にまん延させるおそれがないかどうかの確認をしなければならない。
6　厚生労働大臣は、第二項又は前項の規定により検疫所長に指示を行おうとするときは、あらかじめ、厚生科学審議会の意見を聴かなければならない。
（事務の区分）
第三十四条の五　第二十二条第二項から第五項まで、第二十三条第二項から第五項まで（同条第六項においてこれらの規定を準用する場合を含む。）及び第七項並びに第二十六条の三の規定により都道府県、保健所を設置する市又は特別区が処理することとされている事務は、地方自治法（昭和二十二年法律第六十七号）第二条第九項第一号に規定する第一号法定受託事務とする。
2　第二十三条第七項の規定により市町村が処理することとされている事務は、地方自治法第二条第九項第一号に規定する第一号法定受託事務とする。
（経過措置）
第三十四条の六　この法律の規定に基づき命令を制定し、又は改廃する場合においては、その命令で、その制定又は改廃に伴い合理的に必要と判断される範囲内において、所要の経過措置（罰則に関する経過措置を含む。）を定めることができる。
（罰則）
第三十五条　次の各号のいずれかに該当する場合には、当該違反行為をした者は、一年以下の懲役又は百万円以下の罰金に処する。
一　第五条の規定に違反したとき。
二　隔離又は停留の処分を受け、その処分の継続中に逃げたとき。
第三十六条　次の各号のいずれかに該当する場合には、当該違反行為をした者は、六月以下の懲役又は五十万円以下の罰金に処する。
一　第十一条第一項の規定に違反して明告書を提出せず、又は虚偽の事実を記載した明告書を提出したとき。
二　第十一条第二項の規定により、書類の提出又は呈示を求められて、これを提出せず、若しくは呈示せず、又は虚偽の事実を記載したこれらの書類を提出し、若しくは呈示したとき。
三　第十二条の規定による質問に対し、答弁をせず、又は虚偽の答弁をしたとき。
四　第十三条の規定により検疫所長又は検疫官が行う診察（第三十四条の二第三項の規定により実施される場合を含む。）又は検査（同項の規定により実施される場合を含む。）を拒み、妨げ、又は忌避したとき。
五　第十四条第一項第一号、第二号、第四号、第七号又は第八号の規定により検疫所長又は検疫官が行う措置（第三十四条の二第三項の規定により実施される場合を含む。）を拒み、妨げ、又は忌避したとき。
六　第十四条第一項第六号の処分（第三十四条の二第三項の規定により実施される場合を含む。）に違反したとき。
七　第十八条第二項の規定による旅券の提示（第三十四条の二第三項の規定により実施される場合を含む。）をせず、又は報告（同項の規定により実施される場合を含む。）をせず、若しくは虚偽の報告をし、若しくは質問（同項の規定により実施される場合を含む。）に対し、答弁をせず、若しくは虚偽の答弁をしたとき。
八　第十八条第四項の規定による旅券の提示（第三十四条の二第三項の規定により実施される場合を含む。）をせず、又は報告（同項の規定により実施される場合を含む。）をせず、若しくは虚偽の報告をしたとき。
九　第二十四条の規定により検疫所長又は検疫官が行う措置を拒み、妨げ、又は忌避したとき。
十　第二十九条の規定による検疫所長又は検疫官の立入りを拒み、妨げ、又は忌避したとき。
十一　第三十四条の二第一項の規定により検疫所長又は検疫官が行う診察を拒み、妨げ、又は忌避したとき。
第三十七条　次の各号のいずれかに該当する場合には、当該違反行為をした者は、五十万円以下の罰金に処する。
一　第四条の規定に違反したとき。
二　第十九条第一項（第三十四条の二第四項において準用する場合を含む。）の規定に違反したとき。
三　第十九条第三項の規定に基づく命令（第三十四条の二第三項の規定により実施される場合を含む。）に違反したとき。
四　第二十一条第一項ただし書の許可を申請するに際し、同項各号に掲げる事項に関し虚偽の通報をしてその許可を受けたとき。
五　第二十一条第七項の規定に違反したとき。
六　第二十二条第二項の規定に違反したとき。
七　第二十三条第一項若しくは第二項（同条第六項において準用する場合を含む。）又は同条第七項の規定に違反したとき。
第三十八条　次の各号のいずれかに該当する場合には、当該違反行為をした者は、二十万円以下の罰金に処する。
一　第九条（第二十一条第五項及び第二十二条第六項において準用する場合を含む。）の規定に違反したとき。
二　第二十五条の規定に基づく命令に違反したとき。
第三十九条　法人の代表者又は法人若しくは人の代理人、使用人その他の従業者が、その法人又は人の業務に関して、第三十五条から前条までの違反行為をしたときは、行為者を罰するほか、その法人又は人に対して、各本条の罰金刑を科する。
第四十条　第三十四条第一項の場合（同条第二項の政令により、同条第一項の政令で定められた期間が延長される場合を含む。）においては、当該政令で準用する規定に係る前五条の罰則の規定もまた、準用されるものとする。
（省令委任）
第四十一条　この法律で政令に委任するものを除く外、この法律の実施のための手続その他その執行について必要な事項は、厚生労働省令で定める。

附　則　抄

（施行期日）
1　この法律は、昭和二十七年一月一日から施行する。
（海港検疫法の廃止）
2　海港検疫法（明治三十二年法律第十九号）は、廃止する。

附　則　（昭和三一年四月一一日法律第六六号）　抄

（施行期日）
1　この法律は、公布の日から起算して九十日をこえない範囲内において政令で定める日から施行する。

附　則　（昭和三七年九月一五日法律第一六一号）　抄

1　この法律は、昭和三十七年十月一日から施行する。

2　この法律による改正後の規定は、この附則に特別の定めがある場合を除き、この法律の施行前にされた行政庁の処分、この法律の施行前にされた申請に係る行政庁の不作為その他この法律の施行前に生じた事項についても適用する。ただし、この法律による改正前の規定によつて生じた効力を妨げない。
3　この法律の施行前に提起された訴願、審査の請求、異議の申立てその他の不服申立て（以下「訴願等」という。）については、この法律の施行後も、なお従前の例による。この法律の施行前にされた訴願等の裁決、決定その他の処分（以下「裁決等」という。）又はこの法律の施行前に提起された訴願等につきこの法律の施行後にされる裁決等にさらに不服がある場合の訴願等についても、同様とする。
4　前項に規定する訴願等で、この法律の施行後は行政不服審査法による不服申立てをすることができることとなる処分に係るものは、同法以外の法律の適用については、行政不服審査法による不服申立てとみなす。
5　第三項の規定によりこの法律の施行後にされる審査の請求、異議の申立てその他の不服申立ての裁決等については、行政不服審査法による不服申立てをすることができない。
6　この法律の施行前にされた行政庁の処分で、この法律による改正前の規定により訴願等をすることができるものとされ、かつ、その提起期間が定められていなかつたものについて、行政不服審査法による不服申立てをすることができる期間は、この法律の施行の日から起算する。
8　この法律の施行前にした行為に対する罰則の適用については、なお従前の例による。
9　前八項に定めるもののほか、この法律の施行に関して必要な経過措置は、政令で定める。

附　則　（昭和四五年五月一六日法律第五九号）

1　この法律は、昭和四十六年一月一日から施行する。
2　この法律の施行前にした違反行為に対する罰則の適用については、なお従前の例による。

附　則　（平成六年七月一日法律第八四号）　抄

（施行期日）
第一条　この法律は、公布の日から施行する。
（その他の処分、申請等に係る経過措置）
第十三条　この法律（附則第一条ただし書に規定する規定については、当該規定。以下この条及び次条において同じ。）の施行前に改正前のそれぞれの法律の規定によりされた許可等の処分その他の行為（以下この条において「処分等の行為」という。）又はこの法律の施行の際現に改正前のそれぞれの法律の規定によりされている許可等の申請その他の行為（以下この条において「申請等の行為」という。）に対するこの法律の施行の日以後における改正後のそれぞれの法律の適用については、附則第五条から第十条までの規定又は改正後のそれぞれの法律（これに基づく命令を含む。）の経過措置に関する規定に定めるものを除き、改正後のそれぞれの法律の相当規定によりされた処分等の行為又は申請等の行為とみなす。
（罰則に関する経過措置）
第十四条　この法律の施行前にした行為及びこの法律の附則において従前の例によることとされる場合におけるこの法律の施行後にした行為に対する罰則の適用については、なお従前の例による。
（その他の経過措置の政令への委任）
第十五条　この附則に規定するもののほか、この法律の施行に伴い必要な経過措置は政令で定める。

附　則　（平成八年六月二六日法律第一〇七号）　抄

（施行期日）
第一条　この法律は、公布の日から施行する。
（罰則に関する経過措置）
第五条　この法律の施行前にした行為に対する罰則の適用については、なお従前の例による。
（政令への委任）
第十四条　この附則に規定するもののほか、この法律の施行に伴い必要な経過措置は、政令で定める。

附　則　（平成一〇年一〇月二日法律第一一五号）　抄

（施行期日）
第一条　この法律は、平成十一年四月一日から施行する。
（経過措置）
第二条　この法律の施行の際現に第一条の規定による改正前の検疫法（以下この条において「旧検疫法」という。）第十五条第一項ただし書の規定により病院に収容されて隔離が行われている者は、第一条の規定による改正後の検疫法（以下この条において「新検疫法」という。）第十五条第一項の規定により隔離が行われている者とみなす。
2　この法律の施行の際現に旧検疫法第十六条第一項の規定により停留室に収容されて停留が行われている者であって引き続き新検疫法第十六条第一項の規定により停留が行われるものの停留の期間は、当該停留室に収容された時から起算する。
3　この法律の施行の際現に旧検疫法第十六条第一項ただし書の規定により船舶内に収容されて停留が行われている者は、新検疫法第十六条第一項の規定により停留が行われている者とみなす。
（罰則に関する経過措置）
第三条　この法律の施行前にした行為に対する罰則の適用については、なお従前の例による。

附　則　（平成一一年七月一六日法律第八七号）　抄

（施行期日）
第一条　この法律は、平成十二年四月一日から施行する。ただし、次の各号に掲げる規定は、当該各号に定める日から施行する。
一　第一条中地方自治法第二百五十条の次に五条、節名並びに二款及び款名を加える改正規定（同法第二百五十条の九第一項に係る部分（両議院の同意を得ることに係る部分に限る。）に限る。）、第四十条中自然公園法附則第九項及び第十項の改正規定（同法附則第十項に係る部分に限る。）、第二百四十四条の規定（農業改良助長法第十四条の三の改正規定に係る部分を除く。）並びに第四百七十二条の規定（市町村の合併の特例に関する法律第六条、第八条及び第十七条の改正規定に係る部分を除く。）並びに附則第七条、第十条、第十二条、第五十九条ただし書、第六十条第四項及び第五項、第七十三条、第七十七条、第百五十七条第四項から第六項まで、第百六十条、第百六十三条、第百六十四条並びに第二百二条の規定　公布の日
（従前の例による事務等に関する経過措置）
第六十九条　国民年金法等の一部を改正する法律（昭和六十年法律第三十四号）附則第三十二条第一項、第七十八条第一項並びに第八十七条第一項及び第十三項の規定によりなお従前の例によることとされた事項に係る都道府県知事の事務、権限又は職権（以下この条において「事務等」という。）については、この法律による改正後の国民年金法、厚生年金保険法及び船員保険法又はこれらの法律に基づく命

令の規定により当該事務等に相当する事務又は権限を行うこととされた厚生大臣若しくは社会保険庁長官又はこれらの者から委任を受けた地方社会保険事務局長若しくはその地方社会保険事務局長から委任を受けた社会保険事務所長の事務又は権限とする。

（新地方自治法第百五十六条第四項の適用の特例）

第七十条　第百六十六条の規定による改正後の厚生省設置法第十四条の地方社会保険事務局及び社会保険事務所であって、この法律の施行の際旧地方自治法附則第八条の事務を処理するための都道府県の機関（社会保険関係事務を取り扱うものに限る。）の位置と同一の位置に設けられるもの（地方社会保険事務局にあっては、都道府県庁の置かれている市（特別区を含む。）に設けられるものに限る。）については、新地方自治法第百五十六条第四項の規定は、適用しない。

（社会保険関係地方事務官に関する経過措置）

第七十一条　この法律の施行の際現に旧地方自治法附則第八条に規定する職員（厚生大臣又はその委任を受けた者により任命された者に限る。附則第百五十八条において「社会保険関係地方事務官」という。）である者は、別に辞令が発せられない限り、相当の地方社会保険事務局又は社会保険事務所の職員となるものとする。

（地方社会保険医療協議会に関する経過措置）

第七十二条　第百六十九条の規定による改正前の社会保険医療協議会法の規定による地方社会保険医療協議会並びにその会長、委員及び専門委員は、相当の地方社会保険事務局の地方社会保険医療協議会並びにその会長、委員及び専門委員となり、同一性をもって存続するものとする。

（準備行為）

第七十三条　第二百条の規定による改正後の国民年金法第九十二条の三第一項第二号の規定による指定及び同条第二項の規定による公示は、第二百条の規定の施行前においても行うことができる。

（厚生大臣に対する再審査請求に係る経過措置）

第七十四条　施行日前にされた行政庁の処分に係る第百四十九条から第百五十一条まで、第百五十七条、第百五十八条、第百六十五条、第百六十八条、第百七十条、第百七十二条、第百七十三条、第百七十五条、第百七十六条、第百八十三条、第百八十八条、第百九十五条、第二百一条、第二百八条、第二百十四条、第二百十九条から第二百二十一条まで、第二百二十九条又は第二百三十八条の規定による改正前の児童福祉法第五十九条の四第二項、あん摩マツサージ指圧師、はり師、きゆう師等に関する法律第十二条の四、食品衛生法第二十九条の四、旅館業法第九条の三、公衆浴場法第七条の三、医療法第七十一条の三、身体障害者福祉法第四十三条の二第二項、精神保健及び精神障害者福祉に関する法律第五十一条の十二第二項、クリーニング業法第十四条の二第二項、狂犬病予防法第二十五条の二、社会福祉事業法第八十三条の二第二項、結核予防法第六十九条、と畜場法第二十条、歯科技工士法第二十七条の二、臨床検査技師、衛生検査技師等に関する法律第二十条の八の二、知的障害者福祉法第三十条第二項、老人福祉法第三十四条第二項、母子保健法第二十六条第二項、柔道整復師法第二十三条、建築物における衛生的環境の確保に関する法律第十四条第二項、廃棄物の処理及び清掃に関する法律第二十四条、食鳥処理の事業の規制及び食鳥検査に関する法律第四十一条第三項又は感染症の予防及び感染症の患者に対する医療に関する法律第六十五条の規定に基づく再審査請求については、なお従前の例による。

（厚生大臣又は都道府県知事その他の地方公共団体の機関がした事業の停止命令その他の処分に関する経過措置）

第七十五条　この法律による改正前の児童福祉法第四十六条第四項若しくは第五十九条第一項若しくは第三項、あん摩マツサージ指圧師、はり師、きゆう師等に関する法律第八条第一項（同法第十二条の二第二項において準用する場合を含む。）、食品衛生法第二十二条、医療法第五条第二項若しくは第二十五条第一項、毒物及び劇物取締法第十七条第一項（同法第二十二条第四項及び第五項で準用する場合を含む。）、厚生年金保険法第百条第一項、水道法第三十九条第一項、国民年金法第百六　条第一項、薬事法第六十九条第一項若しくは第七十二条又は柔道整復師法第十八条第一項の規定により厚生大臣又は都道府県知事その他の地方公共団体の機関がした事業の停止命令その他の処分は、それぞれ、この法律による改正後の児童福祉法第四十六条第四項若しくは第五十九条第一項若しくは第三項、あん摩マツサージ指圧師、はり師、きゆう師等に関する法律第八条第一項（同法第十二条の二第二項において準用する場合を含む。）、食品衛生法第二十二条若しくは第二十三条、医療法第五条第二項若しくは第二十五条第一項、毒物及び劇物取締法第十七条第一項若しくは第二項（同法第二十二条第四項及び第五項で準用する場合を含む。）、厚生年金保険法第百条第一項、水道法第三十九条第一項若しくは第二項、国民年金法第百六条第一項、薬事法第六十九条第一項若しくは第二項若しくは第七十二条第二項又は柔道整復師法第十八条第一項の規定により厚生大臣又は地方公共団体がした事業の停止命令その他の処分とみなす。

（国等の事務）

第百五十九条　この法律による改正前のそれぞれの法律に規定するもののほか、この法律の施行前において、地方公共団体の機関が法律又はこれに基づく政令により管理し又は執行する国、他の地方公共団体その他公共団体の事務（附則第百六十一条において「国等の事務」という。）は、この法律の施行後は、地方公共団体が法律又はこれに基づく政令により当該地方公共団体の事務として処理するものとする。

（処分、申請等に関する経過措置）

第百六十条　この法律（附則第一条各号に掲げる規定については、当該各規定。以下この条及び附則第百六十三条において同じ。）の施行前に改正前のそれぞれの法律の規定によりされた許可等の処分その他の行為（以下この条において「処分等の行為」という。）又はこの法律の施行の際現に改正前のそれぞれの法律の規定によりされている許可等の申請その他の行為（以下この条において「申請等の行為」という。）で、この法律の施行の日においてこれらの行為に係る行政事務を行うべき者が異なることとなるものは、附則第二条から前条までの規定又は改正後のそれぞれの法律（これに基づく命令を含む。）の経過措置に関する規定に定めるものを除き、この法律の施行の日以後における改正後のそれぞれの法律の適用については、改正後のそれぞれの法律の相当規定によりされた処分等の行為又は申請等の行為とみなす。

2　この法律の施行前に改正前のそれぞれの法律の規定により国又は地方公共団体の機関に対し報告、届出、提出その他の手続をしなければならない事項で、この法律の施行の日前にその手続がされていないものについては、この法律及びこれに基づく政令に別段の定めがあるもののほか、これを、改正後のそれぞれの法律の相当規定により国又は地方公共団体の相当の機関に対して報告、届出、提出その他の手続をしなければならない事項についてその手続がされていないものとみなして、この法律による改正後のそれぞれの法律の規定を適用する。

（不服申立てに関する経過措置）

第百六十一条　施行日前にされた国等の事務に係る処分であって、当該処分をした行政庁（以下この条において「処分庁」という。）に施行日前に行政不服審査法に規定する上級行政庁（以下この条において「上級行政庁」という。）があったものについての同法による不服申立てについては、施行日以後においても、当該処分庁に引き続き上級行政庁があるものとみなして、行政不服審査法の規定を適用する。この場合において、当該処分庁の上級行政庁とみなされる行政庁は、施行日前に当該処分庁の上級行政庁であった行政庁とする。

2　前項の場合において、上級行政庁とみなされる行政庁が地方公共団体の機関であるときは、当該機関が行政不服審査法の規定により処理することとされる事務は、新地方自治法第二条第九項第一号に規定する第一号法定受託事務とする。

（手数料に関する経過措置）
第百六十二条　施行日前においてこの法律による改正前のそれぞれの法律（これに基づく命令を含む。）の規定により納付すべきであった手数料については、この法律及びこれに基づく政令に別段の定めがあるもののほか、なお従前の例による。
（罰則に関する経過措置）
第百六十三条　この法律の施行前にした行為に対する罰則の適用については、なお従前の例による。
（その他の経過措置の政令への委任）
第百六十四条　この附則に規定するもののほか、この法律の施行に伴い必要な経過措置（罰則に関する経過措置を含む。）は、政令で定める。
２　附則第十八条、第五十一条及び第百八十四条の規定の適用に関して必要な事項は、政令で定める。
（検討）
第二百五十条　新地方自治法第二条第九項第一号に規定する第一号法定受託事務については、できる限り新たに設けることのないようにするとともに、新地方自治法別表第一に掲げるもの及び新地方自治法に基づく政令に示すものについては、地方分権を推進する観点から検討を加え、適宜、適切な見直しを行うものとする。
第二百五十一条　政府は、地方公共団体が事務及び事業を自主的かつ自立的に執行できるよう、国と地方公共団体との役割分担に応じた地方税財源の充実確保の方途について、経済情勢の推移等を勘案しつつ検討し、その結果に基づいて必要な措置を講ずるものとする。
第二百五十二条　政府は、医療保険制度、年金制度等の改革に伴い、社会保険の事務処理の体制、これに従事する職員の在り方等について、被保険者等の利便性の確保、事務処理の効率化等の視点に立って、検討し、必要があると認めるときは、その結果に基づいて所要の措置を講ずるものとする。

附　則　（平成一一年一二月二二日法律第一六〇号）　抄

（施行期日）
第一条　この法律（第二条及び第三条を除く。）は、平成十三年一月六日から施行する。ただし、次の各号に掲げる規定は、当該各号に定める日から施行する。
一　第九百九十五条（核原料物質、核燃料物質及び原子炉の規制に関する法律の一部を改正する法律附則の改正規定に係る部分に限る。）、第千三百五条、第千三百六条、第千三百二十四条第二項、第千三百二十六条第二項及び第千三百四十四条の規定　公布の日

附　則　（平成一五年一〇月一六日法律第一四五号）　抄

（施行期日）
第一条　この法律は、公布の日から起算して二十日を経過した日から施行する。
（罰則に関する経過措置）
第三条　この法律の施行前にした行為に対する罰則の適用については、なお従前の例による。
（検討）
第四条　政府は、この法律の施行後五年を経過した場合において、この法律の施行の状況を勘案し、必要があると認めるときは、この法律の規定について検討を加え、その結果に基づいて必要な措置を講ずるものとする。

附　則　（平成一八年一二月八日法律第一〇六号）　抄

（施行期日）
第一条　この法律は、公布の日から起算して六月を超えない範囲内において政令で定める日から施行する。
（検討）
第十二条　政府は、この法律の施行後五年を経過した場合において、この法律の施行の状況を勘案し、必要があると認めるときは、この法律の規定について検討を加え、その結果に基づいて必要な措置を講ずるものとする。
（罰則の適用に関する経過措置）
第二十四条　この法律（附則第一条ただし書に規定する規定については、当該規定）の施行前にした行為及びこの附則の規定によりなお従前の例によることとされる場合における同条ただし書に規定する規定の施行後にした行為に対する罰則の適用については、なお従前の例による。
（その他の経過措置の政令への委任）
第二十五条　この附則に規定するもののほか、この法律の施行に伴い必要な経過措置は、政令で定める。

附　則　（平成二〇年五月二日法律第三〇号）　抄

（施行期日）
第一条　この法律は、公布の日から起算して十日を経過した日から施行する。
（検討）
第二条　政府は、この法律の施行後五年を経過した場合において、この法律の規定による改正後の規定の施行の状況について検討を加え、必要があると認めるときは、その結果に基づいて必要な措置を講ずるものとする。
（研究の促進等）
第三条　国は、新型インフルエンザ等感染症（第一条の規定による改正後の感染症の予防及び感染症の患者に対する医療に関する法律第六条第七項に規定する新型インフルエンザ等感染症をいう。次項において同じ。）に係るワクチン等の医薬品の研究開発を促進するために必要な措置を講ずるとともに、これらの医薬品の早期の医薬品、医療機器等の品質、有効性及び安全性の確保等に関する法律（昭和三十五年法律第百四十五号）の規定による製造販売の承認に資するよう必要な措置を講ずるものとする。
２　国は、新型インフルエンザ等感染症の発生及びまん延に備え、抗インフルエンザ薬及びプレパンデミックワクチンの必要な量の備蓄に努めるものとする。

附　則　（平成二五年一一月二七日法律第八四号）　抄

（施行期日）
第一条　この法律は、公布の日から起算して一年を超えない範囲内において政令で定める日から施行する。
（罰則に関する経過措置）
第百一条　この法律の施行前にした行為及びこの法律の規定によりなお従前の例によることとされる場合におけるこの法律の施行後にした行為に対する罰則の適用については、なお従前の例による。

附　則　（平成二五年一二月一三日法律第一〇三号）　抄

（施行期日）
第一条　この法律は、公布の日から起算して六月を超えない範囲内において政令で定める日から施行する。ただし、次の各号に掲げる規定は、当該各号に定める日から施行する。

一　略

二　附則第十七条の規定　薬事法等の一部を改正する法律（平成二十五年法律第八十四号）の公布の日又はこの法律の公布の日のいずれか遅い日

附　則（平成二六年六月一三日法律第六九号）　抄

（施行期日）

第一条　この法律は、行政不服審査法（平成二十六年法律第六十八号）の施行の日から施行する。

（経過措置の原則）

第五条　行政庁の処分その他の行為又は不作為についての不服申立てであってこの法律の施行前にされた行政庁の処分その他の行為又はこの法律の施行前にされた申請に係る行政庁の不作為に係るものについては、この附則に特別の定めがある場合を除き、なお従前の例による。

（訴訟に関する経過措置）

第六条　この法律による改正前の法律の規定により不服申立てに対する行政庁の裁決、決定その他の行為を経た後でなければ訴えを提起できないこととされる事項であって、当該不服申立てを提起しないでこの法律の施行前にこれを提起すべき期間を経過したもの（当該不服申立てが他の不服申立てに対する行政庁の裁決、決定その他の行為を経た後でなければ提起できないとされる場合にあっては、当該他の不服申立てを提起しないでこの法律の施行前にこれを提起すべき期間を経過したものを含む。）の訴えの提起については、なお従前の例による。

２　この法律の規定による改正前の法律の規定（前条の規定によりなお従前の例によることとされる場合を含む。）により異議申立てが提起された処分その他の行為であって、この法律の規定による改正後の法律の規定により審査請求に対する裁決を経た後でなければ取消しの訴えを提起することができないこととされるものの取消しの訴えの提起については、なお従前の例による。

３　不服申立てに対する行政庁の裁決、決定その他の行為の取消しの訴えであって、この法律の施行前に提起されたものについては、なお従前の例による。

（罰則に関する経過措置）

第九条　この法律の施行前にした行為並びに附則第五条及び前二条の規定によりなお従前の例によることとされる場合におけるこの法律の施行後にした行為に対する罰則の適用については、なお従前の例による。

（その他の経過措置の政令への委任）

第十条　附則第五条から前条までに定めるもののほか、この法律の施行に関し必要な経過措置（罰則に関する経過措置を含む。）は、政令で定める。

附　則（令和二年一二月九日法律第七五号）　抄

（施行期日）

第一条　この法律は、公布の日から施行する。

（新型コロナウイルス感染症に係る特例）

第二条　新型コロナウイルス感染症（病原体がベータコロナウイルス属のコロナウイルス（令和二年一月に、中華人民共和国から世界保健機関に対して、人に伝染する能力を有することが新たに報告されたものに限る。）であるものに限る。）についての第二条の規定による改正後の検疫法第三十四条第二項の規定の適用については、「状況」とあるのは、「状況、当該感染症に係るワクチンの開発の状況並びに予防接種法（昭和二十三年法律第六十八号）附則第七条第一項の規定による予防接種の実施の状況」とする。

附　則（令和三年二月三日法律第五号）　抄

（施行期日）

第一条　この法律は、公布の日から起算して十日を経過した日から施行する。

（政令への委任）

第四条　この附則に規定するもののほか、この法律の施行に伴い必要な経過措置（罰則に関する経過措置を含む。）は、政令で定める。

新型インフルエンザ等対策特別措置法等の一部を改正する法律の施行に伴う関係政令の整備及び経過措置に関する政令をここに公布する。

御名御璽

令和三年二月三日

内閣総理大臣　菅　義偉

政令第二十五号

新型インフルエンザ等対策特別措置法等の一部を改正する法律の施行に伴う関係政令の整備及び経過措置に関する政令

内閣は、新型インフルエンザ等対策特別措置法等の一部を改正する法律（令和三年法律第五号）の施行に伴い、並びに感染症の予防及び感染症の患者に対する医療に関する法律（平成十年法律第百十四号）第十二条第一項、第二十六条及び第六十六条、検疫法（昭和二十六年法律第二百一号）第十六条第二項、第二十六条、第二十六条の二、第二十七条第一項及び第三十四条の六並びに新型インフルエンザ等対策特別措置法等の一部を改正する法律附則第四条の規定に基づき、この政令を制定する。

目次

第一章　関係政令の整備（第一条―第六条）

第二章　経過措置（第七条・第八条）

附則

第一章　関係政令の整備

（新型コロナウイルス感染症を指定感染症として定める等の政令及び新型コロナウイルス感染症を検疫法第三十四条第一項の感染症の種類として指定する等の政令の廃止）

第一条　次に掲げる政令は、廃止する。

一　新型コロナウイルス感染症を指定感染症として定める等の政令（令和二年政令第十一号）

二　新型コロナウイルス感染症を検疫法第二十四条第一項の感染症の種類として指定する等の政令（令和二年政令第二十八号）

（感染症の予防及び感染症の患者に対する医療に関する法律施行令の一部改正）

第二条　感染症の予防及び感染症の患者に対する医療に関する法律施行令（平成十年政令第四百二十号）の一部を次のように改正する。

第五条第十号中「新型インフルエンザ等感染症」の下に「（法第六条第七項第三号に掲げる新型コロナウイルス感染症及び同項第四号に掲げる再興型コロナウイルス感染症を除く。）」を加える。

第七条中「第二十六条の」を「第二十六条第一項の」に改め、同条の次第二十条第一項の項、第二十一条の項、第二十二条第一項及び第二項の項及び第二十二条第三項の項中「第二十六条」を「第二十六条第一項」に改め、同表第二十二条の二の項中「第十七条から」を「第十六条の三から」に、「第十七条、第十八条及び第二十六条」を「第十六条の三から第十八条まで及び第二十六条第一項」に改め、同項の次に次のように加える。

第二十二条の三	第十九条又は第二十条	第二十六条第一項において読み替えて準用する第十九条又は第二十条

第七条の表第二十三条の項中「第二十六条」を「第二十六条第一項」に、「準用する第十九条第三項及び第五項並びに第二十条第二項及び第三項」を「準用する第十九条第三項及び第二十六条第一項において準用する第十九条第五項並びに第二十六条第一項において読み替えて準用する第二十条第二項及び第二十六条第一項において準用する第二十六条第三項」に、「読み替えて準用する第二十条第四項」を「準用する第二十条第四項」に改め、同表第二十五条第一項及び第三項の項中「第二十六条」を「第二十六条第一項」に改め、同表第二十七条第一項の項中「準用する第二十条第二項若しくは第三項」を「準用する第二十条第二項若しくは第二十六条第一項において準用する第二十条第三項」に、「準用する第二十条第二項又は第二十六条第一項において準用する第二十条第三項」に改め、同表第二十五条第四項の項中「第二十六条」を「第二十六条第一項」に、「準用する第二十条第二項若しくは第三項」を「準用する第二十六条第一項において準用する第二十条第三項」に改め、同表第二十五条第七項の項中「第二十六条」を「第二十六条第一項」に、「準用する第十九条第三項又は第五項」を「準用する第十九条第三項又は第二十六条第一項において準用する第十九条第五項」に改め、同条に次の一項を加える。

2　法第二十六条第二項の規定による技術的読替えは、次の表のとおりとする。

法の規定中読み替えられる字句	読み替える字句
第二十条第一項	前条
第二十一条	前二条
第二十二条第一項及び第二項	第十九条又は第二十条
第二十二条第三項	第十九条若しくは第二十条
第二十二条の二	第十六条の三から第二十一条まで
第二十二条の三	第十九条又は第二十条
第二十三条	第十九条第一項及び第二十条第一項
	第十九条第三項及び第五項並びに第二十条第二項及び第三項

読み替える字句
第二十六条第二項において読み替えて準用する前条
第二十六条第二項において読み替えて準用する前二条
第二十六条第二項において読み替えて準用する第十九条又は第二十条
第二十六条第二項において読み替えて準用する第十九条若しくは第二十条
第二十六条の二から第十八条まで及び第二十六条第二項において読み替えて準用する第十九条から第二十一条まで
第二十六条第二項において読み替えて準用する第十九条又は第二十条
第二十六条第二項において読み替えて準用する第十九条第一項及び第二十条第一項
第二十六条第二項において読み替えて準用する第十九条第三項及び第二十六条第二項において準用する第十九条第五項並びに第二十六条第二項において読み替えて準用する第二十条第二項及び第二十六条第二項において準用する第二十条第三項

同条第四項		第二十六条第二項において準用する第二十条第四項
第二十四条の二第一項	第十九条若しくは第二十条	第二十六条第二項において読み替えて準用する第十九条若しくは第二十条
第二十五条第一項及び第三項	第二十条第二項若しくは第三項	第二十六条第二項において読み替えて準用する第二十条第二項若しくは第二十六条第二項において準用する第二十条第三項
	同条第二項又は第三項	第二十六条第二項において読み替えて準用する第二十六条第二項において準用する第二十条第三項
第二十五条第四項	第二十条第二項若しくは第三項	第二十六条第二項において読み替えて準用する第二十条第二項若しくは第二十六条第二項において準用する第二十条第三項
第二十五条第七項	第十九条第三項又は第五項	第二十六条第二項において読み替えて準用する第十九条第三項又は第二十六条第二項において準用する第十九条第五項

（検疫法施行令の一部改正）

第三条　検疫法施行令（昭和二十六年政令第三百七十七号）の一部を次のように改正する。

第一条の三第五号中「及び新型インフルエンザ等感染症」を「、新型インフルエンザ等感染症」に、「第六条第七項に規定する新型インフルエンザ等感染症をいう。別表第二において「新型インフルエンザ等感染症」という」を「、次号において「感染症法」という。）第六条第七項第一号に掲げる新型インフルエンザをいう。別表第二において同じ。）及び再興型インフルエンザ（同項第二号に掲げる再興型インフルエンザをいう。同表において同じ」に改め、同条に次の一号を加える。

六　新型コロナウイルス感染症（感染症法第六条第七項第三号に掲げる新型コロナウイルス感染症をいう。別表第二において同じ。）及び再興型コロナウイルス感染症（同項第四号に掲げる再興型コロナウイルス感染症をいう。同表において同じ。）三百三十六時間

第一条の四中「第十六条の二第四項」を「第十六条の三第四項」に改める。

第二条の二第一項中「、麻しん及び新型コロナウイルス感染症（病原体がベータコロナウイルス属のコロナウイルス（令和二年一月に、中華人民共和国から世界保健機関に対して、人に伝染する能力を有することが新たに報告されたものに限る。）であるものに限る。次条及び別表第二において単に「新型コロナウイルス感染症」という。）」を「及び麻しん」に改める。

第三条中「、ハンタウイルス肺症候群及び新型コロナウイルス感染症」を「及びハンタウイルス肺症候群」に改める。

第五条第六号中「外」を「ほか」に、「から第四号まで又は第六号」を「、第二号、第四号、第五号又は第七号」に改める。

第六条中「第三十二条第四項」を「第三十二条第三項」に改める。

健発０２０３第２号
令和３年２月３日

各｛都道府県知事
保健所設置市長
特別区長｝殿

厚生労働省健康局長
（公印省略）

感染症の予防及び感染症の患者に対する医療に関する法律等の改正について
（新型インフルエンザ等対策特別措置法等の一部を改正する法律関係）

新型インフルエンザ等対策特別措置法等の一部を改正する法律（令和３年法律第５号。以下「改正法」という。）が本日公布されたところ、これに伴い、感染症の予防及び感染症の患者に対する医療に関する法律（平成 10 年法律第 114 号。以下「感染症法」という。）及び検疫法（昭和 26 年法律第 201 号）の一部が改正され、令和３年２月 13 日に施行されることとなりました。

また、改正法の施行のため、新型インフルエンザ等対策特別措置法等の一部を改正する法律の施行に伴う関係政令の整備及び経過措置に関する政令（令和３年政令第 25 号。以下「整備政令」という。）及び新型インフルエンザ等対策特別措置法等の一部を改正する法律の施行に伴う厚生労働省関係省令の整備等に関する省令（令和３年厚生労働省令第 24 号。以下「整備省令」という。）が本日公布され、関係法令が改正されました。

これらの改正の趣旨等（感染症法及び検疫法並びにその下位法令の改正関係）は下記のとおりですので、十分御了知の上、管内の関係機関等に対し、その周知を図るとともに、その運用に遺漏のなきようお願いします。なお、本改正に関するＱ＆Ａを後日発出する予定ですので、当該Ｑ＆Ａについても御参照いただきますようお願いします。

記

第一　改正の趣旨

新型コロナウイルス感染症への対応は現在進行形であるが、国民の命を守るため必要な見直しは速やかに対応していく必要があるところ、現行制度の下で取組を進める中で得られた知見や経験を法制度に反映させ、感染の早期収束につなげていくことが重要である。このような考え方に則り、今般、現下の新型コロナウイルス感染症対策

の実効性を高め、より確実に取組を推進するために必要な法改正を行うもの。

第二　感染症法の一部改正

一　新型コロナウイルス感染症の法的位置付けに関する事項

新型コロナウイルス感染症については、新型コロナウイルス感染症を指定感染症として定める等の政令（令和２年政令第 11 号。以下「指定政令」という。）により、指定感染症に指定して対策を講じているところ、指定期限を本年１月 31 日から１年間延長したところであるが、今後は期限の定めなく必要な対策を講じられるよう、「新型インフルエンザ等感染症」に「新型コロナウイルス感染症」及び「再興型コロナウイルス感染症」を追加すること（感染症法第６条第７項）。

※　この改正により、新型コロナウイルス感染症の感染症法における法的位置付けについては、「指定感染症」から「新型インフルエンザ等感染症」に変更されることとなる（これに伴い、第四で後述するとおり、指定政令等は廃止する。）。

二　国・地方自治体間の情報連携に関する事項（感染症法第 12 条から第 15 条まで関係）

（１）関係自治体が感染症の発生状況を確実に把握し、広域的な調整や有効な対策の実施につなげるため、以下の対応を行うこと。

①　発生届の報告先について、保健所設置市長・特別区長は、届出を受けた場合は、厚生労働大臣に加えて当該市・区が所在する都道府県知事にも報告すること。また、管轄区域外に居住する者について届出を受けた場合の通報先について、保健所設置市長・特別区長が通報先となる場合には、当該市・区が所在する都道府県知事にも通報すること（感染症法第 12 条第３項及び第４項、第 13 条第４項及び第５項）。

②　積極的疫学調査の結果について、保健所設置市長・特別区長が厚生労働大臣に報告する場合には、当該市・区が所在する都道府県知事にも報告すること。また、都道府県知事等が他の都道府県知事等の管轄区域における感染症のまん延を防止するために重要と認められる場合には、当該結果について他の都道府県知事等に（他の保健所設置市長・特別区長に通報する場合には、当該市・区が所在する都道府県知事にも）通報するとともに、保健所設置市長・特別区長が通報を行う場合には、当該市・区が所在する都道府県知事にも通報すること（感染症法第 15 条第 13 項及び第 14 項、感染症の予防及び感染症の患者に対する医療に関する法律施行規則（平成 10 年厚生省令第 99 号。以下「感染症法施行規則」という。）第９条の２）。

（２）発生届・積極的疫学調査の結果の報告等について、電磁的な方法を活用できることを規定すること。

※　電磁的な方法により、同一情報を国、都道府県等が閲覧できる状態に置いたときは、感染症法第 12 条から第 15 条までに規定する届出等をしたものとみなすこと。現時点で想定される電磁的な方法は、新型コロナウイルス感染症については HER-SYS（新型コロナウイルス感染者等情報把握・管理支援システム）、その他の

感染症についてはNESID（感染症発生動向調査システム）（感染症法第12条第５項、第13条第６項、第14条第４項、第14条の２第５項、第15条第15項、感染症法施行規則第４条の２）。

三　宿泊療養等の対策の実効性の確保に関する事項

医療資源の重点化を図るとともに、対策の実効性を確保するため、（１）～（３）の措置を講ずることとする。

（１）宿泊療養・自宅療養の法的位置付け（感染症法第44条の３及び第50条の２）

①　都道府県知事等は、新型インフルエンザ等感染症又は新感染症のまん延を防止するため必要があると認めるときは、当該感染症にかかっていると疑うに足りる正当な理由のある者に対し、当該感染症の潜伏期間を考慮して定めた期間内において、当該者の体温その他の健康状態について報告を求め、又は当該者の居宅若しくはこれに相当する場所から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることができるものとすること（感染症法第44条の３第１項、第50条の２第１項）。

②　都道府県知事等は、病状の程度を勘案して厚生労働省令で定める新型インフルエンザ等感染症（感染症法施行規則第23条の５において「新型コロナウイルス感染症」を規定。）又は新感染症のまん延を防止するため必要があると認めるときは新型インフルエンザ等感染症の患者又は新感染症の所見がある者に対し、当該感染症の病原体を保有していないことが確認されるまでの間又は当該新感染症を公衆にまん延させるおそれがないことが確認されるまでの間、当該者の体温その他の健康状態について報告を求め、又は宿泊施設（当該感染症のまん延を防止するため適当なものとして厚生労働省令で定める基準（※）を満たすものに限る。）若しくは当該者の居宅若しくはこれに相当する場所から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることができるものとすること（感染症法第44条の３第２項、第50条の２第２項）。

③　新型インフルエンザ等感染症の患者、新感染症の所見のある者、これらの感染症にかかっていると疑うに足りる正当な理由のある者について、①・②による都道府県知事等による健康状態の報告の求めに正当な理由がある場合を除き応じる義務（罰則なし）を規定すること（従来は努力義務）、並びに都道府県知事等による当該感染症の感染の防止に必要な協力に応じる努力義務を規定すること（感染症法第44条の３第３項、第50条の２第３項）。

④　都道府県知事等による食事の提供・日用品の支給等や市町村長との連携の努力義務規定を新設すること（感染症法第44条の３第６項、第50条の２第４項）。

⑤　都道府県知事の宿泊施設の確保の努力義務規定を新設すること（感染症法第44条の３第７項、第50条の２第４項）。

※　いずれも現行の宿泊療養・自宅療養の対応について、改めて感染症法上に位置付けることとしたもの。なお、感染症法上、①・②・④の権限主体は都道府県知事等（保健所設置市長・特別区長を含む。）である。

※　宿泊療養の基準については、これまでに発出済みのマニュアル等の記載内容を踏まえつつ、以下の内容を感染症法施行規則第 23 条の７にて規定。当該改正を踏まえた具体的な内容については、後日マニュアルによりお示しする予定であるので併せて参照されたい。

・宿泊療養者の居室の定員は、原則として一人とすること
・宿泊療養者が滞在する区域を職員その他の者が作業を行う区域から明確に区別することその他の感染症のまん延を防止するために必要な措置が講じられていること
・宿泊療養者が療養を行うために必要な設備及び備品を備えていること
・宿泊療養に関する業務を統括する者、適切な健康管理等を行うために必要な医療関係者及び宿泊療養者の療養を支援するために必要な人員が確保されていること
・宿泊療養者の健康状態を定期的に把握し、適切な健康管理等を行うことが可能な体制が確保されていること
・病状の急変時等に適切な措置を講じることができるよう、あらかじめ、医療機関との連携方法その他の必要な措置を定めていること

（２）入院勧告・措置の見直し（感染症法第 26 条第２項、第 37 条第３項、第 80 条）

①　新型インフルエンザ等感染症・新感染症のうち病状の程度を勘案して厚生労働省令で定めるもの（感染症法施行規則第 23 条の５において「新型コロナウイルス感染症」を規定。）について、入院勧告・措置の対象を次の者に限定することを明示すること（感染症法第 26 条第２項）。なお、新型コロナウイルス感染症については、現行も政省令により（ア）及び（イ）と同様の内容を規定している。

（ア）病状又は病状の程度が重篤化するおそれを勘案して厚生労働省令で定める者
（イ）宿泊療養・自宅療養の協力の求めに応じない者

※　（ア）については、以下の内容を感染症法施行規則第 23 条の６にて規定。

・65 歳以上の者
・呼吸器疾患を有する者
・腎臓疾患等により臓器等の機能が低下しているおそれがあると認められる者
・臓器の移植等により免疫の機能が低下しているおそれがあると認められる者
・妊婦
・中等症以上の者
・症状等を総合的に勘案して医師が入院させる必要があると認める者
・都道府県知事等が感染症のまん延を防止するために入院させる必要があると認める者

※　（イ）については、その入院費用の自己負担分を徴収できるものとする（感染症法第 37 条第３項）。

②　入院先から逃げた場合又は正当な理由がなく入院措置に応じない場合は 50 万円以下の過料に処すものとすること（感染症法第 80 条）。

※　当該過料に処される旨についても入院勧告・入院措置の対象者に通知しなければならない（感染症法施行規則第 13 条第１項第９号）。

（３）積極的疫学調査等の実効性の確保（感染症法第 15 条第４項及び第８項から第 11 項まで、第 81 条）

①　②の過料に前置する手続として、新型インフルエンザ等感染症の患者等が積極的疫学調査に対して正当な理由がなく協力しない場合において、感染症の発生予防又はまん延防止のため必要があると認めるときは、都道府県知事又は厚生労働大臣は、当該積極的疫学調査に応ずべき旨の命令を発することができることとし、当該命令に違反した場合には②の過料の対象となるものとすること。また、この命令について、必要な最小限度のものでなければならないものとするとともに、書面による通知に関する規定（感染症法施行規則第８条の２において通知事項を規定。）を整備すること（感染症法第 15 条第８項から第 11 項まで）。

②　積極的疫学調査について、①の命令を受けた新型インフルエンザ等感染症の患者等（※）が、質問に対して正当な理由がなく答弁をせず、若しくは虚偽の答弁をし、又は正当な理由がなく調査を拒み、妨げ若しくは忌避した場合の 30 万円以下の過料に処するものとすること（感染症法第 81 条）。

※　対象は次の範囲とする。

・一類感染症の患者、疑似症患者、無症状病原体保有者
・二類感染症の患者、二類感染症のうち政令で定めるものの疑似症患者
・新型インフルエンザ等感染症の患者、疑似症患者であって当該感染症にかかっていると疑うに足りる正当な理由のあるもの、無症状病原体保有者
・新感染症の所見のある者

③　都道府県知事等は、患者の迅速な発見により、感染症の性質、地域の感染状況、感染症が発生している施設・業務等その他の事情を考慮して、感染症法第 15 条第３項の規定による求め（行政検査）を行うこととすること（感染症法第 15 条第４項）。

四　国と地方自治体の役割・権限の強化等に関する事項

（１）調査・研究の推進（感染症法第 56 条の 39 関係）

感染症に関する調査・研究の推進を図るため、次の規定を整備すること。

①　国は、感染症の発病の機構等、病原体等に関する調査・研究を推進すること。

②　厚生労働大臣は、①の成果を適切な方法により研究者等に対して積極的に提供すること。

③　厚生労働大臣は、①又は②の事務を国立研究開発法人国立国際医療研究センター等に委託できること。

④　厚生労働大臣は、②により①の成果を提供するに当たっては、個人情報の保護に留意しなければならないこと。

（２）国・地方自治体の権限の強化（感染症法第 16 条の２、第 22 条の３、第 48 条の３、第 51 条の２第１項、第 63 条の２第２項）

①　新型インフルエンザ等感染症又は新感染症に関し、厚生労働大臣の都道府県知

事等への指示権限について、現行認められている緊急の必要があると認めるときのほか、都道府県知事等が感染症法又は感染症法に基づく政令の規定に違反し、若しくはこれらの規定に基づく事務の管理・執行を怠っている場合にも必要な指示ができることとすること（法定受託事務に限る。）（感染症法第 51 条の２第１項、第 63 条の２第２項）。

② 都道府県知事は、感染症指定医療機関が不足するおそれがある場合等に、保健所設置市長等、医療機関その他の関係者に対し、入院の措置その他の事項に関する総合調整を行うこととすること（感染症法第 22 条の３、第 48 条の３）。

③ 厚生労働大臣又は都道府県知事等は、緊急の必要があると認めるときは、医療関係者・民間等の検査機関等に必要な協力を求め（※）、その上で、当該協力の求めに正当な理由がなく応じなかったときは勧告することができる（正当な理由がなく勧告に従わない場合は公表することができる）こととすること（感染症法第 16 条の２）。

※ 現行法上も、医療関係者への協力の求めについては規定があるため、これを存置。

五 その他（感染症法第９条関係）

厚生労働大臣が定める感染症の予防の総合的な推進を図るための基本的な指針（基本指針）の見直しについて、医療計画とあわせるため、「５年ごと」から「６年ごと」に改めることとすること。

第三 検疫法の一部改正

一 新型インフルエンザ等感染症の無症状病原体保有者の法的位置付け（検疫法第２条の２第３項）

新型インフルエンザ等感染症の無症状病原体保有者について、患者とみなして検疫法の規定を適用するものとすること。

二 宿泊療養及び自宅待機の法的位置付け（検疫法第 16 条の２）

（１）検疫所長は、新型インフルエンザ等感染症の患者に対して、当該感染症の病原体を保有していないことが確認されるまでの間、健康状態の報告を求め、又は宿泊施設から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることができるものとすること。

（２）検疫所長は、新型インフルエンザ等感染症に感染したおそれのある者に対して当該感染症の潜伏期間を考慮して定めた期間内において、当該者の居宅又はこれに相当する場所から外出しないことその他の当該感染症の感染の防止に必要な協力を求めることができるものとすること。

（３）（１）の報告を求められた者は、正当な理由がある場合を除き、これに応じなければならず、（１）又は（２）の協力を求められた者は、これに応ずるよう努めなければならないものとすること。

（４）（１）の協力の求めに応じない患者に対する隔離の措置については、宿泊施設（感染症法上の施設と同じ基準を満たすもの。）においても行うことができるものと

すること。

第四　指定政令等の廃止

新型コロナウイルス感染症を新型インフルエンザ等感染症として位置付けることに伴い、指定政令及び新型コロナウイルス感染症を検疫法第三十四条第一項の感染症の種類として指定する等の政令（令和２年政令第 28 号）を廃止すること（整備政令第１条関係）。

また、これに伴い、以下に掲げる省令を廃止すること（整備省令第１条関係）。

・　新型コロナウイルス感染症を指定感染症として定める等の政令第三条の規定により感染症の予防及び感染症の患者に対する医療に関する法律施行規則の規定を準用する場合の読替えに関する省令（令和２年厚生労働省令第９号）
・　新型コロナウイルス感染症を検疫法第三十四条第一項の感染症の種類として指定する等の政令第三条の規定により検疫法施行規則の規定を準用する場合の読替えに関する省令（令和２年厚生労働省令第 16 号）
・　新型コロナウイルス感染症を指定感染症として定める等の政令第三条において準用する感染症の予防及び感染症の患者に対する医療に関する法律第十九条第一項の厚生労働省令で定める者等を定める省令（令和２年厚生労働省令第 172 号）

第五　施行期日

公布の日から起算して 10 日を経過した日（令和３年２月 13 日）

第六　経過措置

一　入院措置に係る過料関係（改正法附則第３条第２項関係）

第二の三（２）②の過料に関する規定は、施行日以後に行われる入院勧告・措置により入院する者又は施行日以後に行われる入院の措置を実施される者（施行日以後に行われる感染症法の規定による入院に係る通知を受けた者に限る。）について適用すること。

二　積極的疫学調査に係る命令関係（改正法附則第３条第１項関係）

第二の三（３）①の命令に関する規定は、施行日以後に行われる積極的疫学調査に対して正当な理由がなく協力しない新型インフルエンザ等感染症の患者等について適用すること。

※その他、所要の経過措置については、整備政令において規定。

第七　その他

一　整備政令関係

指定政令等の廃止のほか、感染症法及び検疫法の改正に伴い必要となる関係政令を整備するとともに、経過措置を規定すること。

二　整備省令関係

積極的疫学調査の結果等について他の都道府県知事等に通報する場合の規定の整備や入院措置等の対象者の限定、宿泊療養の基準の新設など、感染症法及び検疫法の改正に伴い必要となる関係省令の整備等を行うこと。

三　整備政令・整備省令の施行期日については、いずれも改正法の施行の日（令和３年２月 13 日）

以上

我が国の検疫関係基礎データ

１．検疫所の概要

（１）所掌事務

検疫所の所掌事務は、国内に常在しない感染症の病原体が、船舶又は航空機を介して国内に侵入することを防止するため、港及び飛行場における検疫業務及び衛生業務並びに食品衛生法に基づき輸入食品等の安全性を確保するための輸入食品監視業務を所掌する厚生労働省の施設等機関として設置されている。

（２）組　織

外国からの船舶が入港する港及び国際定期便が就航する飛行場を検疫法施行令により「検疫港」又は「検疫飛行場」として指定し、併せて検疫所（支所及び出張所を含む）を設置している。

＜検疫所別管内支所出張所数＞

検疫所	所在地	管内支所・出張所数			
		空港支所	海港支所	空港出張所	海港出張所
小樽検疫所	小樽市港町５番２号（小樽地方合同庁舎１階）	1	0	2	9
仙台検疫所	塩釜市貞山通３丁目４番１号（塩釜港湾合同庁舎）	1	0	3	9
成田空港検疫所	成田市古込字古込１番地１（第２旅客ターミナルビル）	0	0	0	0
東京検疫所	江東区青海２丁目７番11号（東京港湾合同庁舎８階）	1	2	1	3
横浜検疫所	横浜市中区海岸通１丁目１番地（横浜第２港湾合同庁舎）	0	0	0	1
新潟検疫所	新潟市中央区竜が島１丁目５番４号（新潟港湾合同庁舎２階）	0	0	3	3
名古屋検疫所	名古屋市港区築地町11番地の１	1	2	1	4
大阪検疫所	大阪市港区築港４丁目10番３号（大阪港湾合同庁舎５階）	0	0	0	5
関西空港検疫所	泉南郡田尻町泉州空港中１番地（ＣＩＱ合同庁舎）	0	0	0	0
神戸検疫所	神戸市兵庫区遠矢浜町１番１号	0	0	0	0
広島検疫所	広島市南区宇品海岸３丁目10番17号（広島港湾合同庁舎３階）	1	0	4	13
福岡検疫所	福岡市博多区沖浜町８番１号（福岡港湾合同庁舎）	1	3	7	12
那覇検疫所	那覇市港町２丁目11番１号（那覇港湾合同庁舎２階）	1	0	0	3
合計		7	7	21	62

（３）定　員

1,005名（平成28年度末時点。輸入食品監視業務を担当する食品衛生監視員等も含む。）

（４）予 算

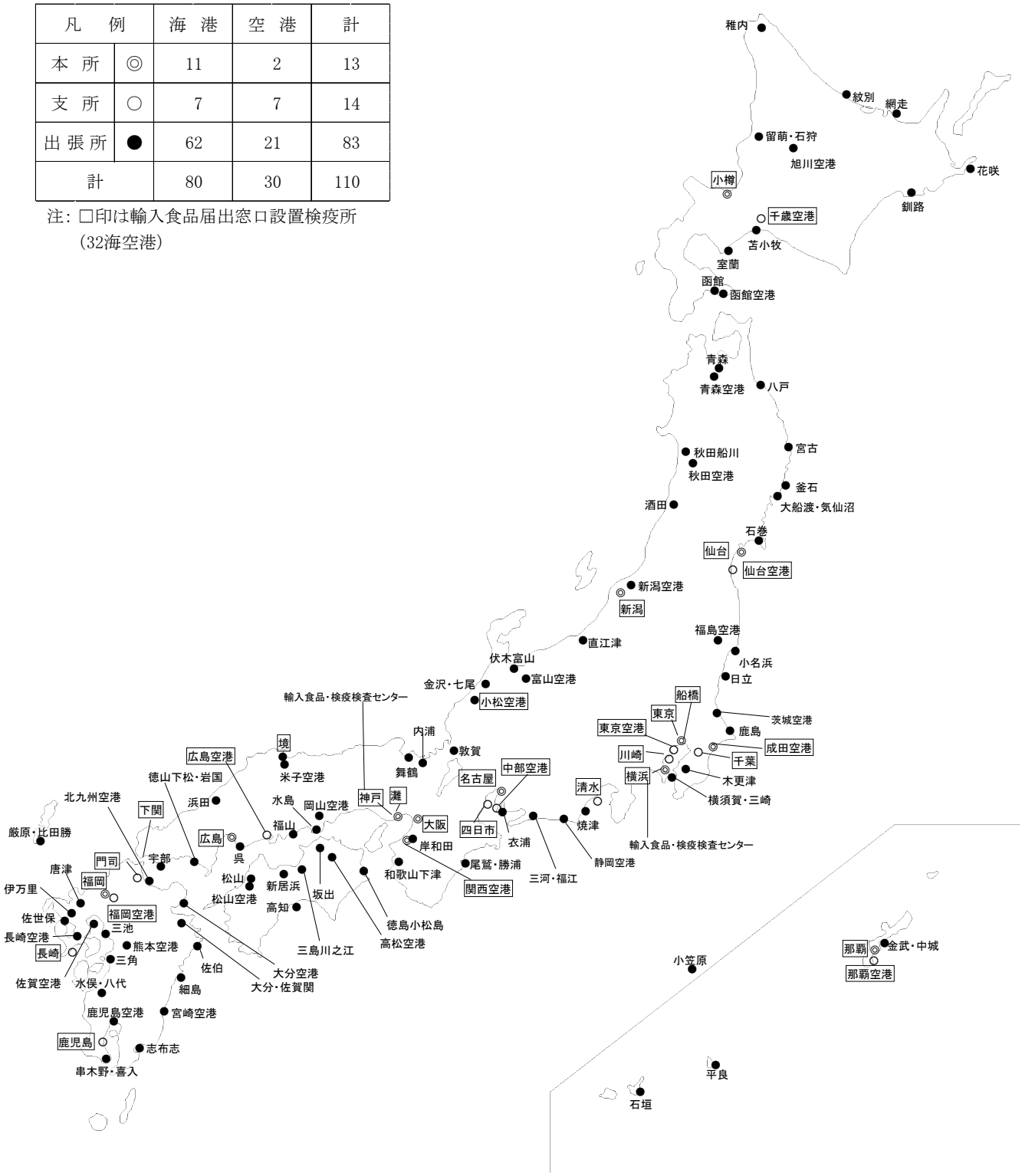
9,514百万円（平成28年度当初予算）

(5)検疫所の設置状況

(平成29年3月1日)

凡　例		海　港	空　港	計
本　所	◎	11	2	13
支　所	○	7	7	14
出張所	●	62	21	83
計		80	30	110

注: □印は輸入食品届出窓口設置検疫所
(32海空港)



２．検疫業務の実績

（１）船舶関係

年次	検疫実績					
	船舶		乗船者		１船当たり平均乗船者	
	隻数	指数	人数	指数	人数	指数
平成 23 年	59,165	100	1,775,125	100	30	100
平成 24 年	59,699	101	2,133,544	120	36	120
平成 25 年	58,482	99	2,006,967	113	34	113
平成 26 年	55,586	94	2,280,994	128	41	137
平成 27 年	53,850	91	3,244,457	183	60	200

＜検疫方法別実績＞

（隻）

年次	臨船検疫	着岸検疫	無線検疫	合計
平成 23 年	144	983	58,038	59,165
平成 24 年	120	1,107	58,472	59,699
平成 25 年	117	979	57,386	58,482
平成 26 年	107	1,006	54,473	55,586
平成 27 年	98	2,900	50,852	53,850

（２）航空機関係

年次	検疫実績					
	航空機		搭乗者		１機当たり平均搭乗者	
	機数	指数	人数	指数	人数	指数
平成 23 年	172,792	100	28,390,102	100	164	100
平成 24 年	190,552	110	32,235,510	114	169	103
平成 25 年	194,451	113	33,400,814	118	172	105
平成 26 年	210,648	122	35,757,036	126	170	103
平成 27 年	235,303	136	40,662,985	143	173	105

（３）検疫所別検疫実績（管内支所・出張所を含む）

検疫所	平成 27 年検疫実績				
	船舶（隻）				航空機（機）
	臨船検疫	着岸検疫	無線検疫	合計	
小樽検疫所	3	99	2,414	2,516	6,898
仙台検疫所	4	36	1,618	1,658	1,207
成田空港検疫所	0	0	0	0	89,376
東京検疫所	18	69	8,720	8,807	32,883
横浜検疫所	3	39	2,886	2,928	8
新潟検疫所	0	48	1,751	1,799	2,063
名古屋検疫所	17	85	4,811	4,913	19,341
大阪検疫所	1	140	5,164	5,305	9
関西空港検疫所	0	2	0	2	55,065
神戸検疫所	13	50	2,883	2,946	5
広島検疫所	17	63	8,474	8,554	3,273
福岡検疫所	20	2,119	11,444	13,583	16,393
那覇検疫所	2	150	687	839	8,782
合計	98	2,900	50,852	53,850	235,303

（４）空港別検疫実績（検疫人員）

（千人）

空港名	検疫所名	平成 23 年	平成 24 年	平成 25 年	平成 26 年	平成 27 年
新千歳空港	小樽検疫所千歳空港検疫所支所	459	591	683	825	1,122
函館空港	小樽検疫所函館空港出張所	24	37	68	88	114
旭川空港	小樽検疫所旭川空港出張所	21	22	47	79	97
仙台空港	仙台検疫所仙台空港検疫所支所	47	98	103	110	110
青森空港	仙台検疫所青森空港出張所	13	20	21	19	21
秋田空港	仙台検疫所秋田空港出張所	19	19	17	15	16
福島空港	仙台検疫所福島空港出張所	6	2	3	3	2
成田国際空港	成田空港検疫所	14,033	15,820	16,322	15,866	16,346
東京国際空港	東京検疫所東京空港検疫所支所	3,764	4,210	4,236	5,640	6,827
茨城空港	東京検疫所茨城空港出張所	30	48	52	57	77
新潟空港	新潟検疫所新潟空港出張所	99	99	84	77	70
富山空港	新潟検疫所富山空港出張所	43	54	47	56	61
小松空港	新潟検疫所小松空港出張所	63	79	93	99	107
中部国際空港	名古屋検疫所中部空港検疫所支所	2,309	2,446	2,410	2,433	2,548
静岡空港	名古屋検疫所静岡空港出張所	84	106	96	109	211
関西国際空港	関西空港検疫所	5,241	5,989	6,311	6,990	8,659
広島空港	広島検疫所広島空港検疫所支所	191	197	171	158	153
米子空港	広島検疫所米子空港出張所	17	17	18	18	23
岡山空港	広島検疫所岡山空港出張所	121	124	101	91	82
高松空港	広島検疫所高松空港出張所	26	40	45	61	78
松山空港	広島検疫所松山空港出張所	31	30	23	20	23
佐賀空港	福岡検疫所佐賀空港出張所	0	0	2	40	48
北九州空港	福岡検疫所北九州空港出張所	23	42	76	26	10
福岡空港	福岡検疫所福岡空港検疫所支所	1,336	1,609	1,683	1,874	2,334
長崎空港	福岡検疫所長崎空港出張所	12	19	19	34	41
鹿児島空港	福岡検疫所鹿児島空港出張所	40	62	61	75	88
熊本空港	福岡検疫所熊本空港出張所	20	20	23	28	35
大分空港	福岡検疫所大分空港出張所	7	14	9	11	32
宮崎空港	福岡検疫所宮崎空港出張所	32	32	36	37	50
那覇空港	那覇検疫所那覇空港検疫所支所	249	330	475	783	1,243
合計		28,360	32,176	33,335	35,722	40,628

（５）クルーズ船検疫実績

（隻）

港名	検疫所名	平成 24 年	平成 25 年	平成 26 年	平成 27 年	平成 28 年
小樽港	小樽検疫所	7	6	31	8	13
稚内港	〃　稚内出張所	0	2	1	0	0
網走港	〃　網走出張所	0	0	0	0	1
釧路港	〃　釧路出張所	0	1	1	1	2
苫小牧港	〃　苫小牧出張所	0	0	0	1	0
室蘭港	〃　室蘭出張所	3	1	0	0	3
函館港	〃　函館出張所	2	1	0	3	2
仙台塩釜港	仙台検疫所	0	0	0	0	0
青森港	〃　青森出張所	0	1	0	1	0
石巻港	〃　石巻出張所	0	1	0	0	0
秋田船川港	〃　秋田船川出張所	0	0	0	1	0
酒田港	〃　酒田出張所	0	1	0	0	1
京浜港（東京）	東京検疫所	4	3	4	1	3
二見港	〃　小笠原出張所	0	0	0	0	2
京浜港（横浜）	横浜検疫所	18	13	16	16	9
新潟港	新潟検疫所	0	0	0	1	1
伏木富山港	〃　伏木富山出張所	0	1	0	0	1
金沢港	〃　金沢・七尾出張所	0	2	0	1	0
名古屋港	名古屋検疫所	2	2	3	3	3
阪神港（大阪）	大阪検疫所	5	3	1	4	2
敦賀港	〃　敦賀出張所	1	0	1	0	1
舞鶴港	〃　舞鶴出張所	1	1	2	2	1
和歌山下津港	〃　和歌山下津出張所	1	0	0	0	0
阪神港（神戸）	神戸検疫所	21	10	15	14	14
広島港	広島検疫所	7	3	2	5	8
境港	〃　境出張所	6	7	4	5	8
浜田港	〃　浜田出張所	0	1	0	1	0

岩国港	〃 徳山下松・岩国出張所	1	0	0	0	0
坂出港	〃　坂出出張所	0	1	0	0	0
松山港	〃　松山出張所	1	0	1	0	0
高知港	〃　高知出張所	1	2	1	2	9
博多港	福岡検疫所	58	15	85	217	296
関門港	〃　門司検疫所支所	0	4	2	6	16
港名	検疫所名	平成 24 年	平成 25 年	平成 26 年	平成 27 年	平成 28 年
長崎港	〃　長崎検疫所支所	83	21	33	85	163
鹿児島港	〃　鹿児島検疫所支所	5	4	15	22	41
唐津港	〃　唐津出張所	0	0	1	0	1
佐世保港	〃　佐世保出張所	0	0	5	20	54
厳原港	〃 厳原・比田勝出張所	0	0	0	1	0
大分港	〃 大分・佐賀関出張所	0	1	1	0	0
八代港	〃　水俣・八代出張所	2	0	1	7	7
細島港	〃　細島出張所	1	0	1	0	1
那覇港	那覇検疫所	25	15	33	62	112
金武中城港	〃　金武・中城出張所	0	0	0	0	2
平良港	〃　平良出張所	1	0	1	11	50
石垣港	〃　石垣出張所	42	58	61	75	73
合計		298	181	322	576	900

※客船及び貨客船であって外航旅客定期航路は除く

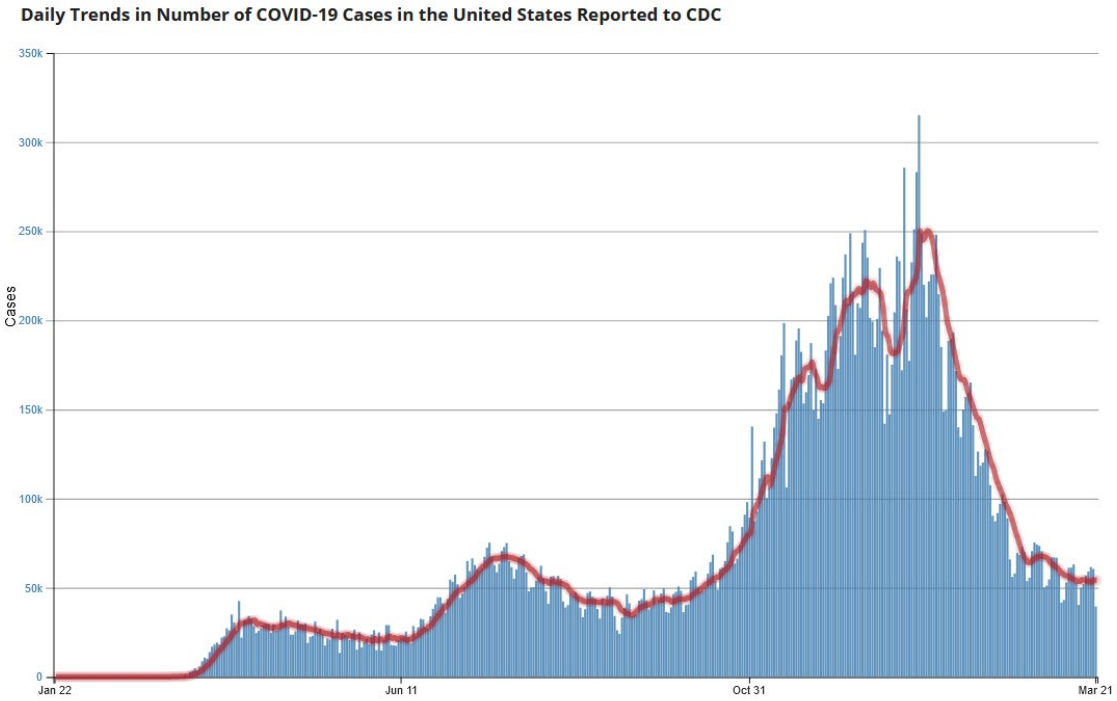
Ⅵ-2. 海外における抗原・抗体検査の活用状況等

（詳細）

1. アメリカ

アメリカにおける抗原検査について

アメリカでは 2020 年 3 月から感染者が増え始め、2020 年 12 月には感染者が 1 日当たり 20 万件程度報告された。2021 年 3 月 23 日の時点で累計およそ 2960 万件、一日当たり 5 万 5 千件程度の感染が報告されている。(1)（下図　アメリカ疾病予防管理センターHP より)。



アメリカ疾病予防管理センターは陽性と診断された各ケースを診断方法の精度に応じて suspect, probable, confirmed の 3 つに分けている。(2) 抗原検査のみで PCR 検査を行わなかった場合は probable となる。また、無症状の人が抗原検査で陽性となった場合や、症状のある人が抗原検査で陰性となった場合には PCR 検査で確認をとることを推奨している。(3)

州によってばらつきはあるが、行われた検査の大半は PCR 検査で、陽性者の多くは PCR 検査による確認を行っている。(4-16)

海外から空路で入国する渡航者に対し、アメリカに出発する前に検査を受けることを義務付けている。(17) 入国後は自己隔離や検査を推奨しているが、義務付けてはいない。

リファレンス

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アメリカにおける新型コロナウイルスの感染者数

アメリカ疾病予防管理センターHP　２０２１年３月２３日

TOTAL CASES	CASES IN LAST 7 DAYS	TOTAL DEATHS
29,652,483	379,692	539,517
+39,466 New Cases		+479 New Deaths

CDC | Updated: Mar 22 2021 12:30PM

Select a state or territory: United States

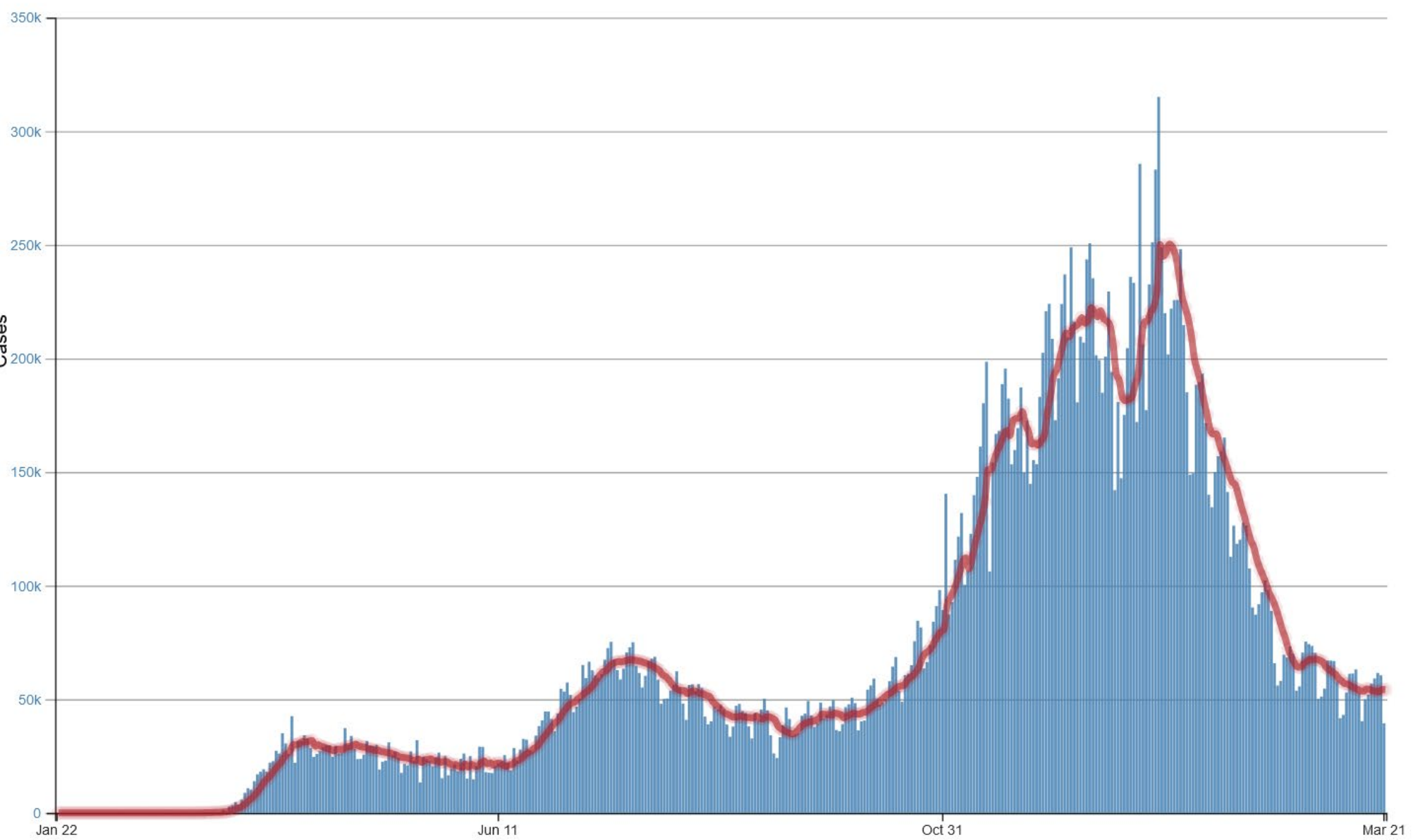
View: ◉ Cases ○ Deaths

Metric: ◉ Daily trends ○ Total and rate

Show: ☑ 7-Day moving average

Blue bars show daily cases. The red line is the sum of cases over the last 7 days, divided by 7. Averages are used to reduce reporting differences.

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



アメリカにおける新型コロナウイルスの感染者の内訳

アメリカ疾病予防管理センターHP　２０２１年３月２３日

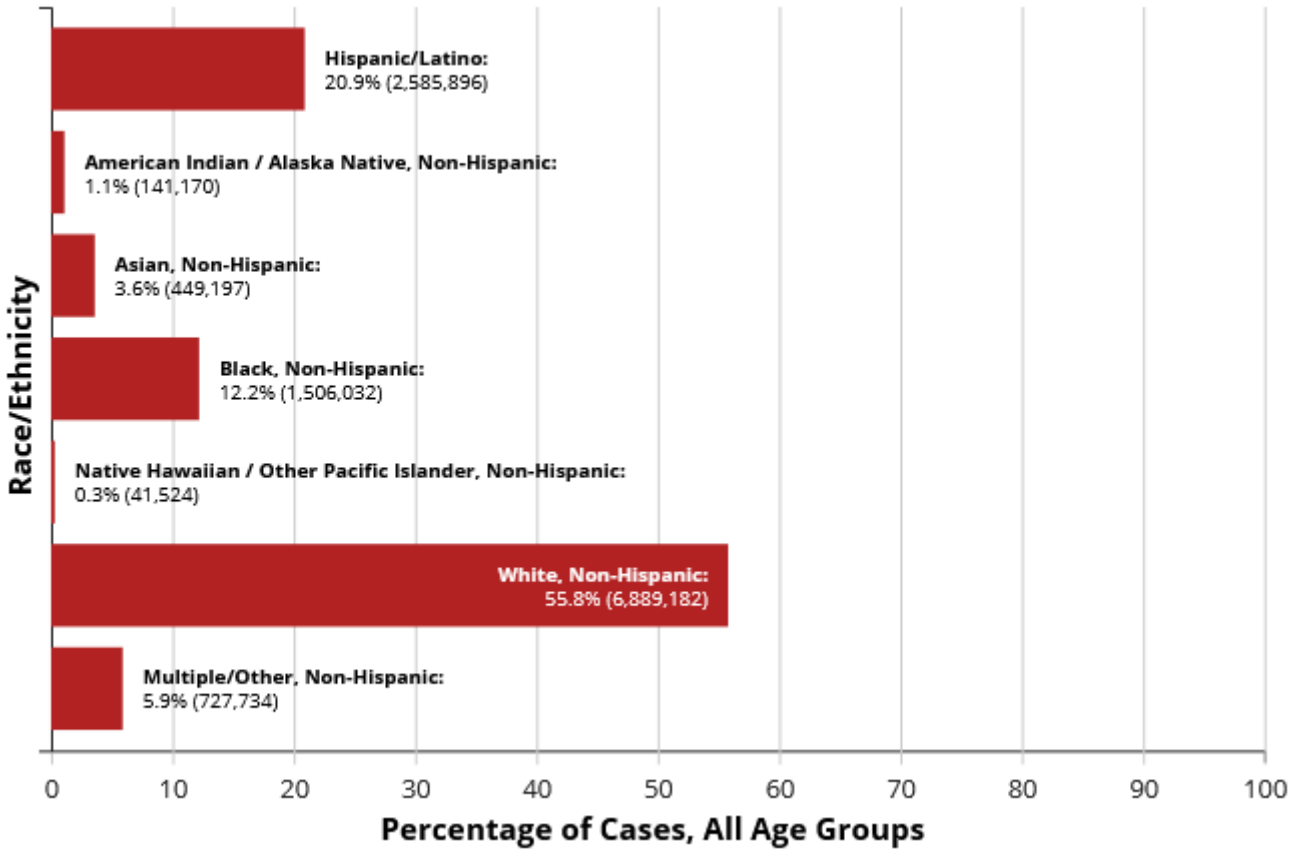
Cases by Race/Ethnicity:

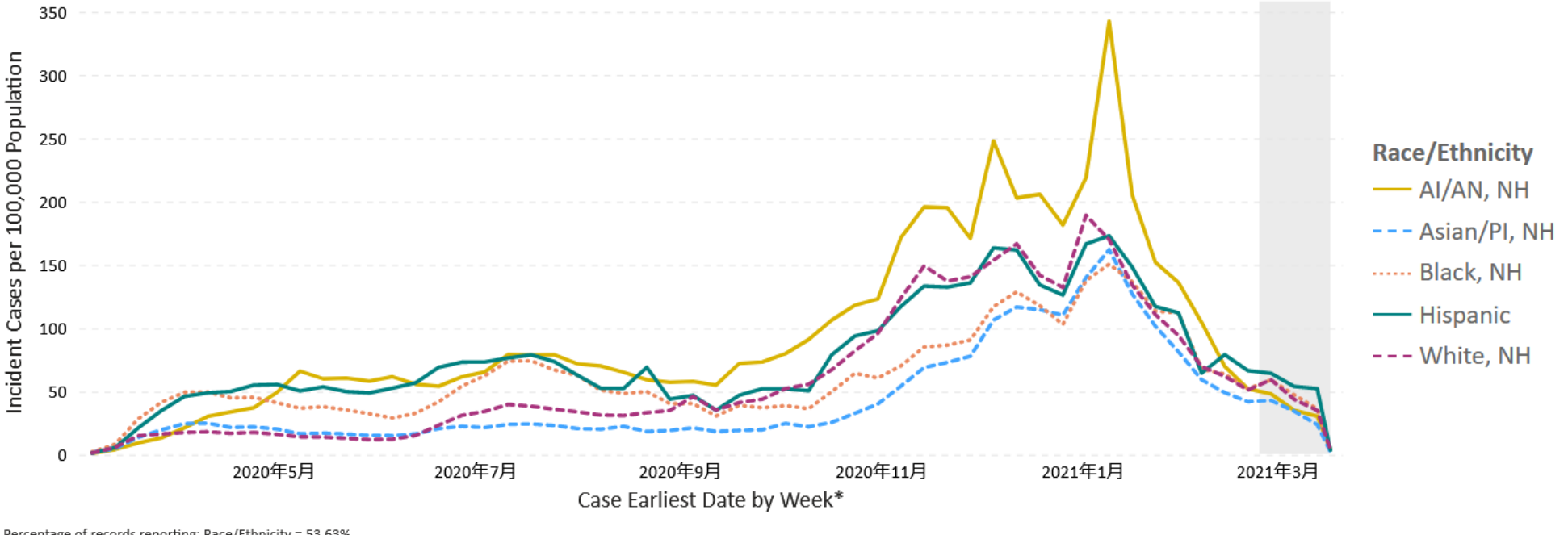
Download

Data from 22,927,763 cases. Race/Ethnicity was available for 12,340,735 (53%) cases.

All Age Groups

Race/Ethnicity	Percentage	Count
Hispanic/Latino	20.9	2,585,896
American Indian / Alaska Native, Non-Hispanic	1.1	141,170
Asian, Non-Hispanic	3.6	449,197
Black, Non-Hispanic	12.2	1,506,032
Native Hawaiian / Other Pacific Islander, Non-Hispanic	0.3	41,524
White, Non-Hispanic	55.8	6,889,182
Multiple/Other, Non-Hispanic	5.9	727,734





Percentage of records reporting: Race/Ethnicity = 53.63%

アメリカにおける新型コロナウイルスの感染者の内訳

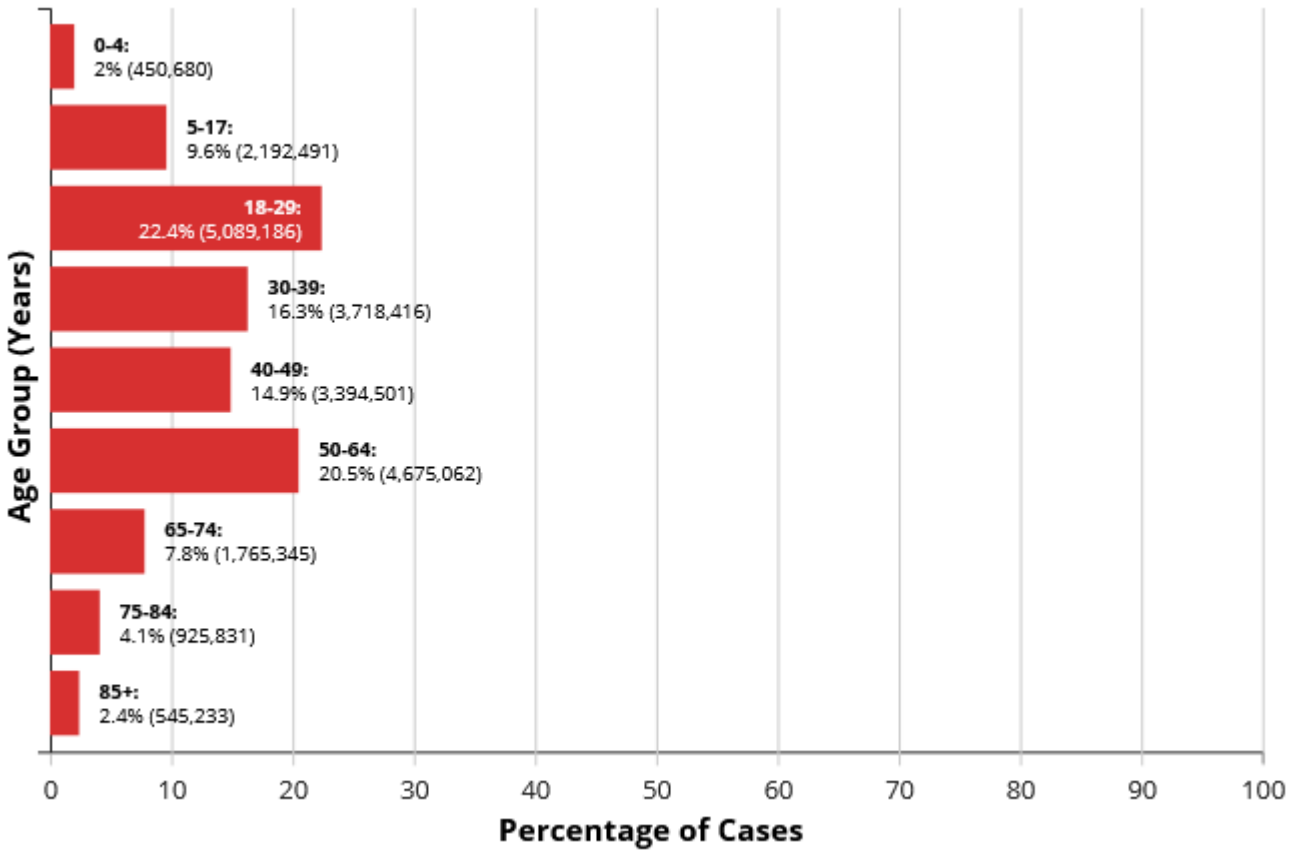
アメリカ疾病予防管理センターHP　２０２１年３月２３日

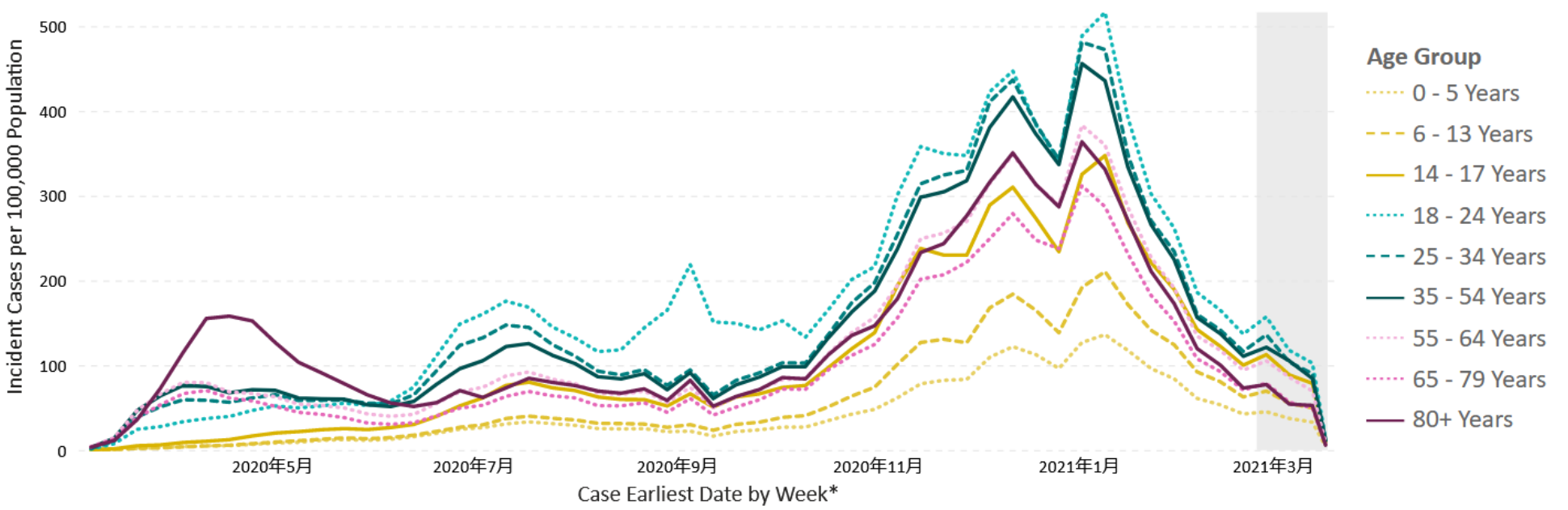
Cases by Age Group:

Download

Data from 22,927,763 cases. Age group was available for 22,756,745 (99%) cases.

Age Group	Percentage	Count
0 - 4 Years	2	450,680
5 - 17 Years	9.6	2,192,491
18 - 29 Years	22.4	5,089,186
30 - 39 Years	16.3	3,718,416
40 - 49 Years	14.9	3,394,501
50 - 64 Years	20.5	4,675,062
65 - 74 Years	7.8	1,765,345
75 - 84 Years	4.1	925,831
85+ Years	2.4	545,233





Percentage of records reporting: Age = 99.23%

アメリカにおける新型コロナウイルスの感染者の内訳

アメリカ疾病予防管理センターHP　２０２１年３月２３日

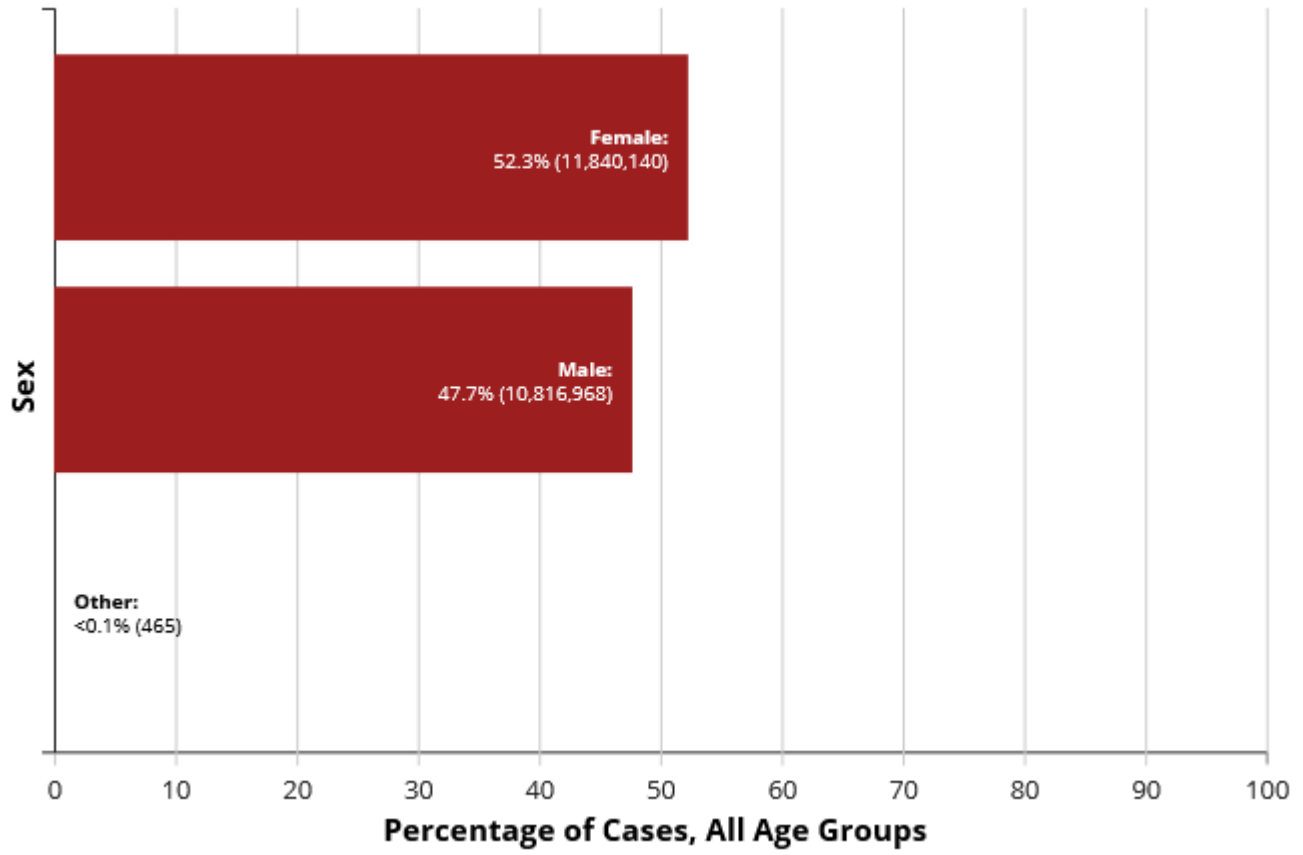
Cases by Sex:

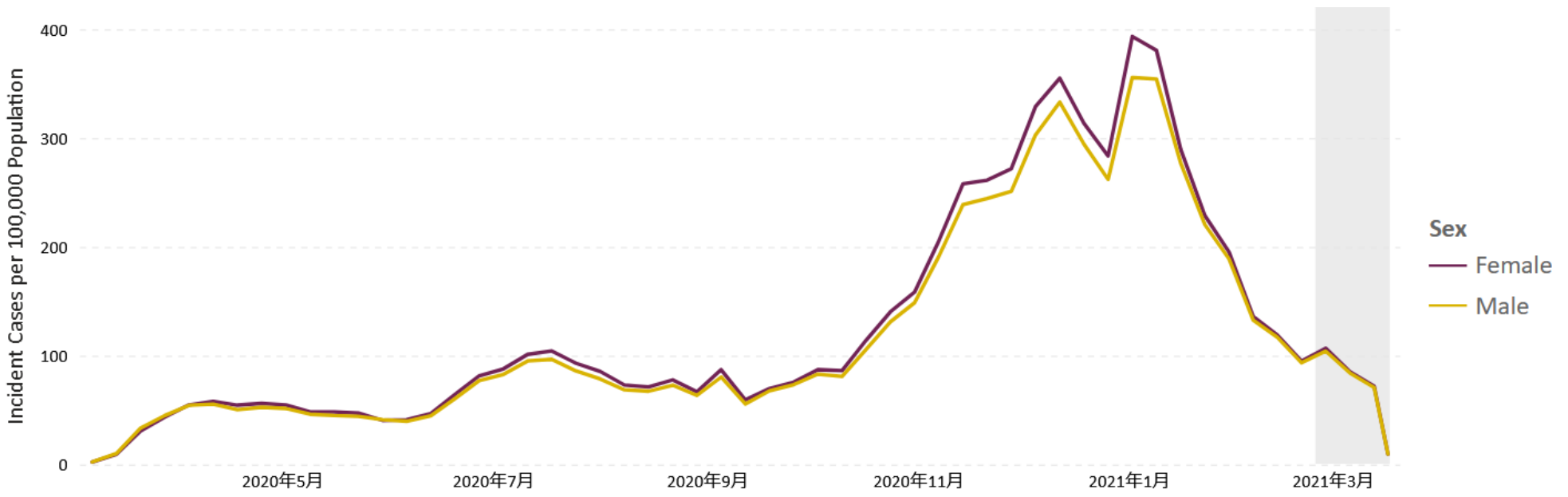
Download

Data from 22,927,763 cases. Sex was available for 22,657,573 (98%) cases.

All Age Groups

Sex	Percentage	Count
Female	52.3	11,840,140
Male	47.7	10,816,968
Other	<0.1	465





Percentage of records reporting: Sex = 99.76%

コロナウイルスの診断について

アメリカ疾病予防管理センターHP　２０２０年８月５日

Coronavirus Disease 2019 (COVID-19)
2020 Interim Case Definition, Approved August 5, 2020

Clinical Criteria

In the absence of a more likely diagnosis:

- At least two of the following symptoms:
  - fever (measured or subjective),
  - chills,
  - rigors,
  - myalgia,
  - headache,
  - sore throat,
  - nausea or vomiting,
  - diarrhea,
  - fatigue,
  - congestion or runny nose

OR

- Any one of the following symptoms:
  - cough,
  - shortness of breath,
  - difficulty breathing,
  - new olfactory disorder,
  - new taste disorder

OR

- Severe respiratory illness with at least one of the following:
  - Clinical or radiographic evidence of pneumonia,
  - Acute respiratory distress syndrome (ARDS).

Laboratory Criteria

Laboratory evidence using a method approved or authorized by the FDA[4] or designated authority:

Confirmatory laboratory evidence:*

- Detection of severe acute respiratory syndrome coronavirus 2 ribonucleic acid (SARS-CoV-2 RNA) in a clinical or autopsy specimen using a molecular amplification test

Presumptive laboratory evidence:*

- Detection of SARS-CoV-2 by antigen test in a respiratory specimen

Supportive laboratory evidence:*

- Detection of specific antibody in serum, plasma, or whole blood
- Detection of specific antigen by immunocytochemistry in an autopsy specimen

**The terms confirmatory, presumptive, and supportive are categorical labels used here to standardize case classifications for public health surveillance. The terms should not be used to interpret the utility or validity of any laboratory test methodology.*

コロナウイルスの診断について

アメリカ疾病予防管理センターHP　２０２０年８月５日

Epidemiologic Linkage

One or more of the following exposures in the prior 14 days:

- Close contact** with a confirmed or probable case of COVID-19 disease;
- Member of a risk cohort as defined by public health authorities during an outbreak.

***Close contact is generally defined as being within 6 feet for at least 15 minutes. However, it depends on the exposure level and setting; for example, in the setting of an aerosol-generating procedure in healthcare settings without proper personal protective equipment (PPE), this may be defined as any duration. Data are insufficient to precisely define the duration of exposure that constitutes prolonged exposure and thus a close contact.*

Criteria to Distinguish a New Case from an Existing Case

A repeat positive test for SARS-CoV-2 RNA using a molecular amplification detection test within 3 months of the initial report should not be enumerated as a new case for surveillance purposes. To date, there has been minimal evidence of re-infection among persons with a prior confirmed COVID-19 infection and growing evidence that repeat positive RNA tests do not correlate with active infection when viral culture is performed. Similarly the experience with other coronaviruses is that reinfection is rare within the first year.[5,6] NOTE: The time period of 3 months will be extended further when more data becomes available to show risk of reinfection remains low within one year of the initial report.

Case Classification

Suspect

- Meets supportive laboratory evidence*** with no prior history of being a confirmed or probable case.

**** For suspect cases (positive serology only), jurisdictions may opt to place them in a registry for other epidemiological analyses or investigate to determine probable or confirmed status.*

Probable

- Meets clinical criteria **AND** epidemiologic linkage with no confirmatory laboratory testing performed for SARS-CoV-2.
- Meets presumptive laboratory evidence.
- Meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.

Confirmed

- Meets confirmatory laboratory evidence.

Other Criteria

Vital Records Criteria

A death certificate that lists COVID-19 disease or SARS-CoV-2 as an underlying cause of death or a significant condition contributing to death.

Antigen Testing for SARS-CoV-2

Analytical Performance of Antigen Tests for SARS-CoV-2

The "gold standard" for clinical diagnostic detection of SARS-CoV-2 remains NAATs, such as RT-PCR. Thus, it may be necessary to confirm an antigen test result with a nucleic acid amplification test, especially if the result of the antigen test is inconsistent with the clinical context.

Evaluating the Results of Antigen Testing for SARS-CoV-2

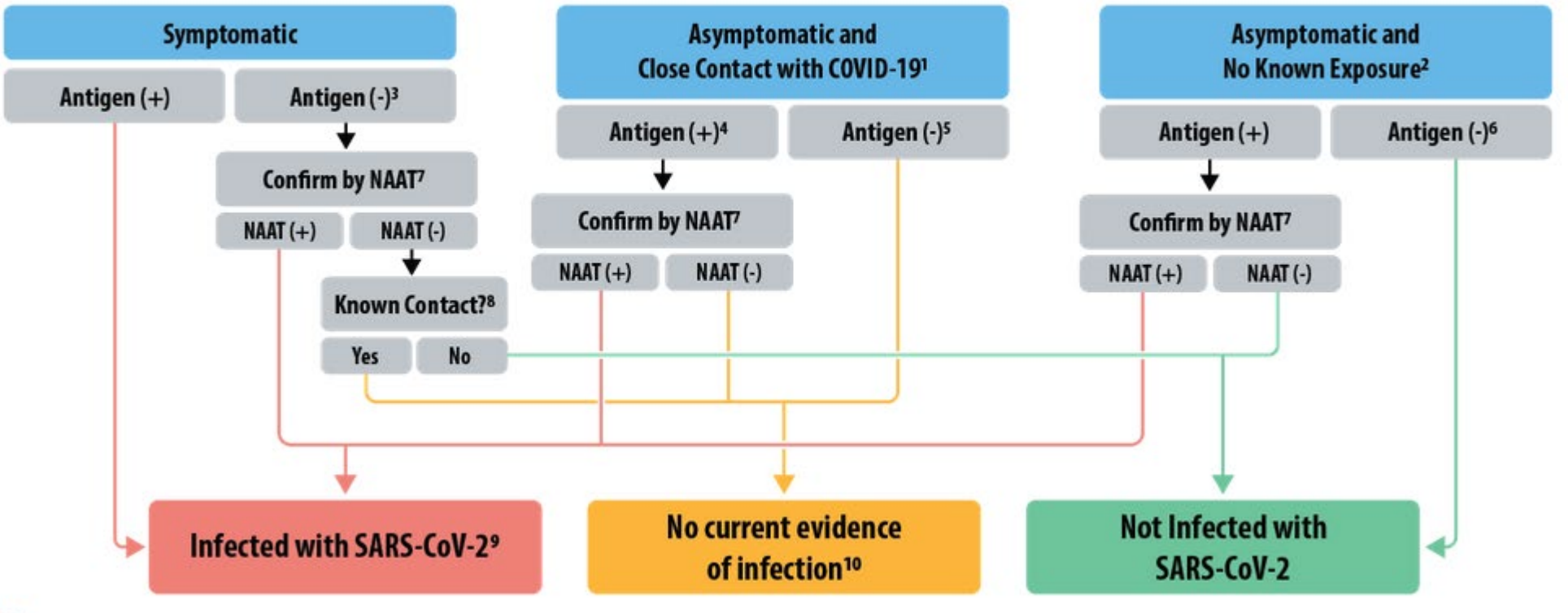
Evaluating the results of an antigen test for SARS-CoV-2 should take into account the performance characteristics (e.g., sensitivity, specificity) and the instructions for use of the FDA-authorized assay, the prevalence of SARS-CoV-2 infection in that particular community (positivity rate over the previous 7–10 days or the rate of cases in the community), and the clinical and epidemiological context of the person who has been tested.

The evaluation of an antigen test result should consider whether, and if so the length of time, the patient has experienced symptoms. Generally, clinicians can rely upon a positive antigen test result for a symptomatic patient because the specificity of current FDA-authorized antigen tests is high.

The sensitivity of current FDA-authorized antigen tests varies, and thus negative diagnostic testing results should be handled differently depending on the test, its stated performance characteristics, and intended application (e.g., clinical diagnosis, screening). In most cases, the manufacturers' instructions for use of antigen tests indicate that negative test results should be considered "presumptive," meaning that they are preliminary results. See FDA's In Vitro Diagnostics EUAs .

It may be appropriate to confirm antigen test results with another test. CDC recommends following its antigen testing algorithm (Figure 1 below, also available as PDF [PDF – 457 KB]) to determine when confirmatory testing is recommended.

Figure 1. Antigen Test Algorithm



ニューヨーク市における新型コロナウイルスの感染者数とその内訳

ニューヨーク市HP　２０２１年3月２３日

Measure	*Number of NYC Residents*
Confirmed Cases People with a positive molecular test	**663,576**
Probable Cases People with a positive antigen test, or symptoms and confirmed exposure, or probable death	**130,451**
Total Cases	**794,027**

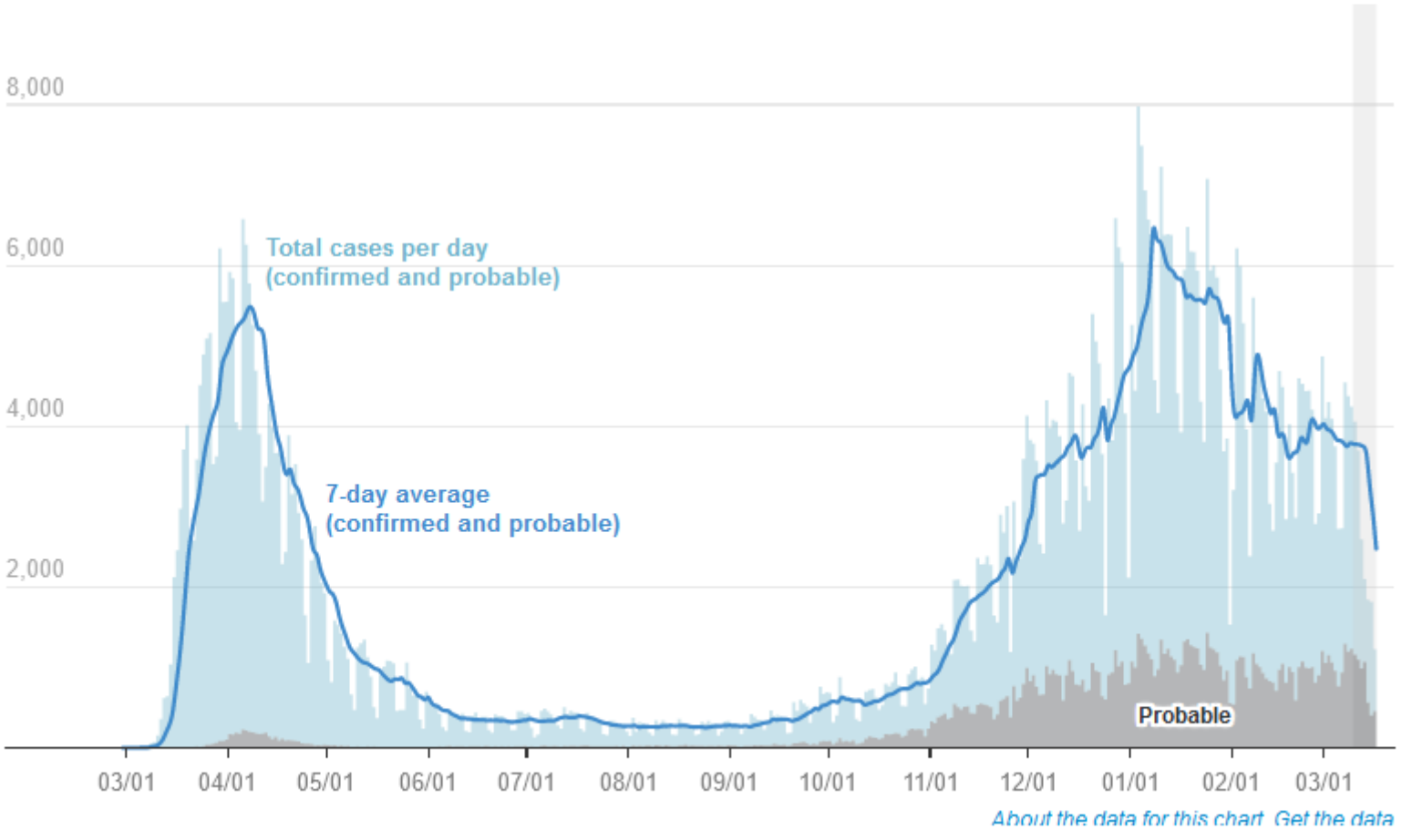
Cases, Hospitalizations and Deaths

These charts shows the daily number of confirmed and probable COVID-19 cases by diagnosis date, hospitalizations by admission date and deaths by date of death. Due to delays in reporting, which can take as long as a week, recent data are incomplete.

Cases　Hospitalizations　Deaths　　By Borough

Citywide: cases

Data from the most recent days are incomplete.



About the data for this chart　*Get the data*

ニューヨーク市における新型コロナウイルスの感染者数とその内訳

ニューヨーク市HP　２０２１年３月２３日

Cases Hospitalizations Deaths

Cases per 100,000 people

Category	Group	Brooklyn	Bronx	Manhattan	Queens	Staten Island
Boroughwide	**Boroughwide**	**7,561**	**9,267**	**5,691**	**8,594**	**10,954**
Age	0-4	2,405	2,844	2,258	2,678	4,043
Age	5-12	3,828	4,053	3,335	4,101	5,746
Age	13-17	5,297	4,973	4,367	5,422	8,173
Age	18-24	8,309	8,194	6,357	9,312	13,912
Age	25-34	7,648	10,070	5,636	9,462	13,733
Age	35-44	8,381	11,404	5,854	10,355	13,557
Age	45-54	9,144	12,219	6,300	10,739	12,973
Age	55-64	9,504	12,528	6,705	10,132	11,668
Age	65-74	9,148	11,441	5,709	8,518	9,064
Age	75+	9,699	10,922	6,754	8,469	10,009
Race/ethnicity	Asian/Pacific-Islander	4,323	6,052	2,819	4,781	4,714
Race/ethnicity	Black/African-American	4,919	6,073	5,092	5,492	7,515
Race/ethnicity	Hispanic/Latino	6,410	8,062	5,824	7,856	9,305
Race/ethnicity	White	5,468	6,952	3,240	5,575	8,760
Sex	Female	7,480	9,369	5,474	8,403	10,698
Sex	Male	7,622	9,118	5,907	8,768	11,204

Rates by race/ethnicity are age-adjusted.

About the data for this chart. Get the data.

Due to the small number of cases among transgender and gender-nonconforming people, data on those cases are not included in this table at this time.

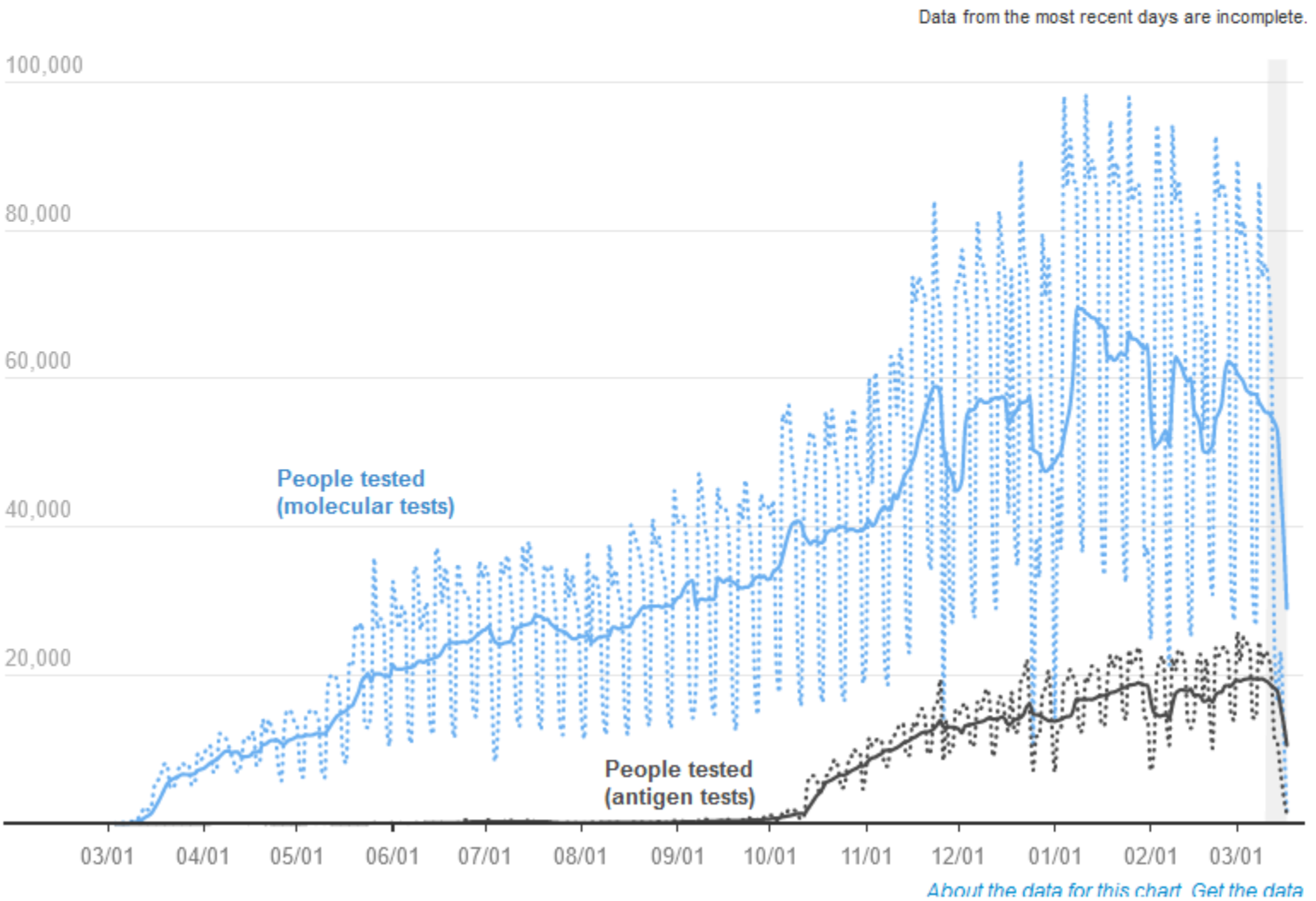
ニューヨーク市における新型コロナウイルスの検査数

ニューヨーク市HP　２０２１年3月２３日

Molecular and Antigen Testing

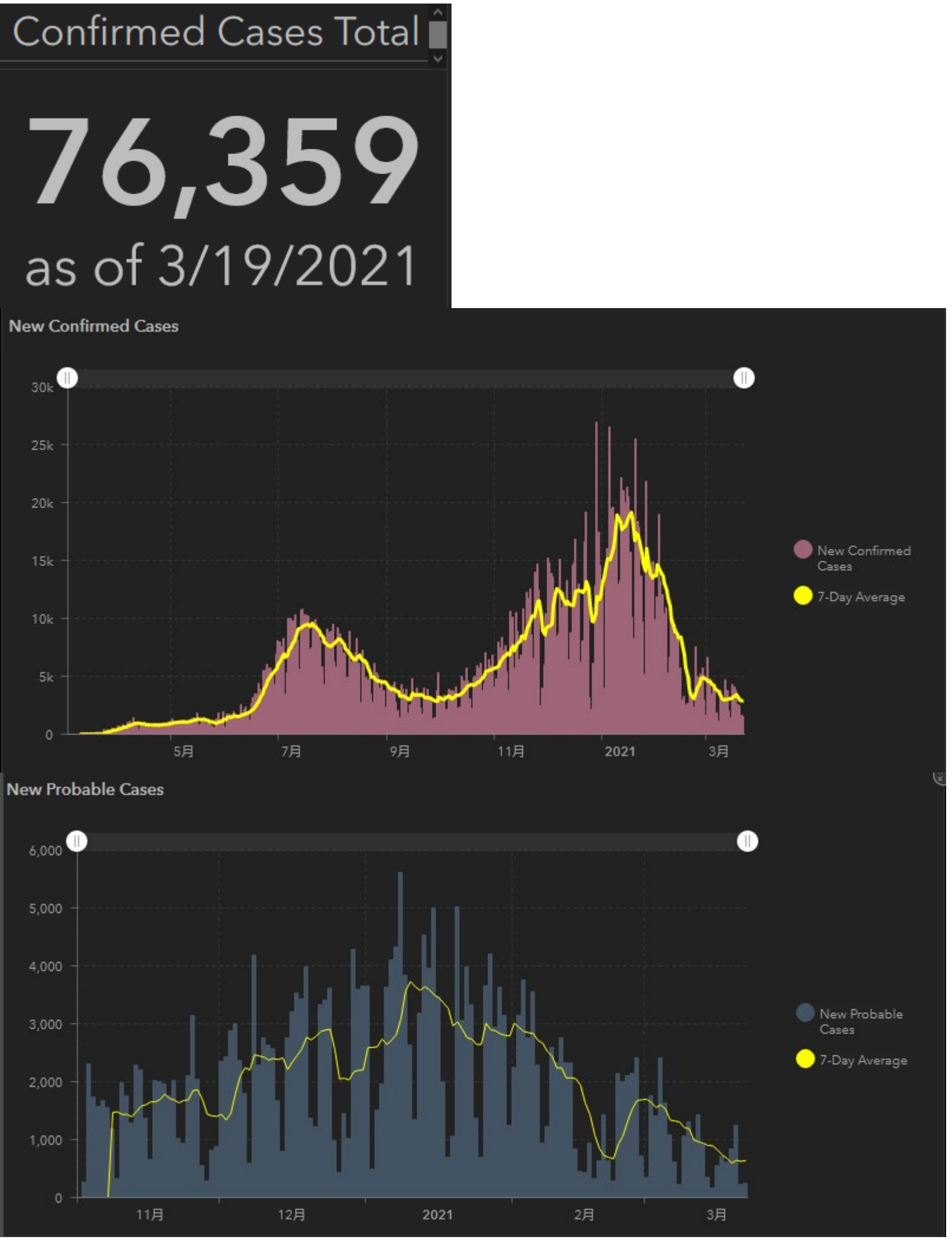
These charts show the number of people tested by molecular tests and antigen tests each day since the start of the pandemic in NYC.

From March to early May in 2020, we discouraged people with mild and moderate symptoms from being tested, so our data from that period represent mostly people with severe illness.



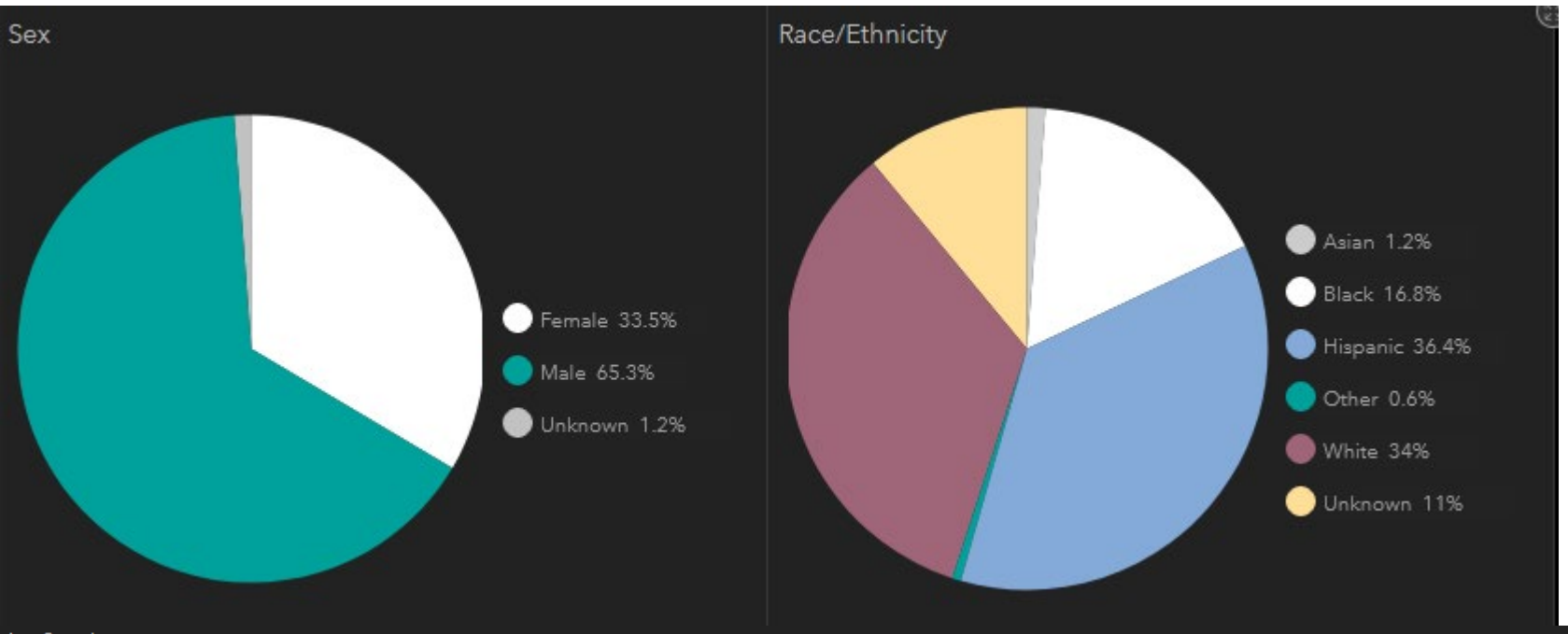
テキサス州における新型コロナウイルスの感染者数とその内訳

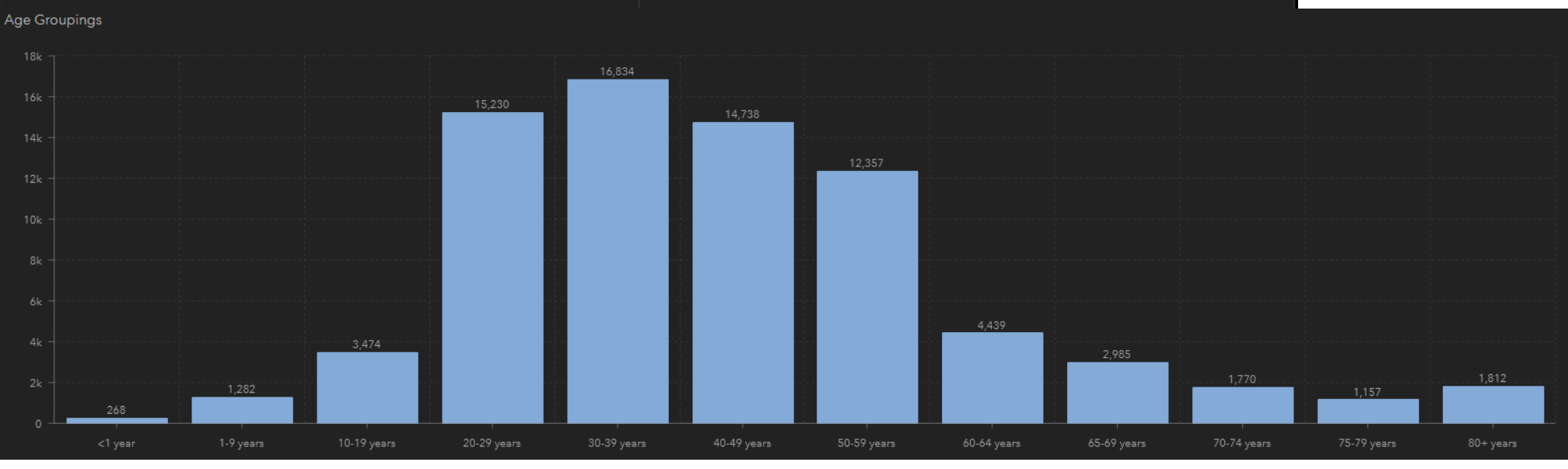
テキサス州保健福祉省HP　２０２１年３月２３日



テキサス州における新型コロナウイルスの感染者数とその内訳

テキサス州保健福祉省HP　２０２１年3月２３日

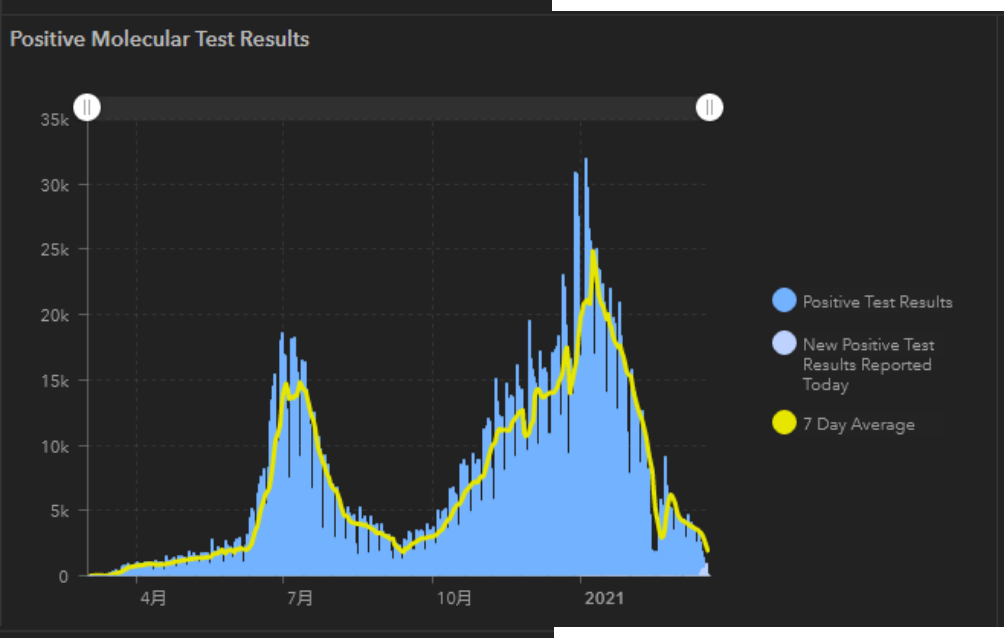


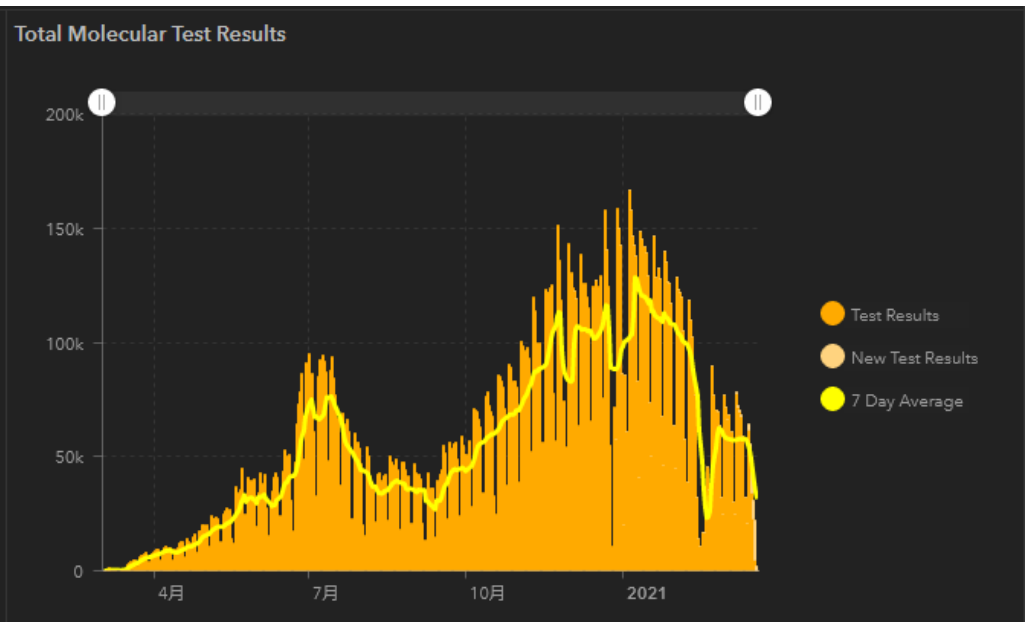


テキサス州における新型コロナウイルスの検査数

テキサス州保健福祉省HP　２０２１年３月２３日

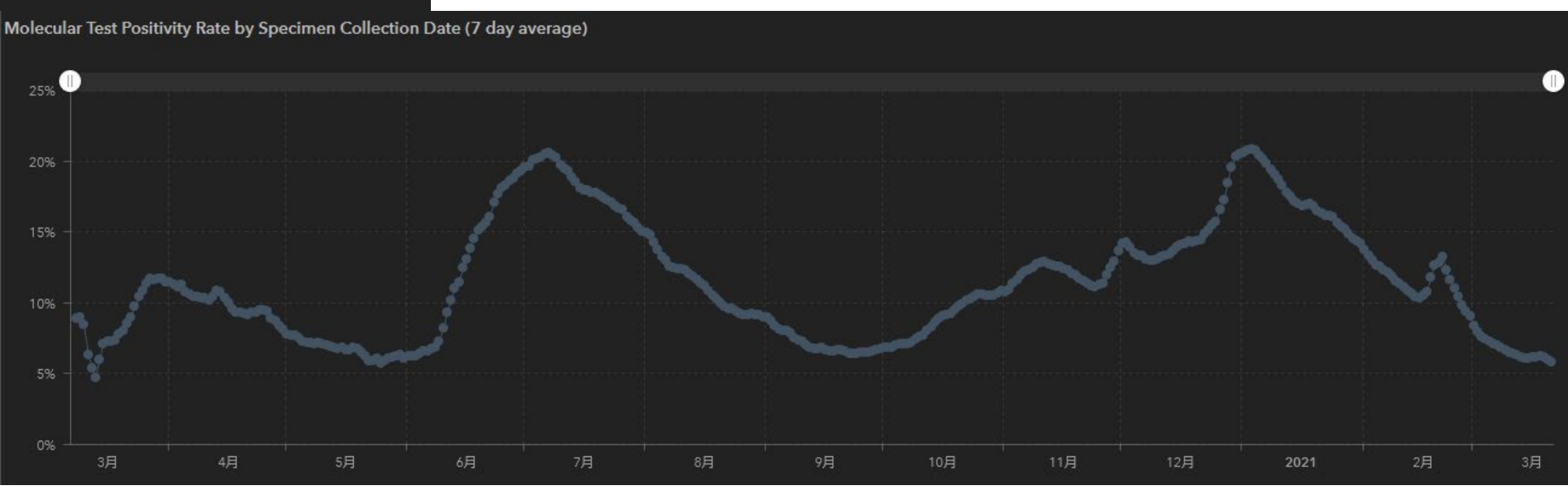
Molecular
20,793,857





Molecular Test Positivity Rate by Specimen Collection Date

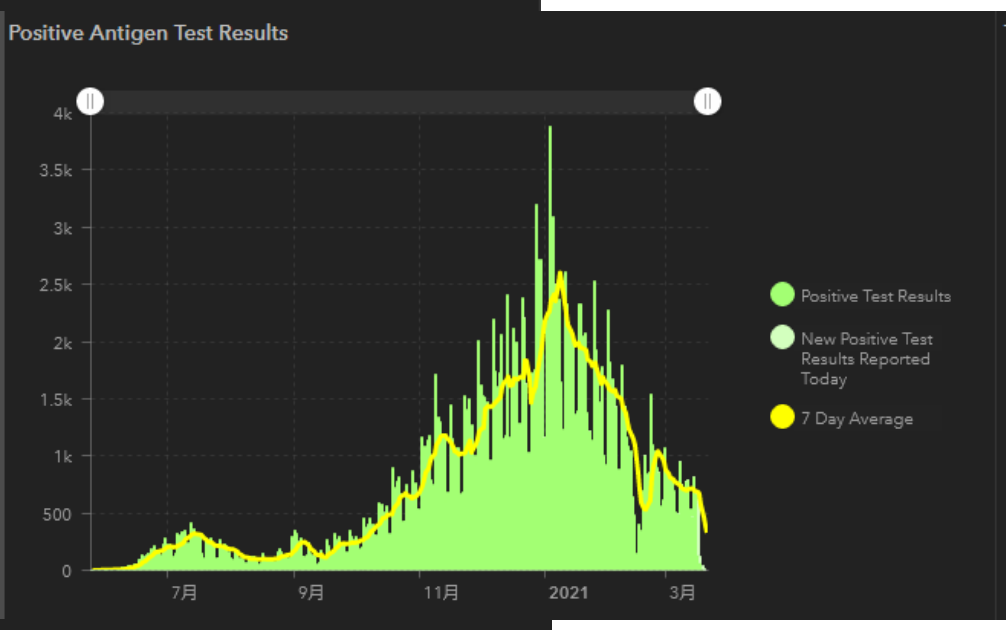
Positivity Rate
5.76%
as of 3/21/2021

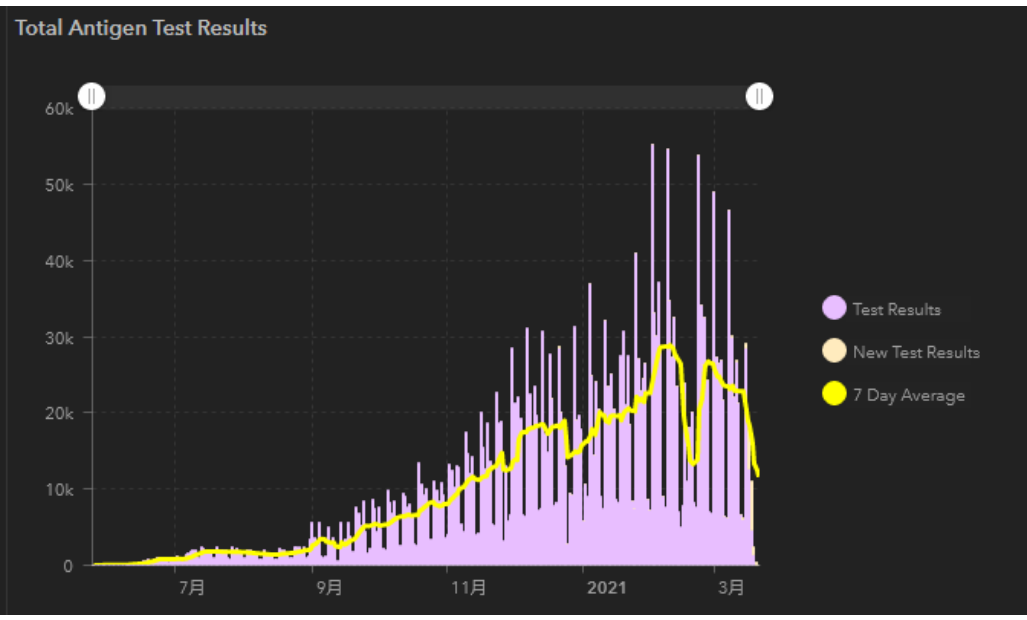


テキサス州における新型コロナウイルスの検査数

テキサス州保健福祉省HP　２０２１年３月２３日

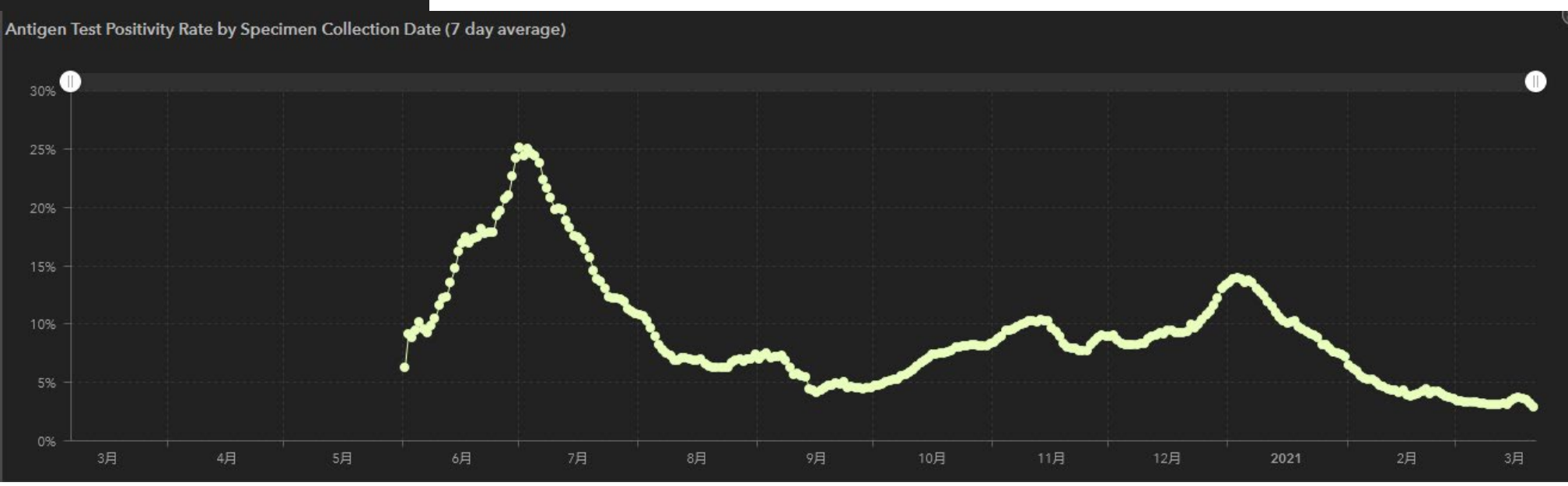
Antigen
3,027,350





Antigen Test Positivity Rate
by Specimen Collection Date

Positivity Rate
2.82%
as of 3/21/2021



ニュージャージー州における新型コロナウイルスの感染者数とその内訳

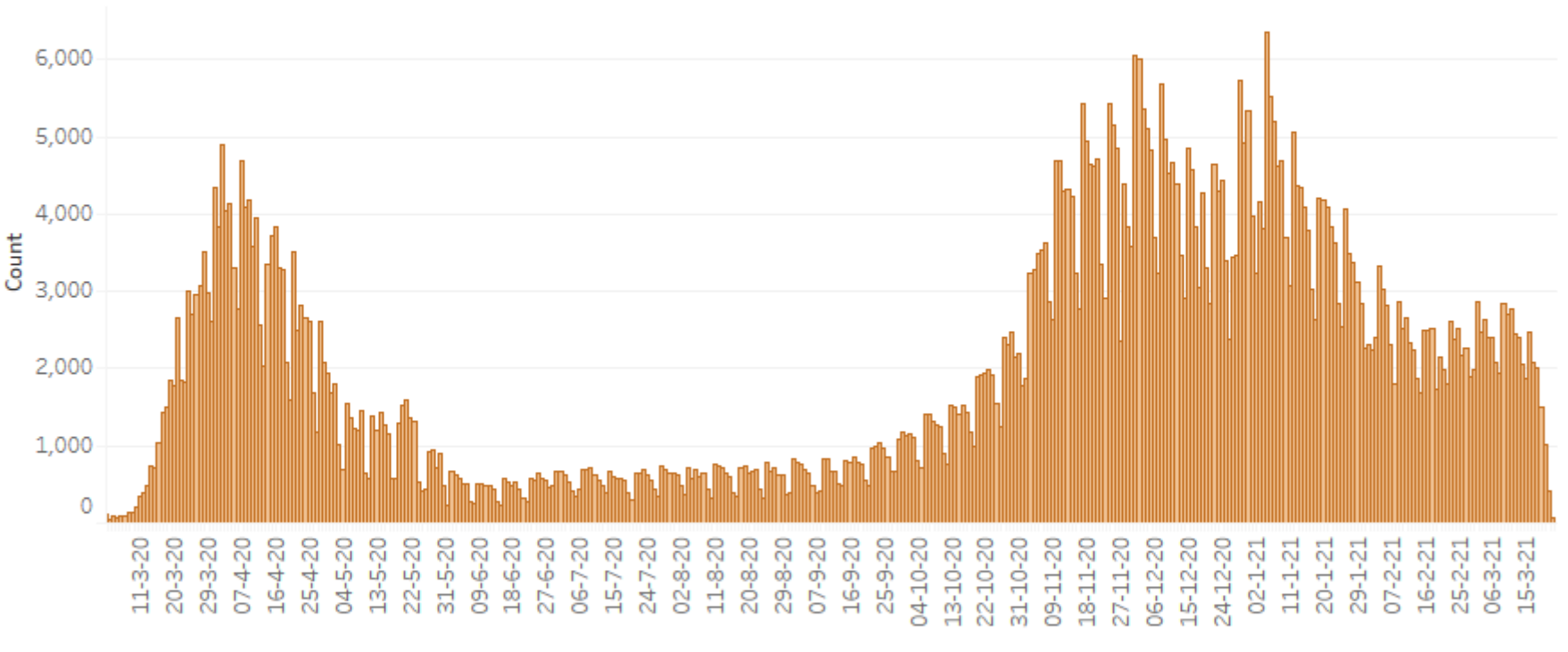
ニュージャージー州保健省HP　２０２１年３月２３日

Lab Confirmed Cases (PCR): All Positives

767,583

Rate per 100,000: 8,731

Note: Rates can only be filtered by date range and county. Rates filtered for a single date should be interpreted with caution.



Illness Onset Date*

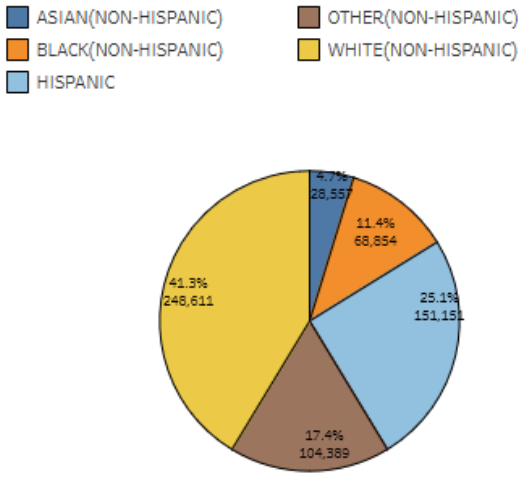
*If illness onset date is unknown the date of specimen collection or the date of NJDOH notification is used, whichever is earlier.

**The number of PCR positive cases represents individuals with PCR positive test results. This number may include individuals who also have antigen positive test results. Less than 3 percent of PCR positive cases are also antigen positive.

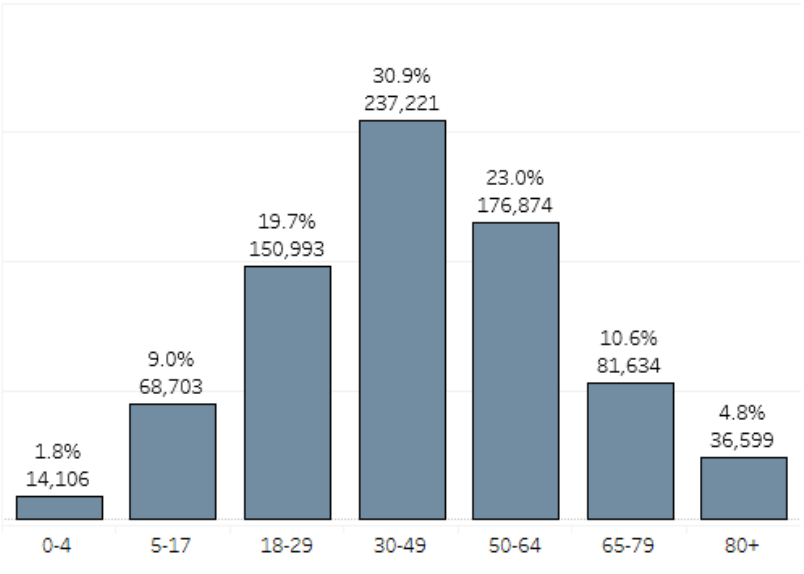
Filter Race/Ethnicity by County:

(すべて)

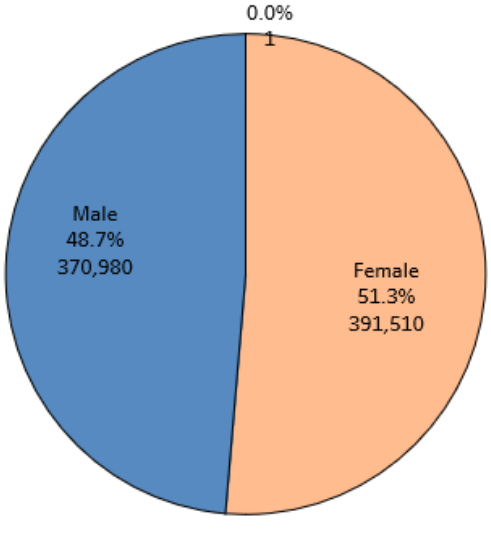
All Cases by Race/Ethnicity



All Cases by Age Group



All Cases by Gender



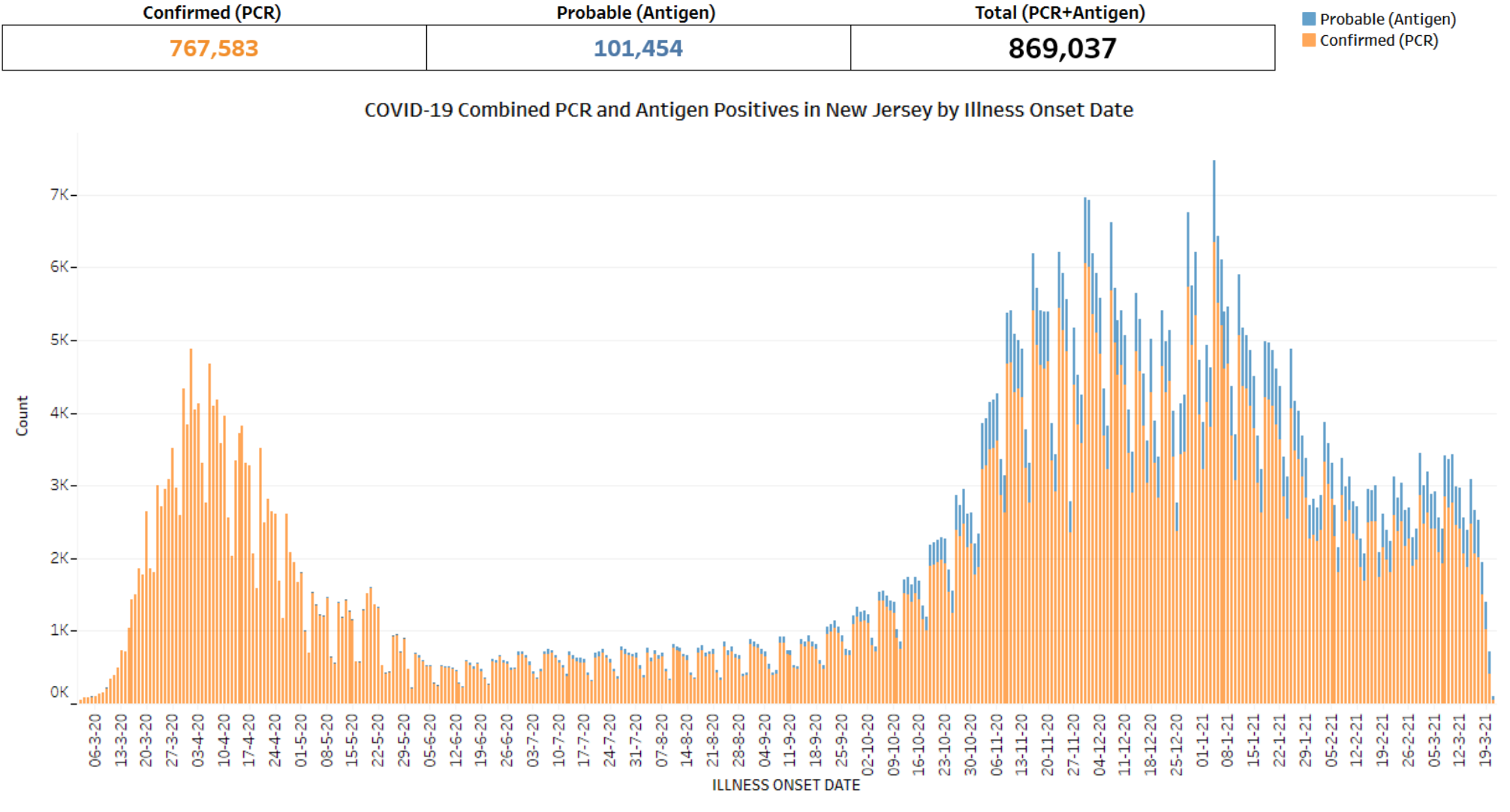
Note: Graphs include cases with known demographic data.

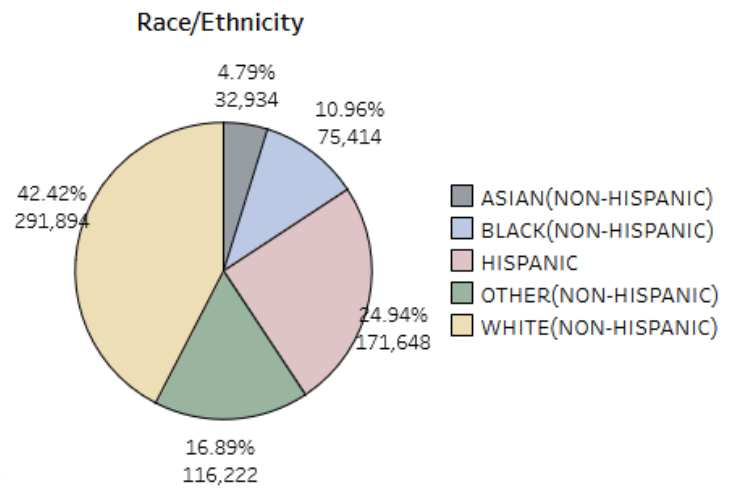
For age-adjusted laboratory confirmed case and mortality rates by race/ethnicity, visit: https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-Age_Adjusted_Race_Ethnicity.pdf

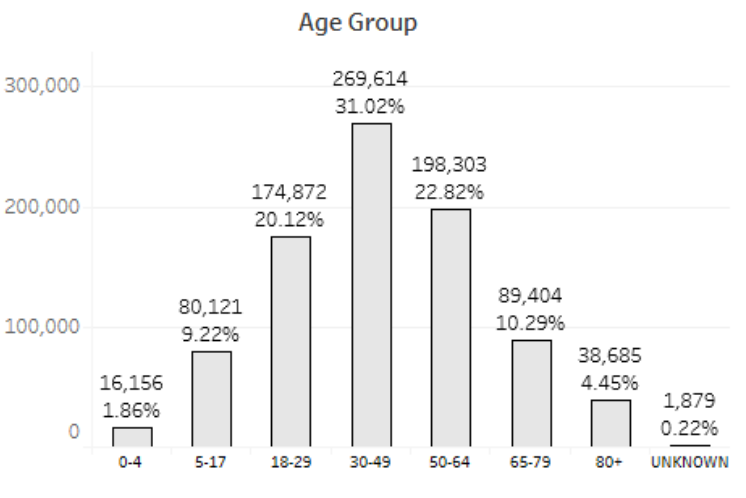
ニュージャージー州における新型コロナウイルスの感染者数とその内訳

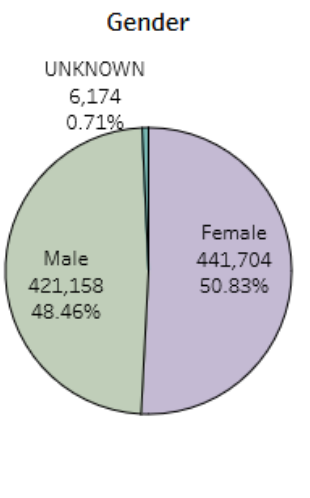
ニュージャージー州保健省HP　２０２１年３月２３日

Confirmed (PCR)	Probable (Antigen)	Total (PCR+Antigen)
767,583	101,454	869,037



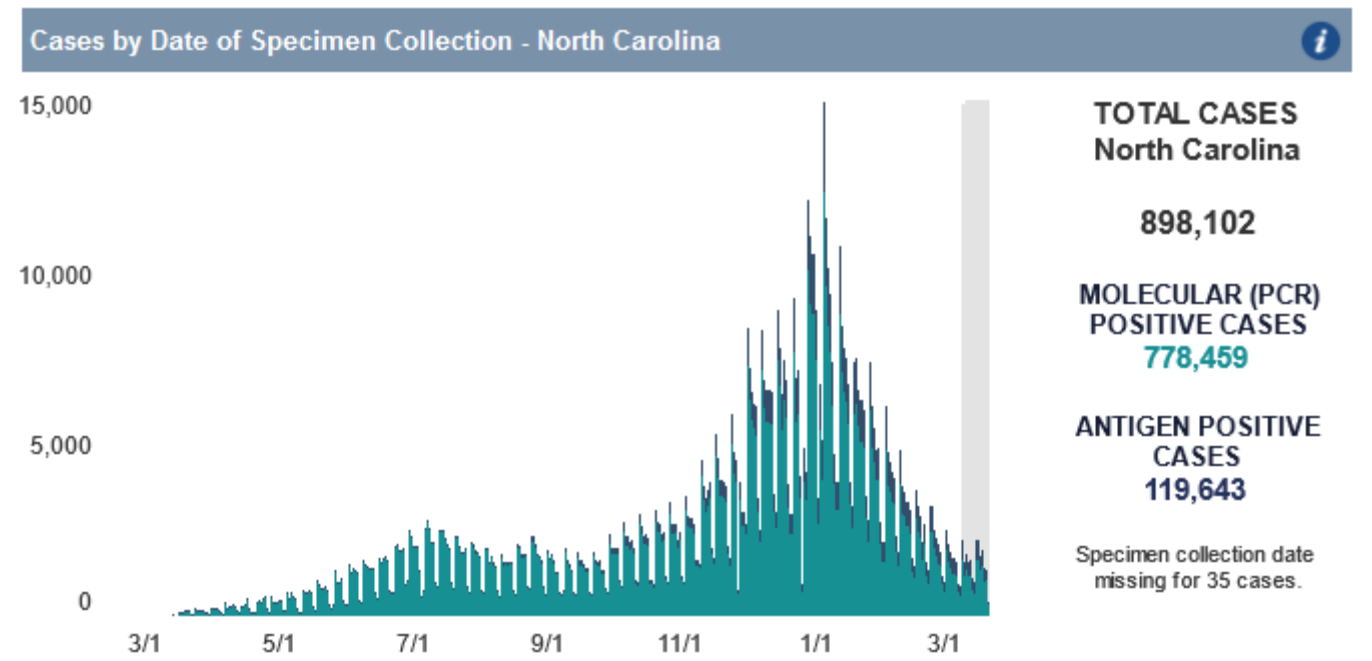


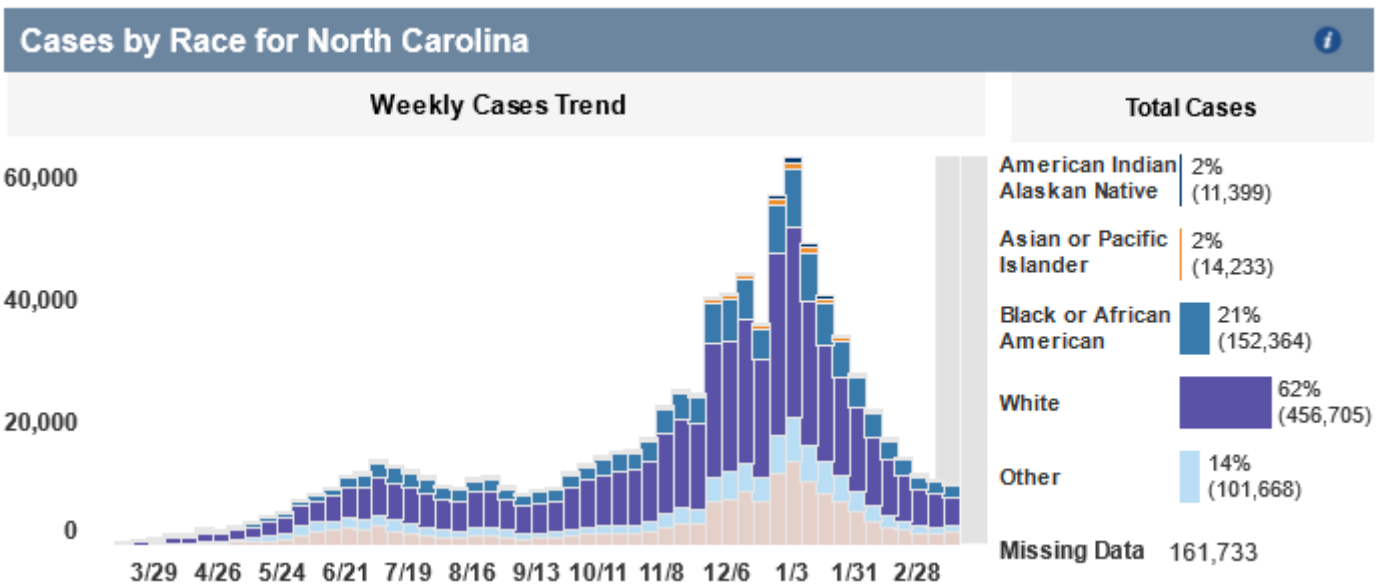


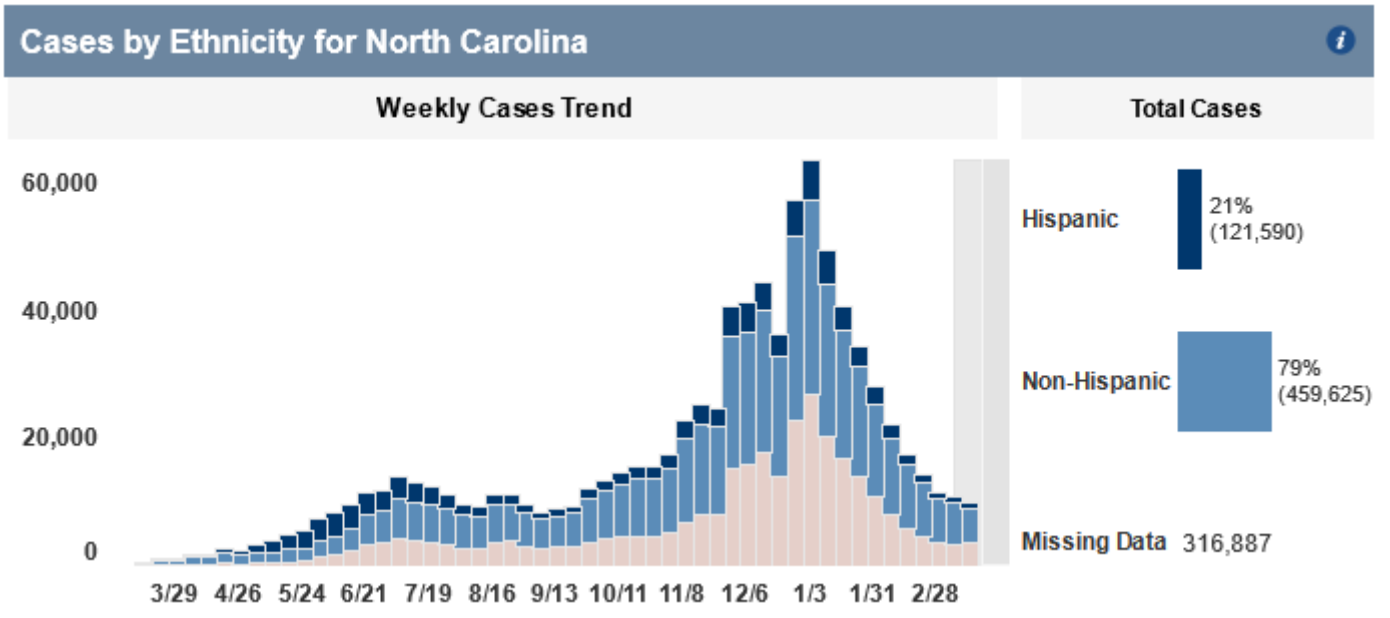


ノースカロライナ州における新型コロナウイルスの感染者数とその内訳

ノースカロライナ州保健福祉省HP　２０２１年３月２３日

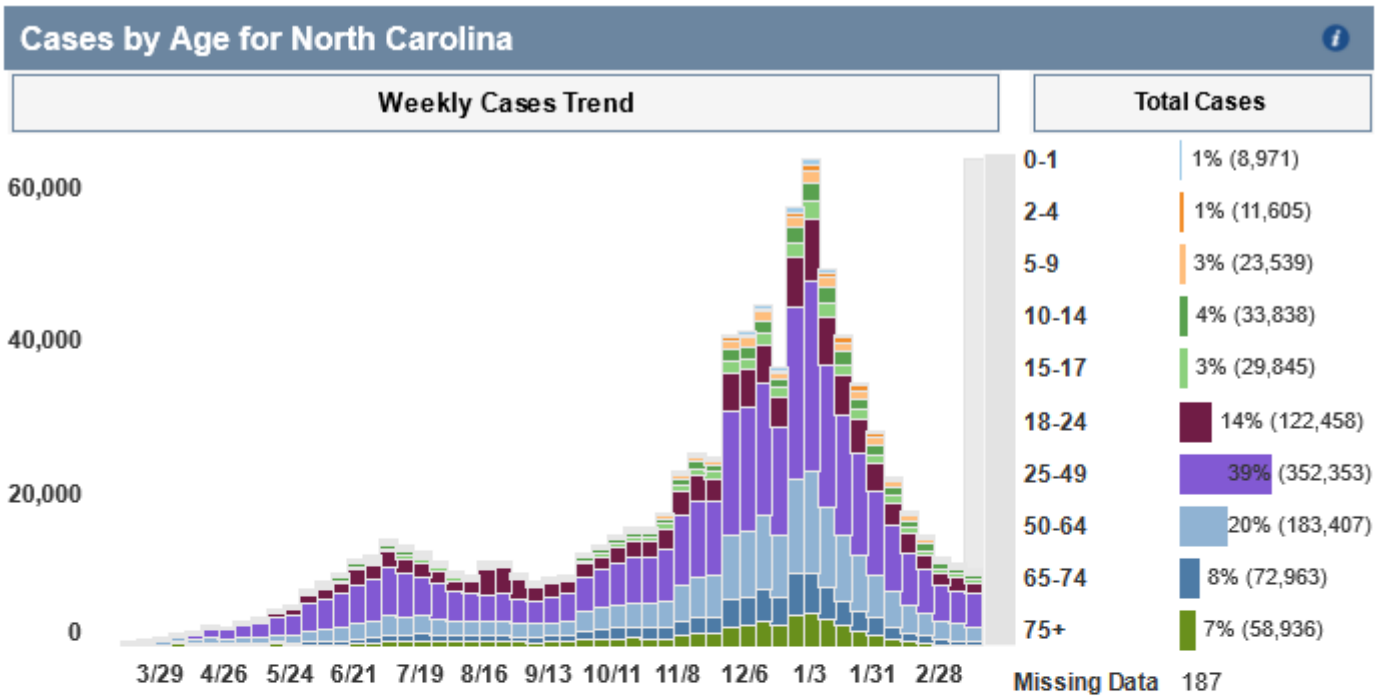


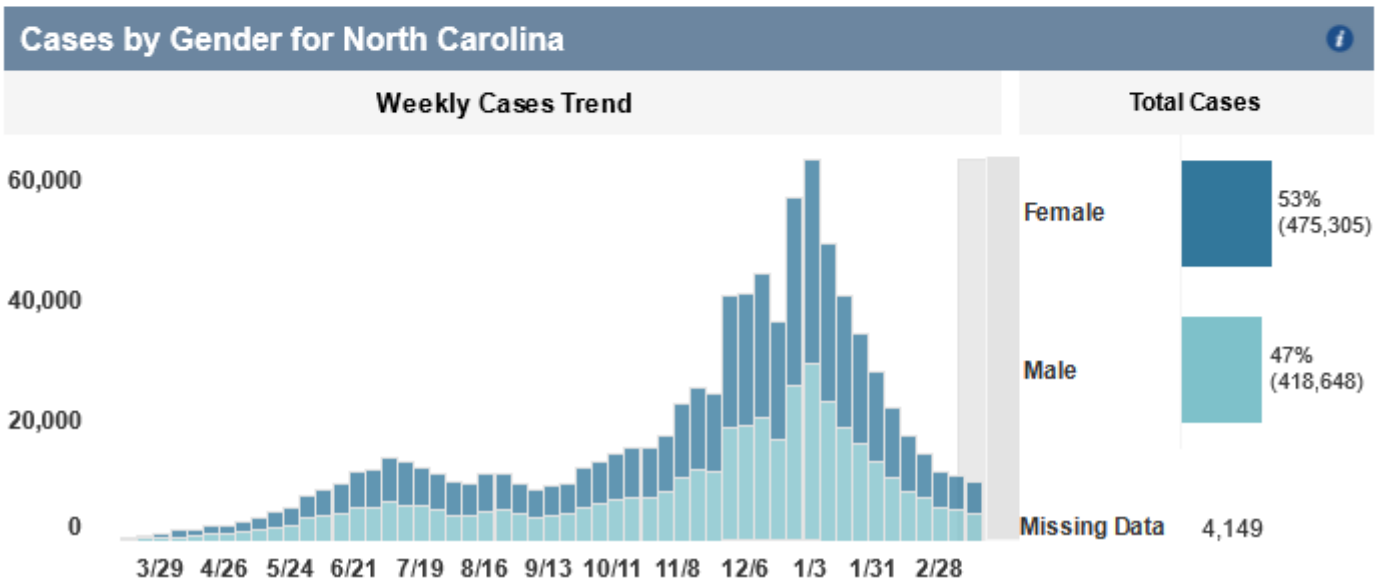




ノースカロライナ州における新型コロナウイルスの感染者数とその内訳

ノースカロライナ州保健福祉省HP　２０２１年３月２３日





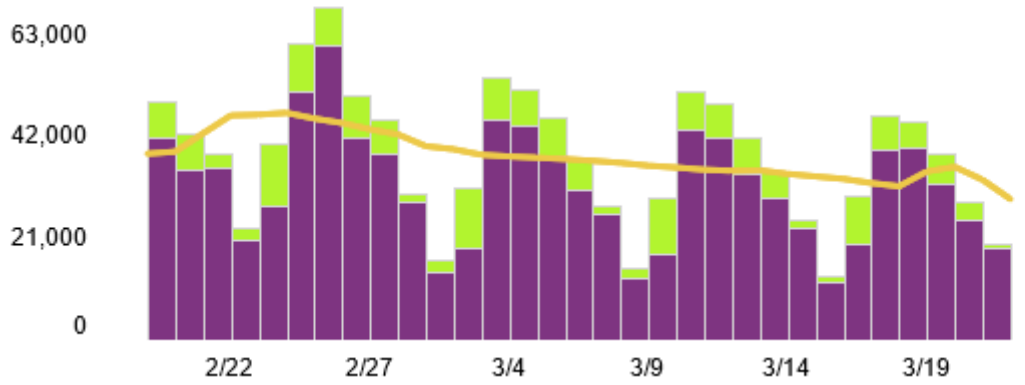
ノースカロライナ州における新型コロナウイルスの検査数

ノースカロライナ州保健福祉省HP　２０２１年３月２３日

Total Tests Reported

Is North Carolina increasing its testing capacity?

Testing is an important tool to help diagnose and isolate people who are infected. Testing is also important to help characterize the prevalence, spread and contagiousness of the disease.



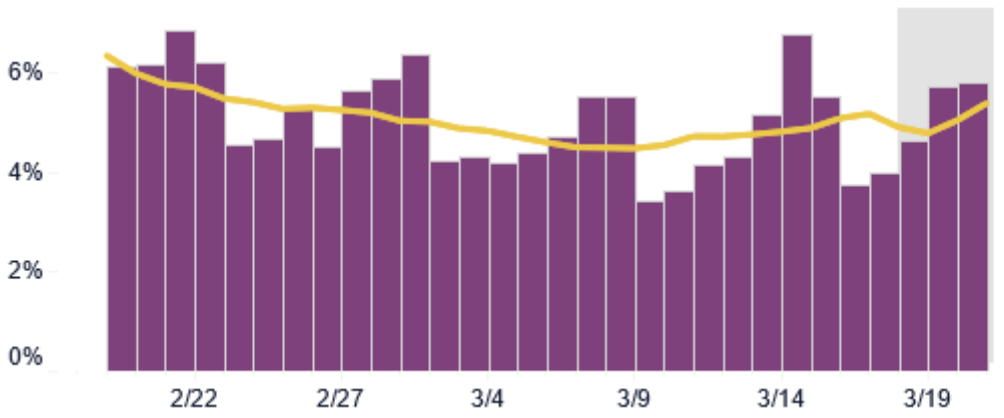
TOTAL TESTS

11,042,201

Positive Tests as a Percent of Total Tests

Is North Carolina seeing a 14-day downward trajectory or sustained leveling of positive tests as a percentage of total tests?

As we ramp up testing, there will be more positive tests. Looking at what percent of total tests are positive helps us understand whether *positive* Molecular (PCR) tests are increasing in comparison to the total number of PCR tests conducted.



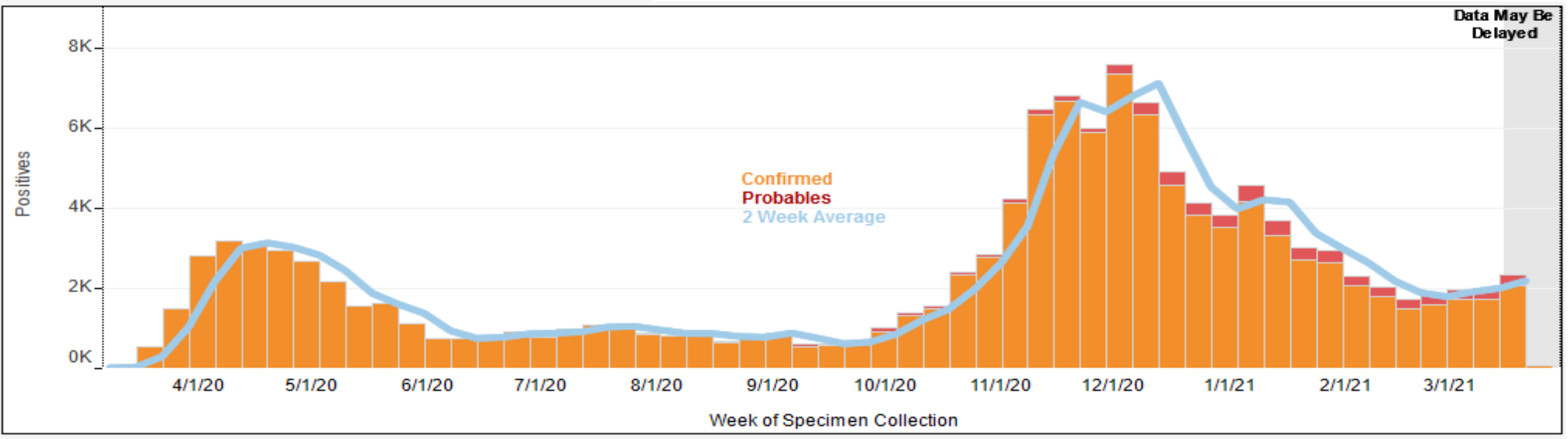
POSITIVE TESTS

5.8%

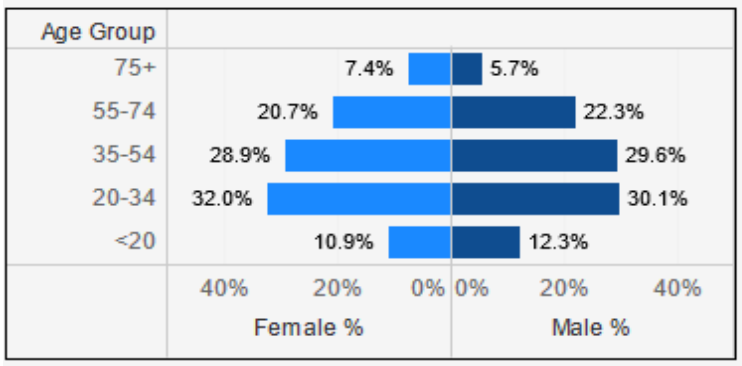
フィラデルフィア市における新型コロナウイルスの感染者数とその内訳

フィラデルフィア市HP　２０２１年３月２３日

125,445 Total Positives (119,957 Molecular, 5,497 Antigen)

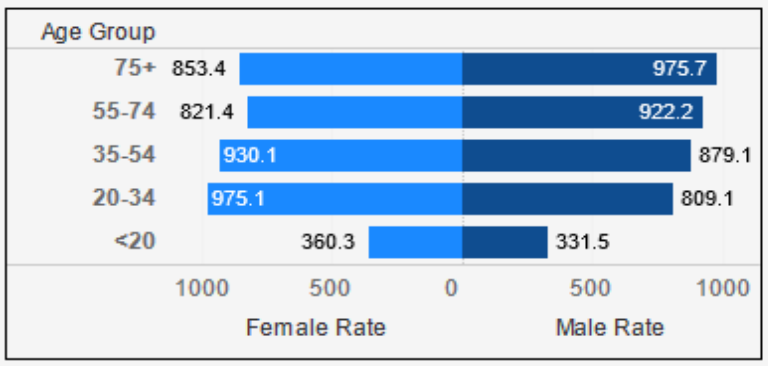


Cases by Sex and Age



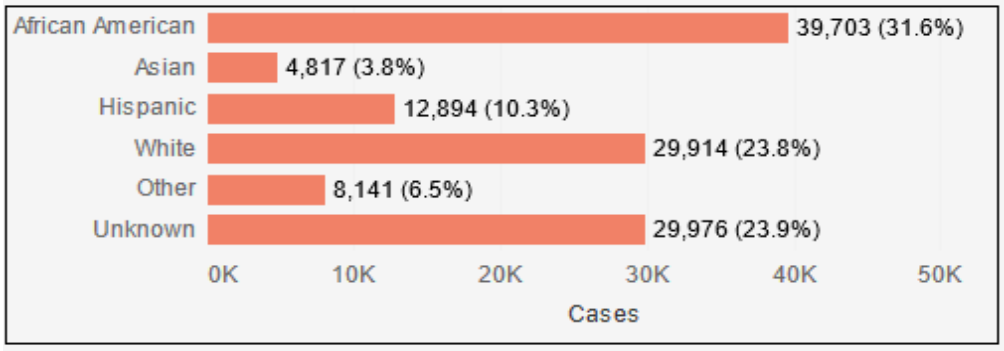
Age Group	Count
75+	8,274
55-74	26,854
35-54	36,601
20-34	39,136
<20	14,524

Rates by Age and Sex Per 10,000 Residents

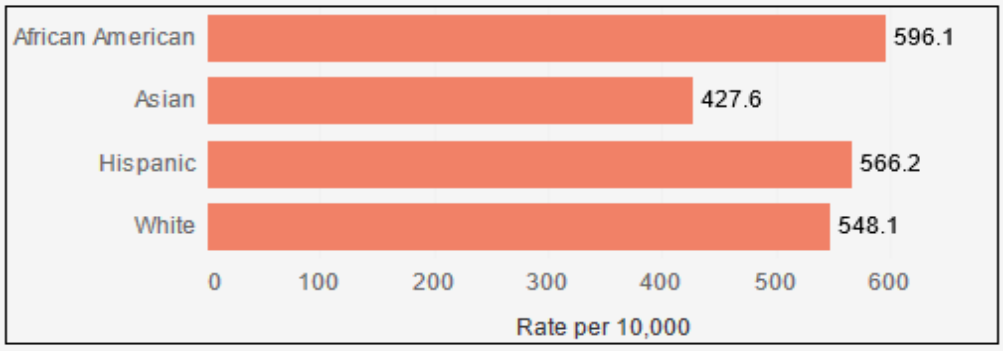


Age Group	Rate
75+	901.1
55-74	870.3
35-54	911.0
20-34	901.8
<20	348.9

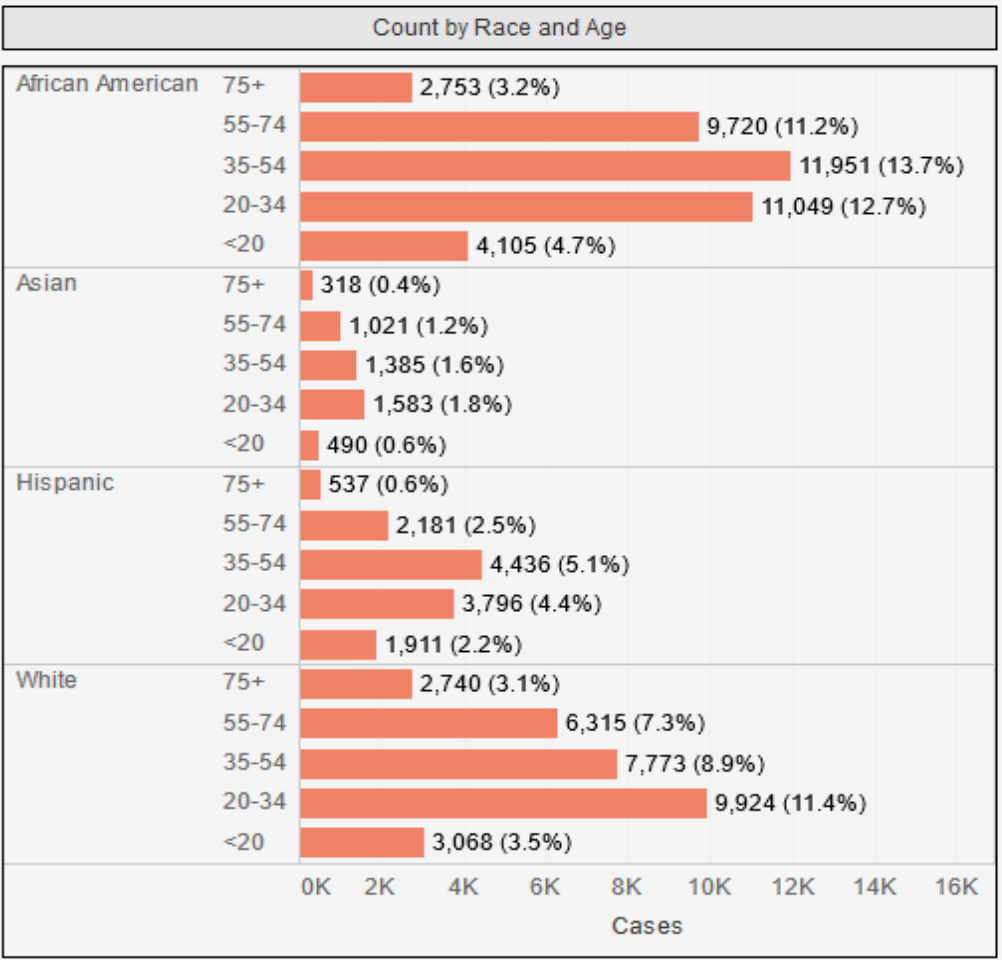
Count by Race



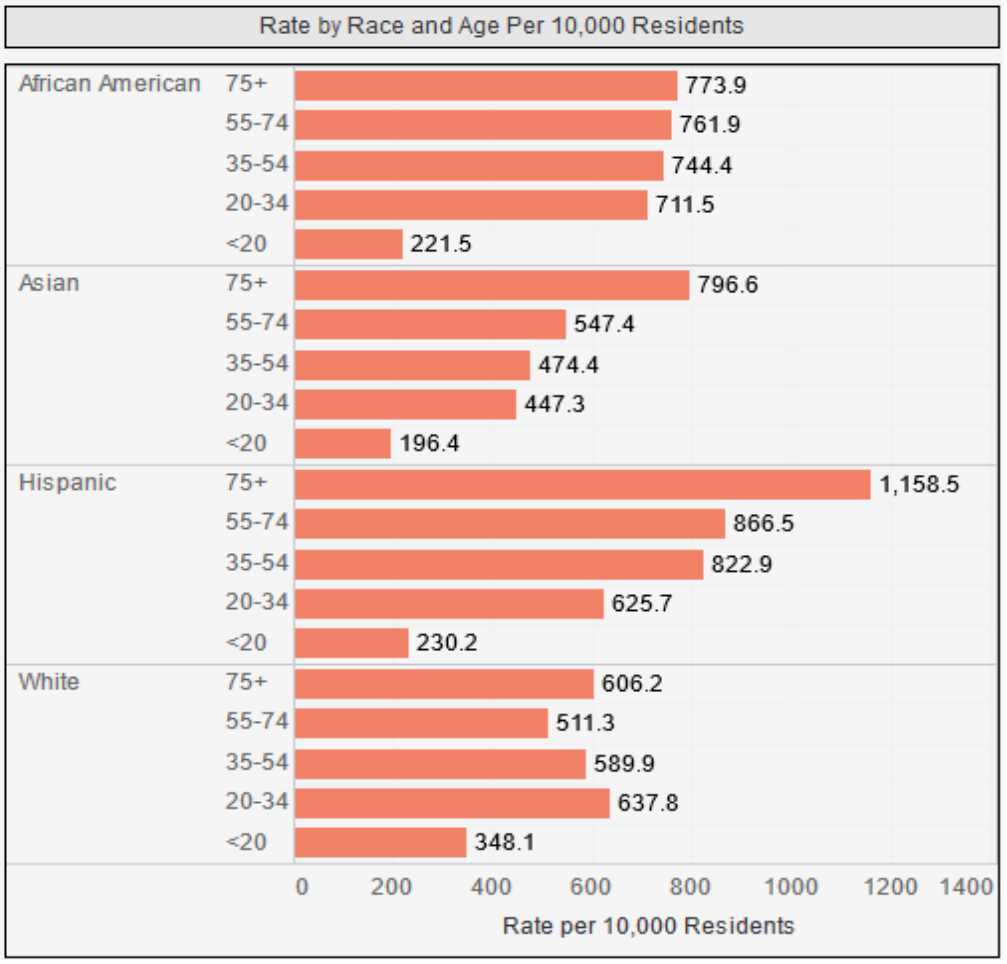
Rate by Race per 10,000 Residents



Count by Race and Age



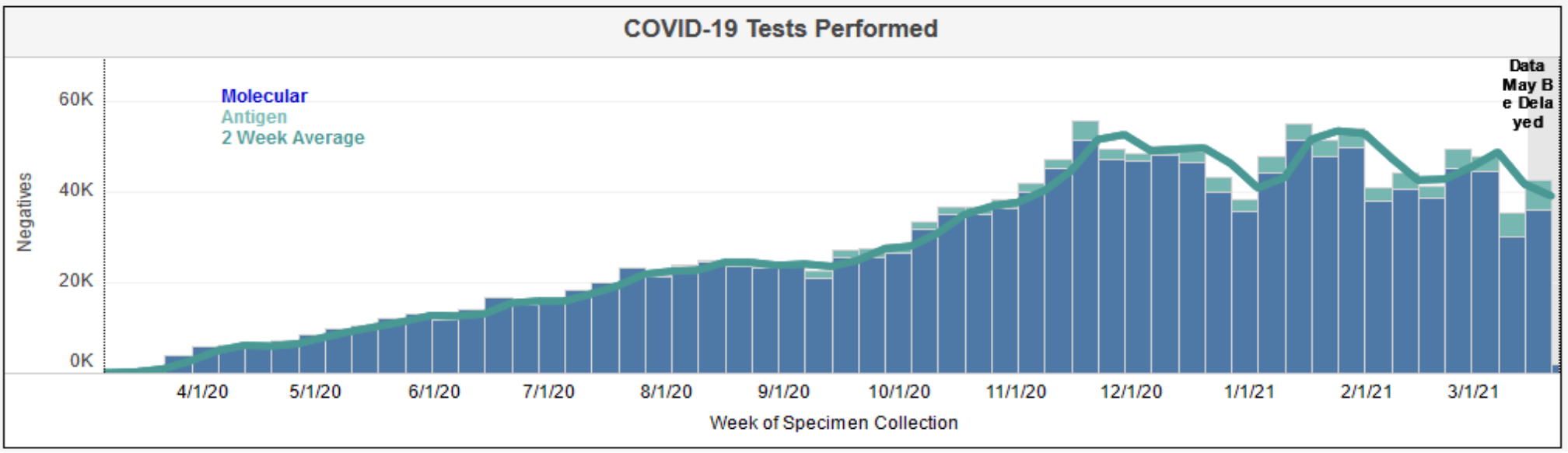
Rate by Race and Age Per 10,000 Residents



フィラデルフィア市における新型コロナウイルスの感染者数とその内訳

フィラデルフィア市HP　２０２１年３月２３日

1,687,212 Total Tests (1,600,958 Molecular, 86,257 Antigen)



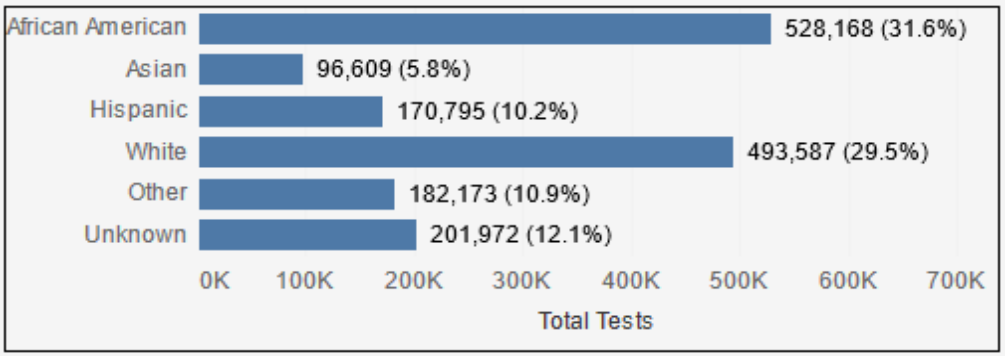
Testing Counts by Age

Age Group	% Female	% Male	Total
75+	7.2%	5.9%	110,994
55-74	20.1%	22.2%	351,807
35-54	26.2%	26.1%	438,687
20-34	37.5%	35.0%	607,971
<20	9.0%	10.8%	163,003

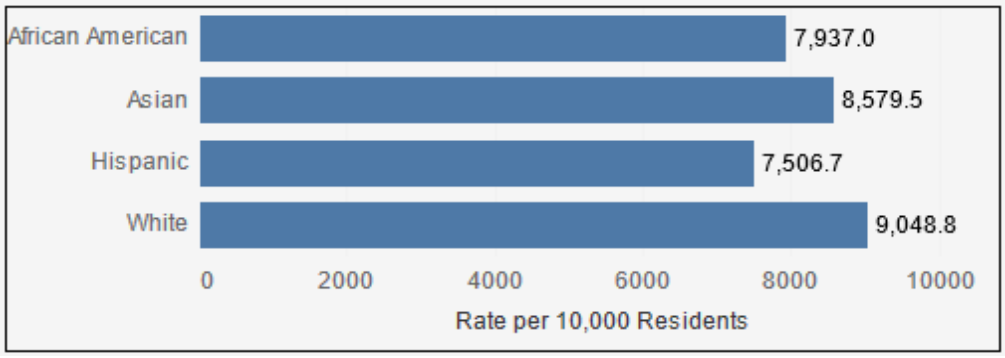
Testing Rates by Age per 10,000

Age Group	Female Rate	Male Rate	Total
75+	11,689.0	12,511.9	12,097.2
55-74	11,151.6	11,460.5	11,414.4
35-54	11,802.3	9,692.2	10,929.7
20-34	16,006.9	11,742.1	14,018.7
<20	4,166.0	3,626.2	3,917.7

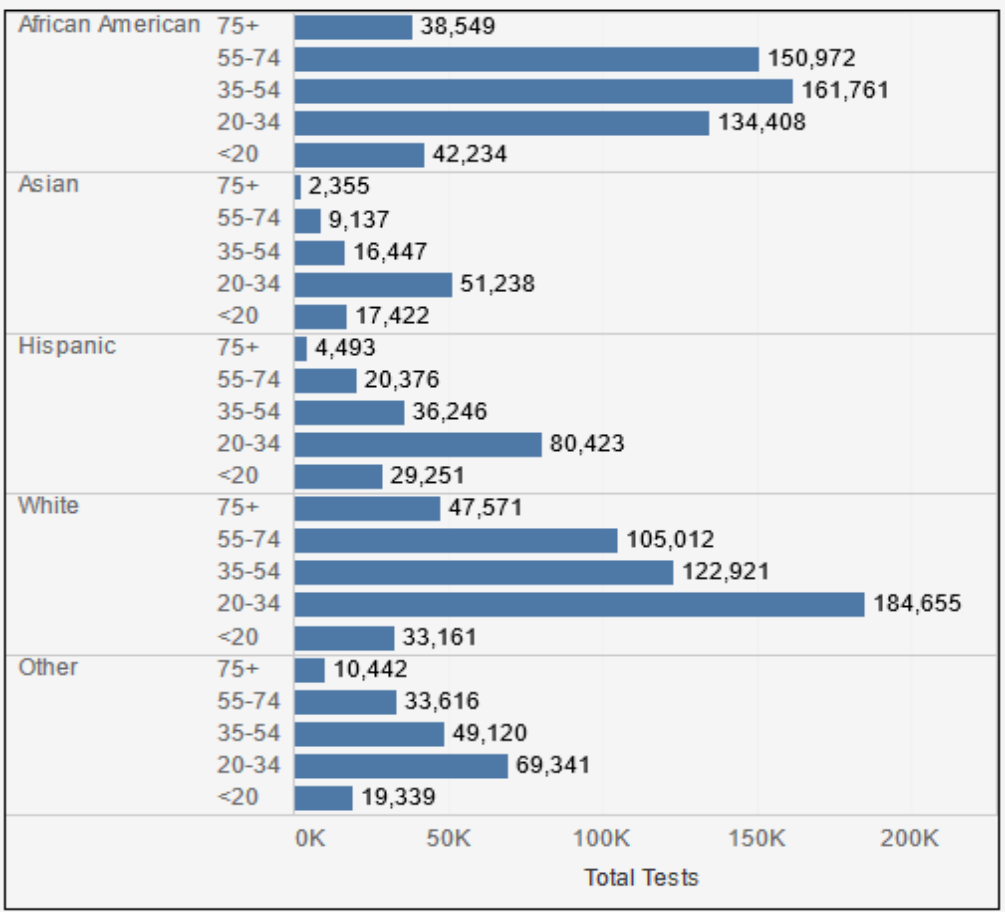
Count of Tests by Race



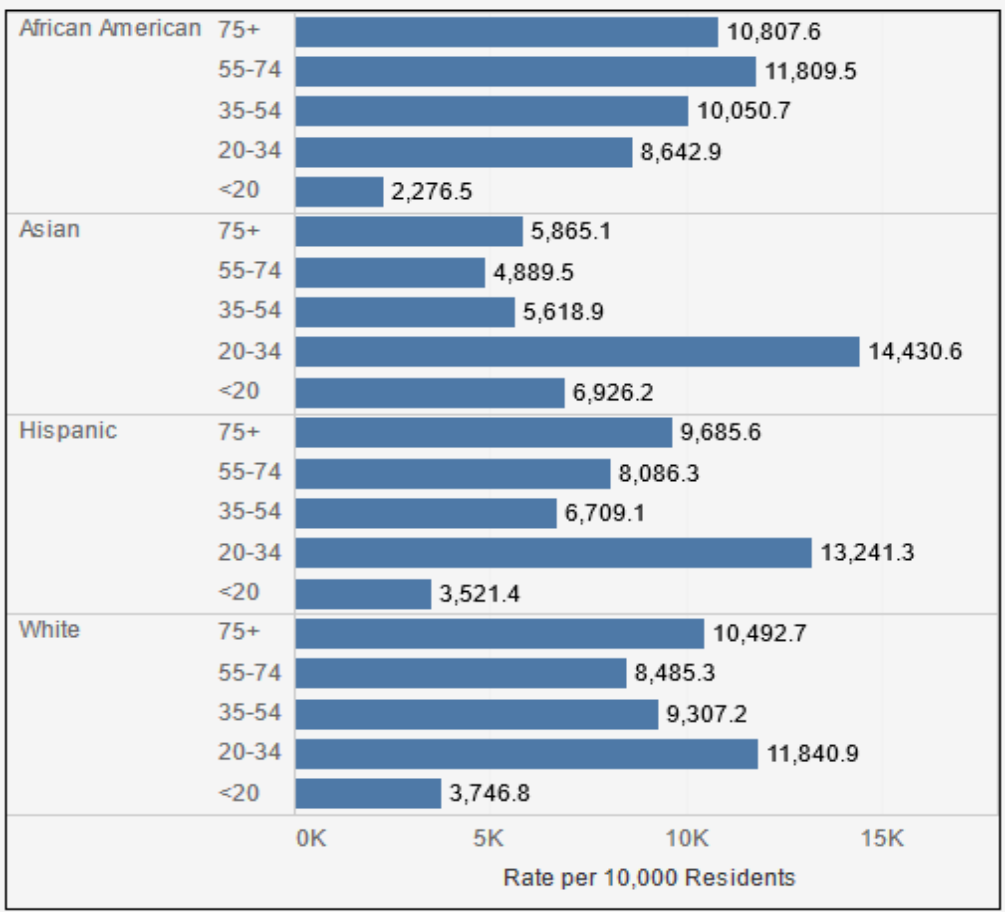
Testing Rate by Race per 10,000



Count of Tests by Race and Age



Testing Rate by Race and Age per 10,000



マサチューセッツ州における新型コロナウイルスの感染者数とその内訳

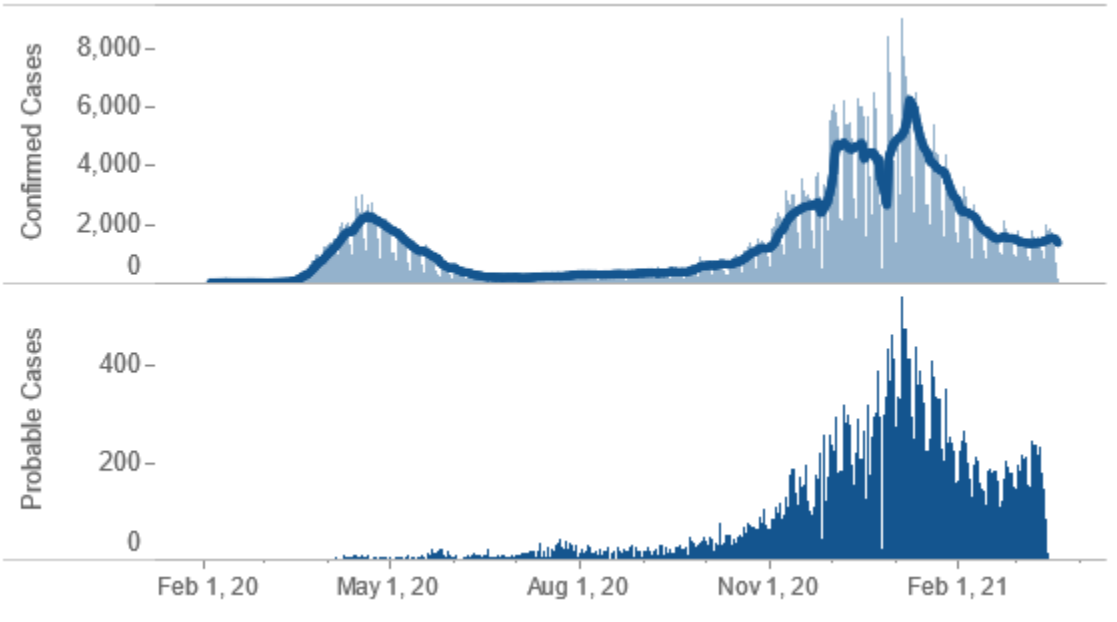
マサチューセッツ州HP　２０２１年３月２３日

Confirmed Cases

Today there were 1,103 new, confirmed cases reported bringing the total to 580,683 total confirmed cases.

Probable Cases

Today, there were 103 new, probable cases reported bringing the total to 35,191 total probable cases.



マサチューセッツ州における新型コロナウイルスの検査数

マサチューセッツ州HP　２０２１年３月２３日

Total Molecular Tests

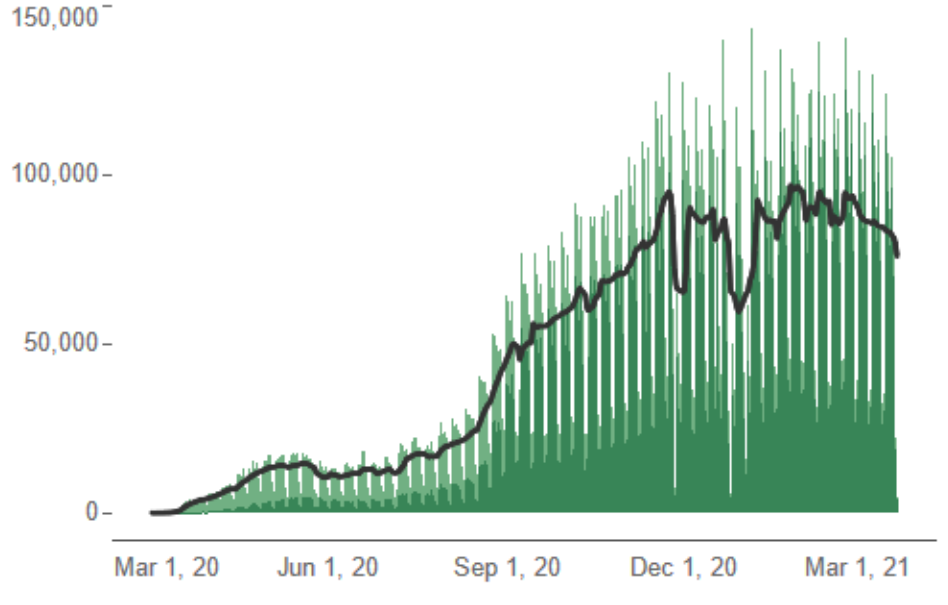
There have been a total of 18,045,581 molecular tests administered to MA residents. Of those, 5,097,384 tests were first time tests and 12,948,197 were repeat tests.

Total Antigen Tests

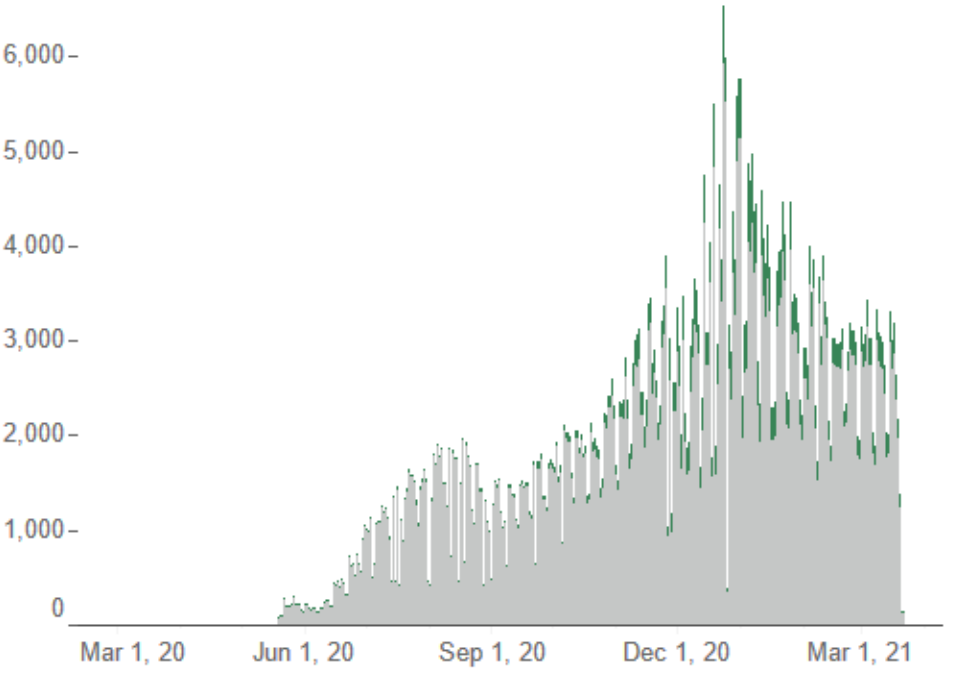
There were 1,555 new antigen tests reported today, bringing the total to 621,032 antigen tests.

Select to switch testing visualizations: Percent Positivity

Repeat molecular tests, new molecular tests, and the 7-day average total



Number of antigen tests, **positive** and **negative**

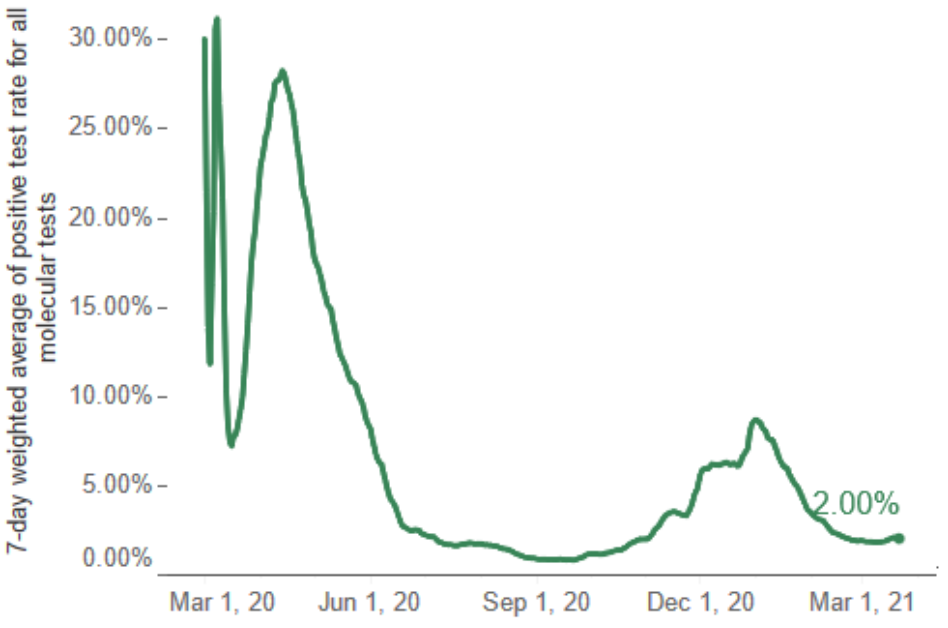


Percent Positivity

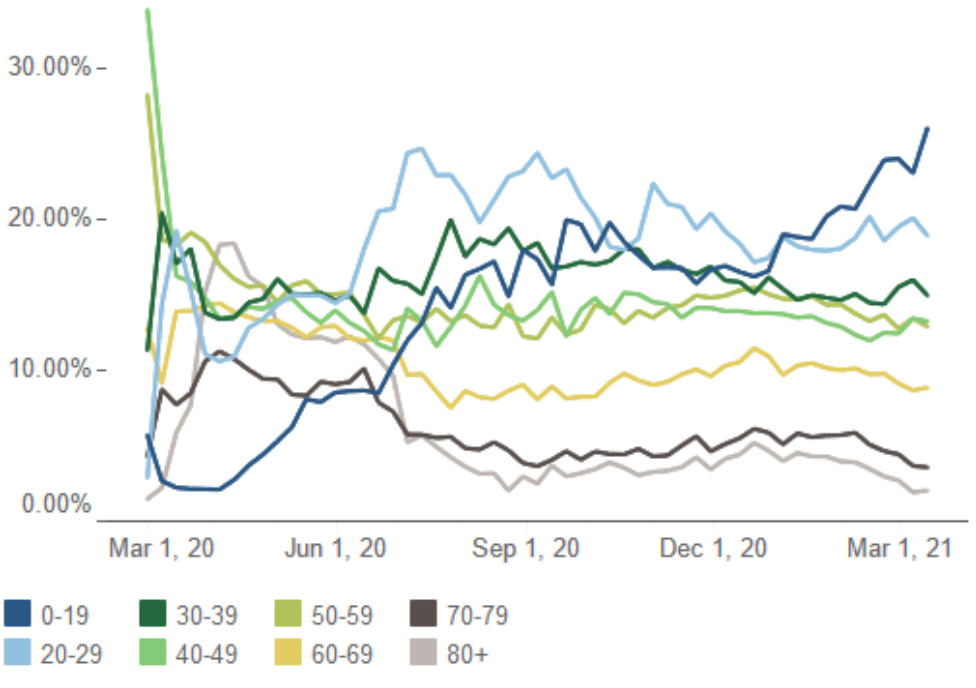
The 7-day average of percent positivity is 2.00%.

Select to switch testing visualizations: Molecular & Antigen Testing

Percent positivity among Massachusetts residents



Proportion of positive tests over time by age group

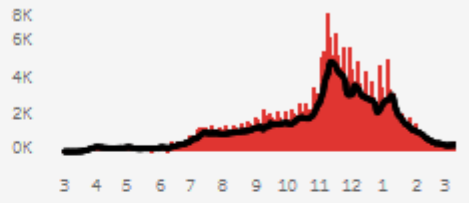


ミズーリ州における新型コロナウイルスの感染者数とその内訳

ミズーリ州HP　２０２１年３月２３日

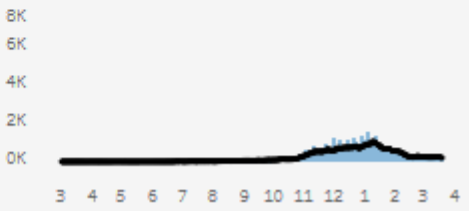
Confirmed PCR Cases to Date

486,170



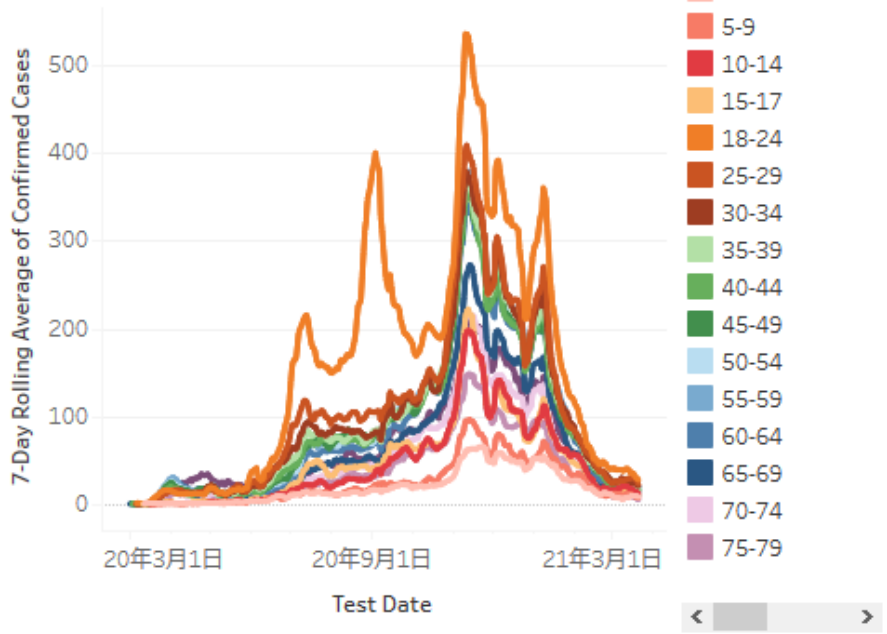
Probable Antigen Cases to Date

84,706

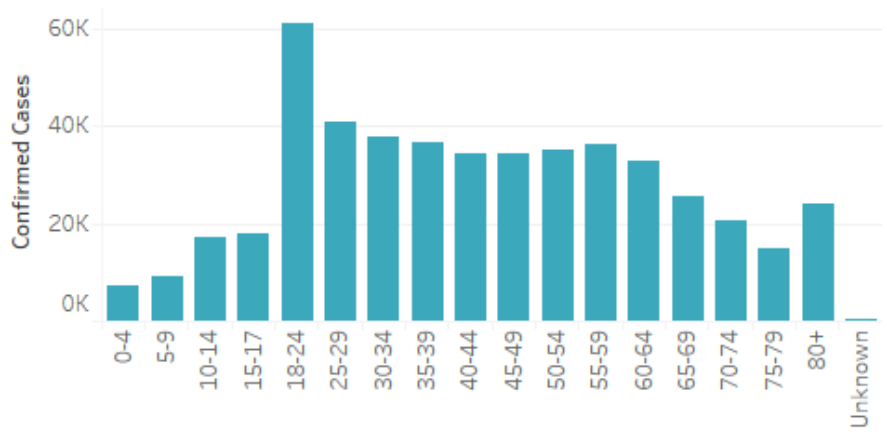


Data by Age Group

Cases by Test Date and Patient Age



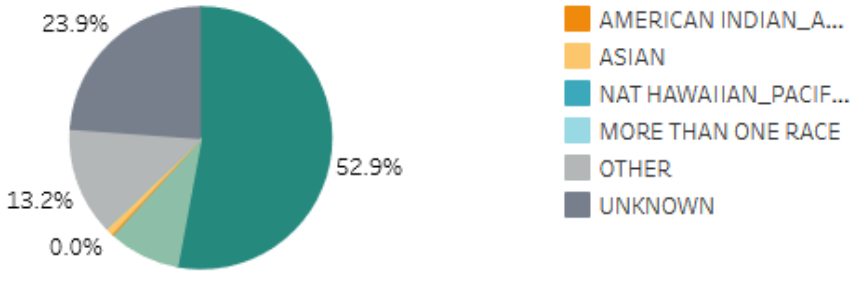
Confirmed Cases by Age



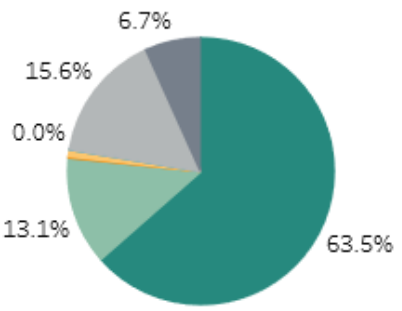
Confirmed Deaths by Age

Data by Race and Ethnicity

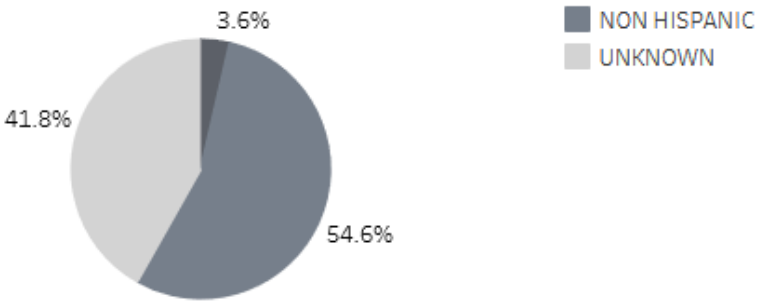
Confirmed Cases by Race



Confirmed Deaths by Race



Confirmed Cases by Ethnicity

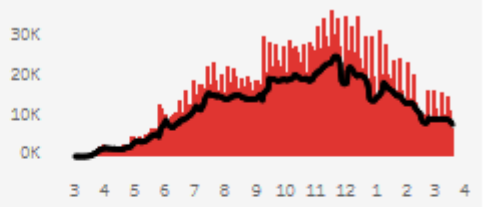


ミズーリ州における新型コロナウイルスの検査数

ミズーリ州HP　２０２１年３月２３日

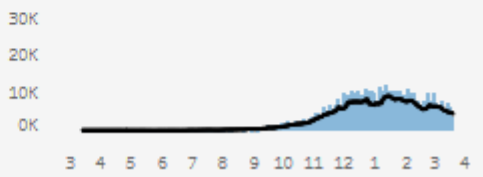
PCR Tests to Date

4,755,127



Antigen Tests to Date

1,041,125

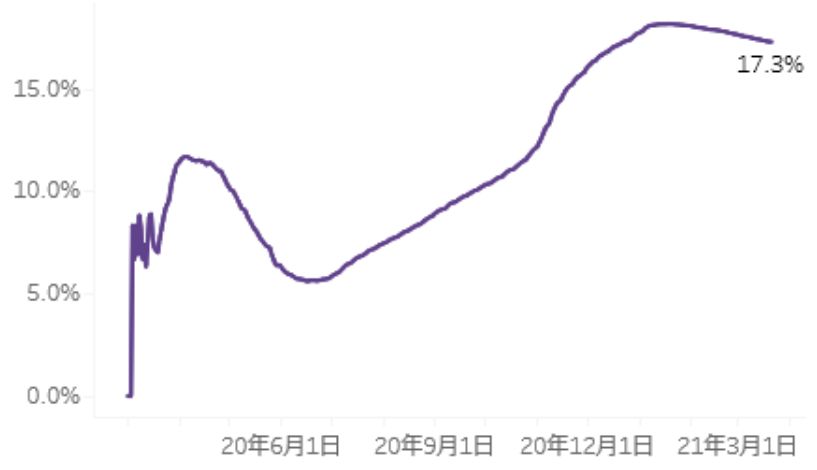


Statewide PCR Positivity Rates Over Time

Calculated two different ways - Hover over the chart and read the tooltip to understand the methodology, and see the FAQ for more detail.

Moving 7-day PCR Positivity Rate over Time - Not Deduplicated to the Individual (CDC method)

Cumulative PCR Positivity Rate Over Time - Deduplicated to the Individual



Test Results by Test Type

See the FAQ for more details about types of tests.

Test Type	Total Tests	
PCR	4,755,127	4,208,296 89%
SEROLOGY	157,266	130,489 83%
ANTIGEN	1,041,125	953,155 92%

Result　Positive　Negative　Indeterminate

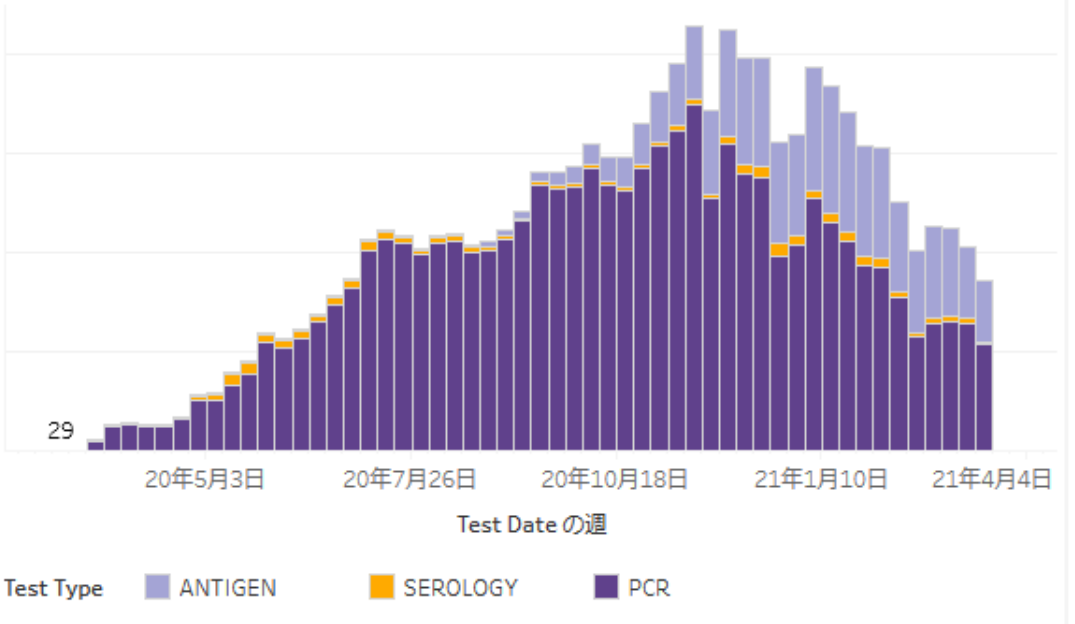
Individuals Tested by Test Type

This metric counts people, instead of tests.

Test Type	Total Individuals Tested
PCR	2,410,770
SEROLOGY	139,393
ANTIGEN	405,980

Weekly Total Testing by Test Type

See the FAQ for more details about types of tests.



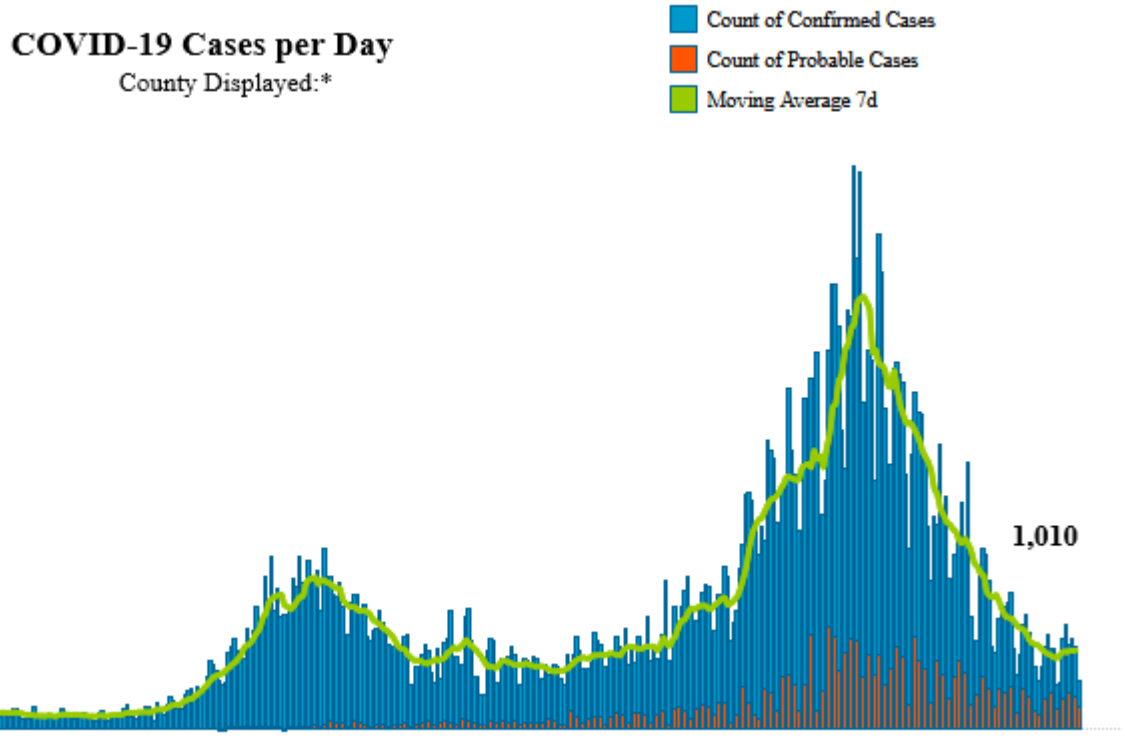
Test Type　ANTIGEN　SEROLOGY　PCR

サウスカロライナ州における新型コロナウイルスの感染者数とその内訳

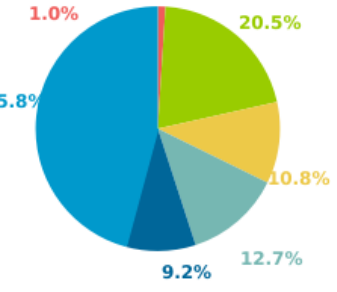
サウスカロライナ州保健環境省HP　２０２１年３月２３日

Cases

542,203

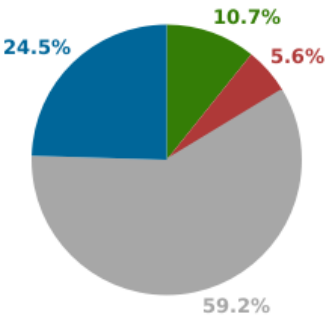


Cases by Race



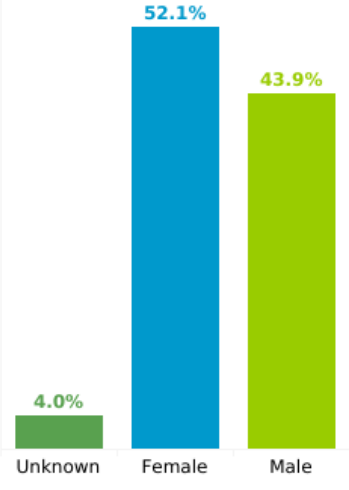
Black | White | Other
Asian/Alaskan/Hawaiian
Unknown | Under Investigation

Cases by Ethnicity

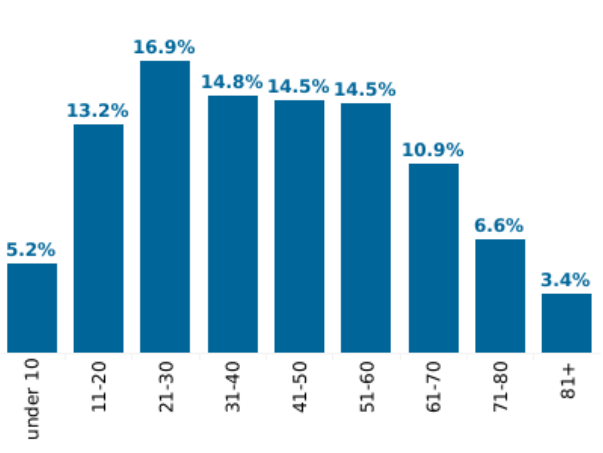


Hispanic or Latino
Not Hispanic or Latino
Unknown
Under Investigation

Cases by Sex



Reported COVID-19 Cases, by Age Group & Age Related Information



Minimum Age	**0.0 years**
Median Age	**41.0 years**
Max Age	**110.0 years**
Average Age	**42.0 years**

サウスカロライナ州における新型コロナウイルスの検査数

サウスカロライナ州保健環境省HP　２０２１年３月２３日

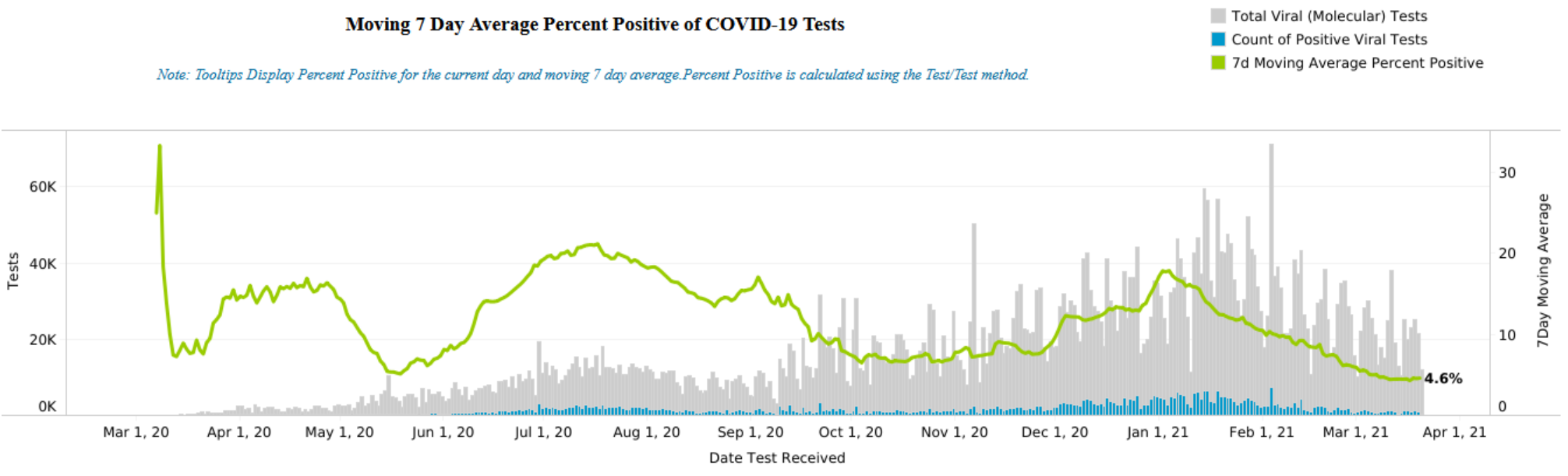
Number of Tests	Percent Positive
6,538,599	11.0%

Type of COVID-19 Tests Being Performed

	Negative	Positive	Grand Total
Antibody (Serology)	109,663	30,720	140,383
Antigen	886,393	117,705	1,004,098
Unknown	609		609
Viral (Molecular)	4,799,777	593,732	5,393,509
Grand Total	5,796,442	742,157	6,538,599

Moving 7 Day Average Percent Positive of COVID-19 Tests

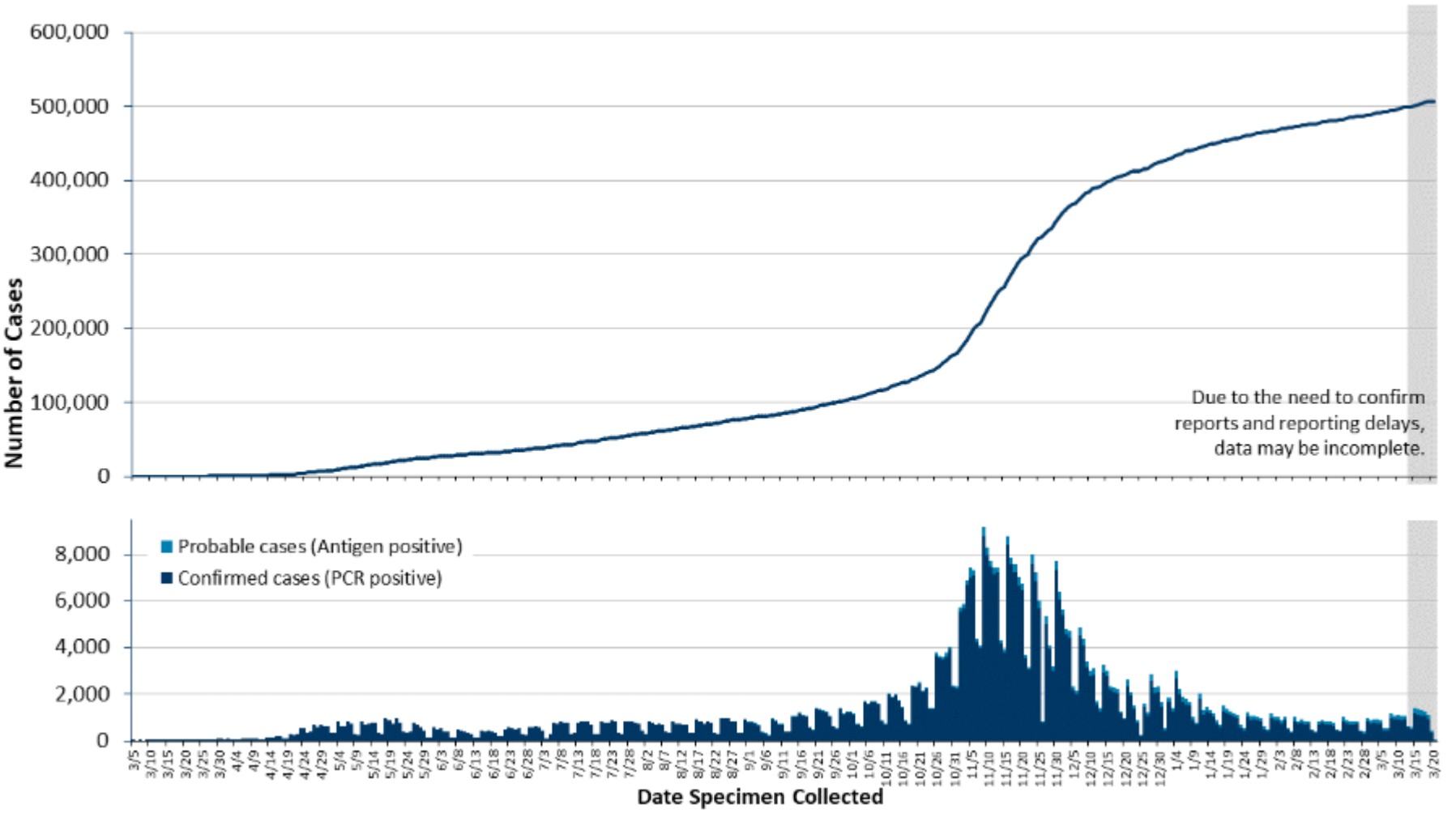
Note: Tooltips Display Percent Positive for the current day and moving 7 day average.Percent Positive is calculated using the Test/Test method.



ミネソタ州における新型コロナウイルスの感染者数とその内訳

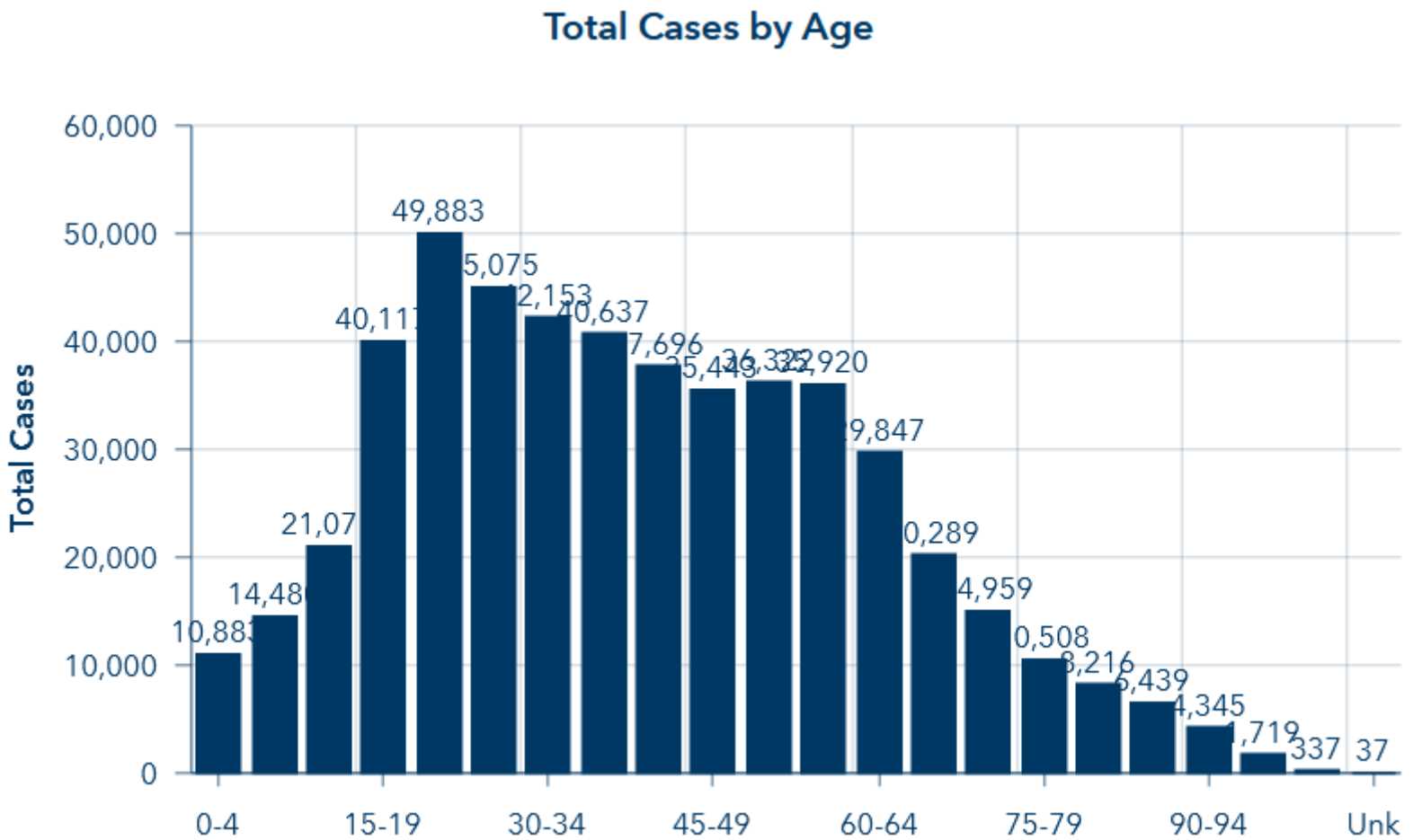
ミネソタ州保健省HP　２０２１年３月２３日

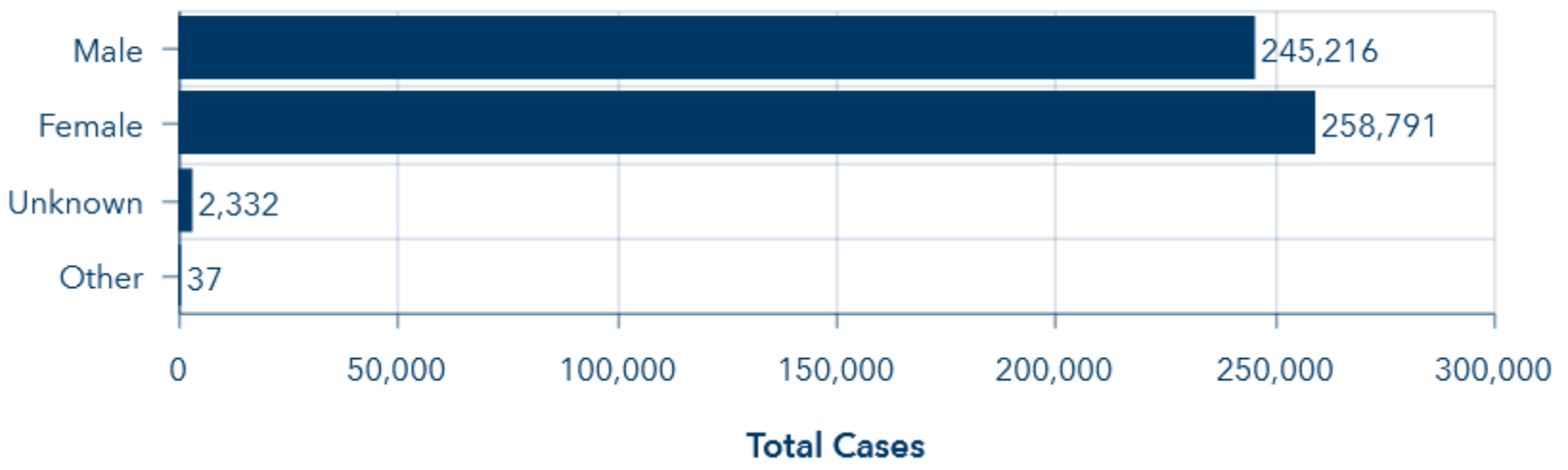
Total positive cases (cumulative)	506,376
Total confirmed cases (PCR positive) (cumulative)	478,898
Total probable cases (Antigen positive) (cumulative)	27,478



ミネソタ州における新型コロナウイルスの感染者数とその内訳

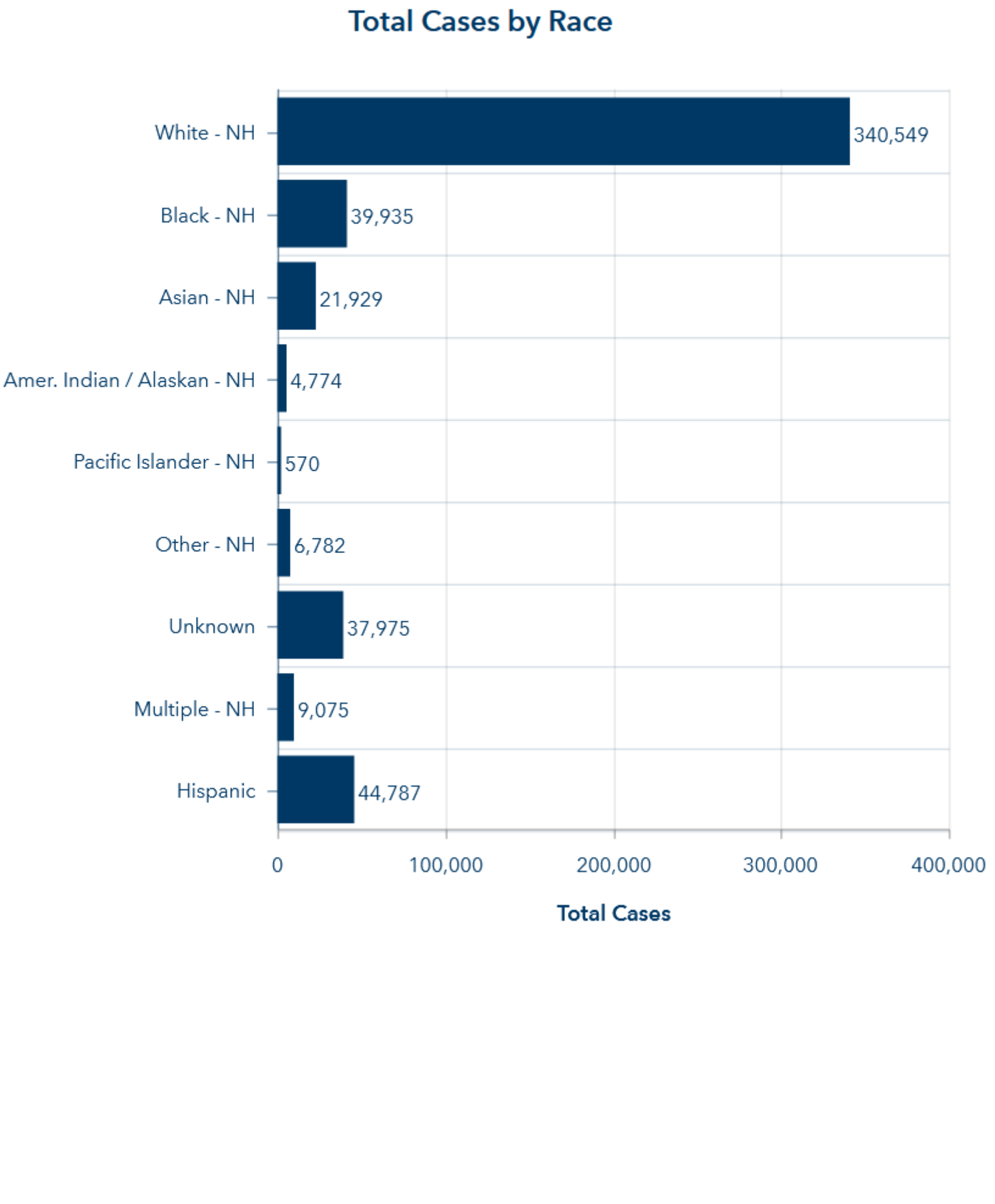
ミネソタ州保健省HP　２０２１年３月２３日





ミネソタ州における新型コロナウイルスの感染者数とその内訳

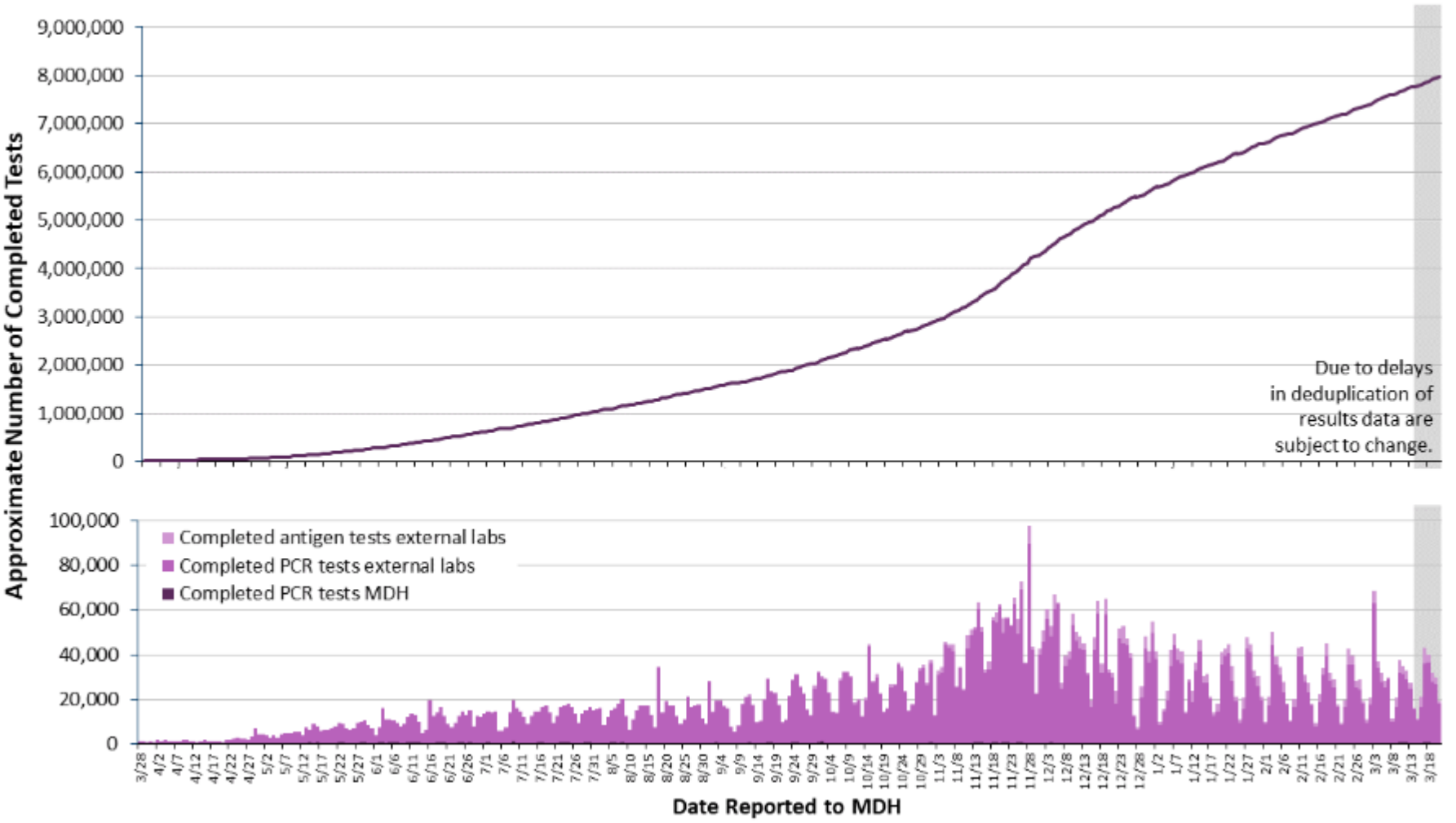
ミネソタ州保健省HP　２０２１年３月２３日



ミネソタ州における新型コロナウイルスの検査数

ミネソタ州保健省HP　２０２１年３月２３日

Total approximate completed tests (cumulative)	7,968,369
Total approximate number of completed PCR tests (cumulative)	7,469,658
Total approximate number of completed antigen tests (cumulative)	498,711

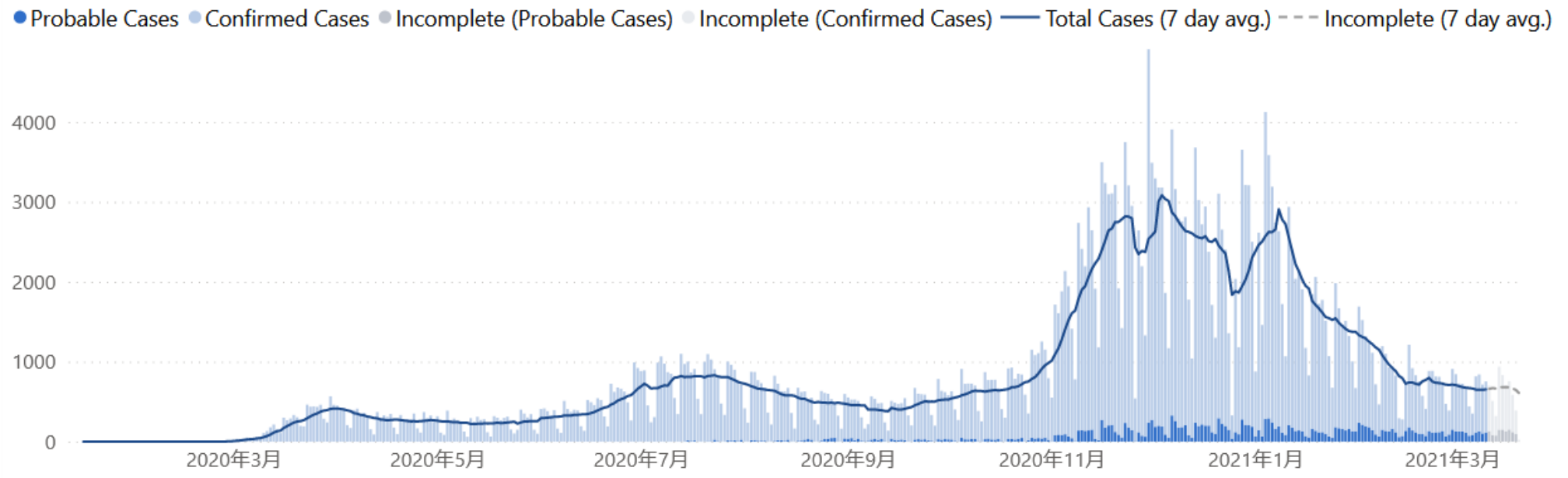


ワシントン州における新型コロナウイルスの感染者数とその内訳

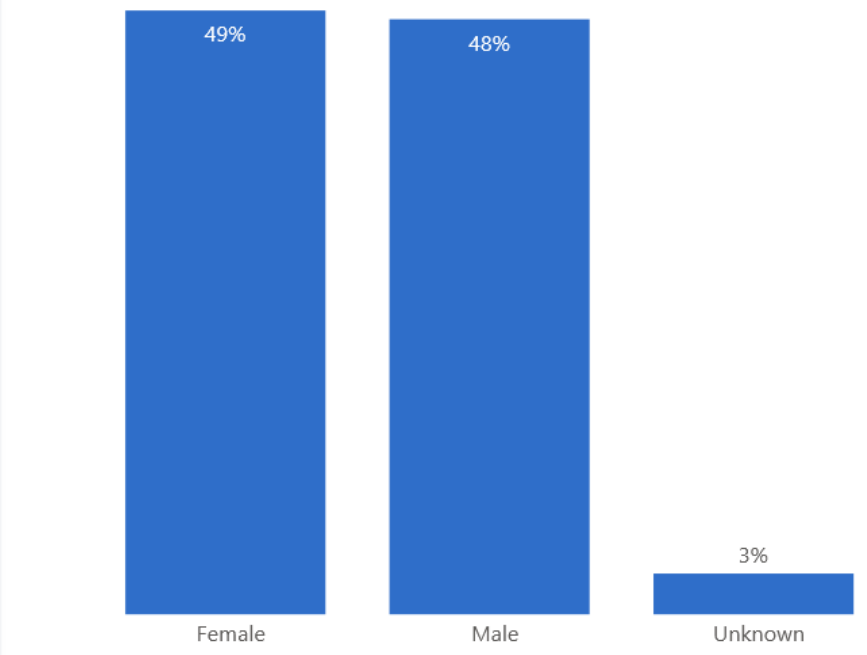
ワシントン州保健省HP　２０２１年３月２３日

Confirmed Cases	**334,392**
Probable Cases	**21,594**
Total Cases	**355,986**

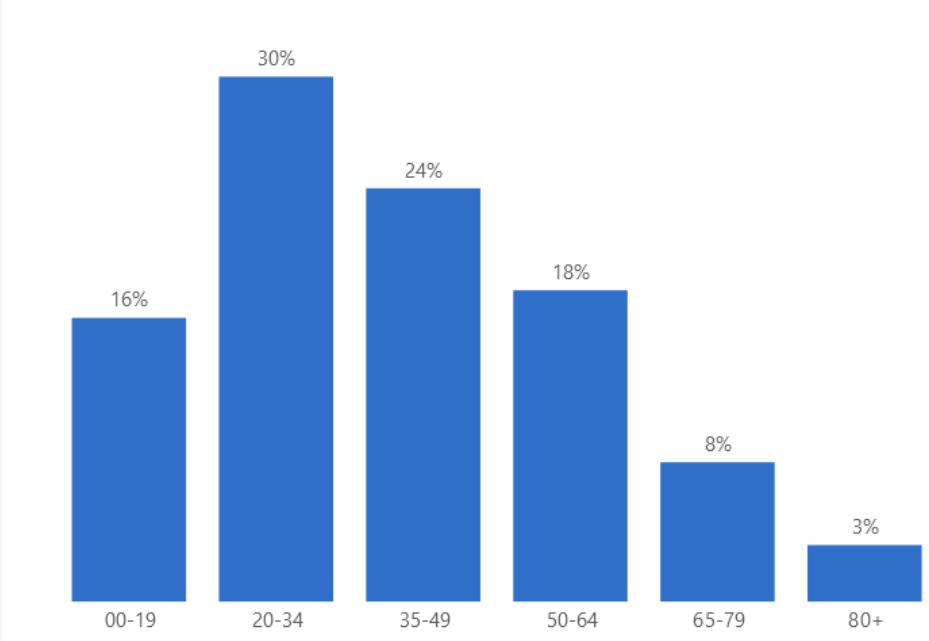
CASE COUNTS



CASES BY SEX



CASES BY AGE GROUP

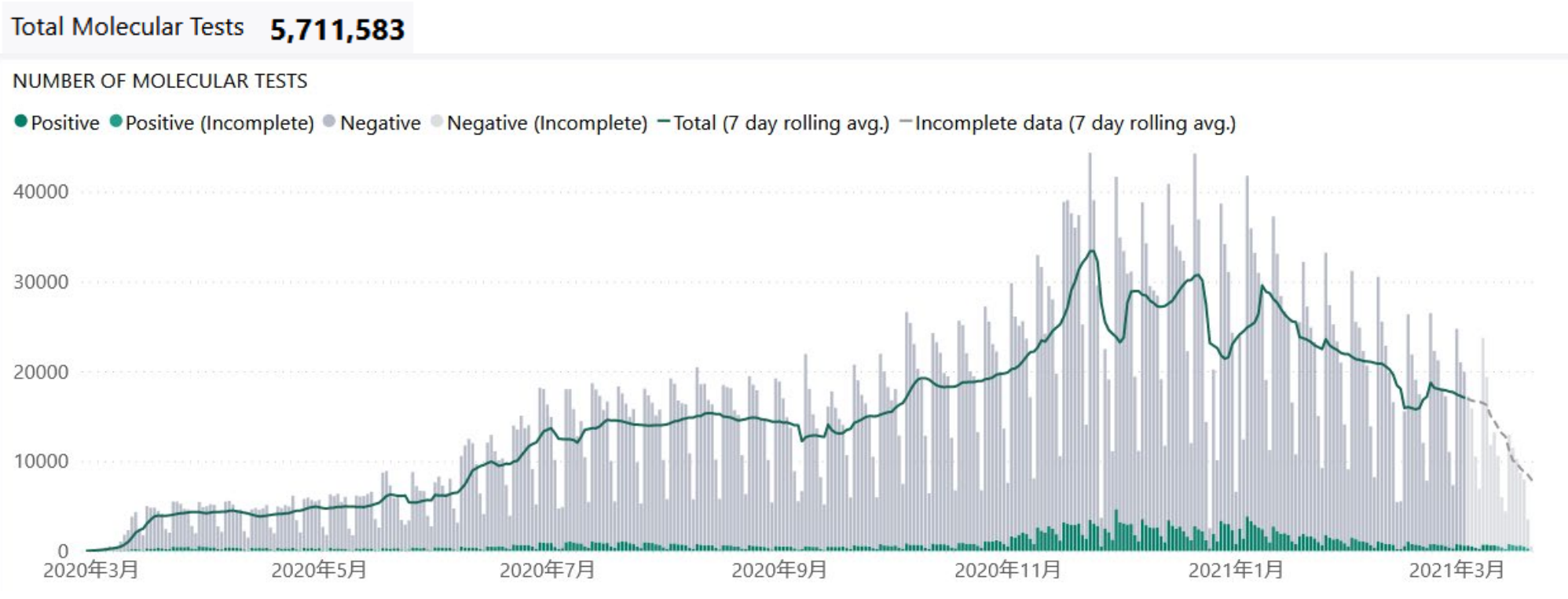


CASES BY RACE/ETHNICITY

	CASES	% OF CASES	TOTAL WA POPULATION (%)
Total Number	**355,986**	**100%**	
Unknown Race/Ethnicity (% of Total)	150,718	42%	NA
Total with Race/Ethnicity Available	**205,268**	**100%**	**100%**
Non-Hispanic White	100,609	49%	68%
Hispanic	63,948	31%	13%
Non-Hispanic Asian	13,040	6%	9%
Non-Hispanic Black	11,265	5%	4%
Non-Hispanic Multiracial	6,016	3%	4%
Non-Hispanic Native Hawaiian or Other Pacific Islander	3,792	2%	1%
Non-Hispanic American Indian or Alaska Native	3,370	2%	1%
Non-Hispanic Other Race	3,228	2%	NA

ワシントン州における新型コロナウイルスの検査数

ワシントン州保健省HP　２０２１年３月２３日



アーカンソー州における新型コロナウイルスの感染者数とその内訳

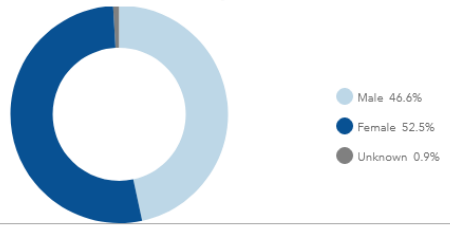
アーカンソー州保健省HP　２０２１年３月２３日

Total COVID-19 Cases

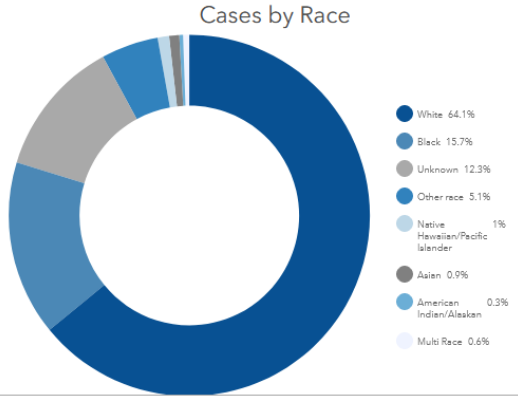
328,707

Confirmed Cases	Probable Cases
258,264	70,443

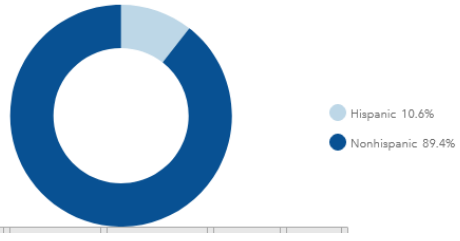
Totals Cases by Gender



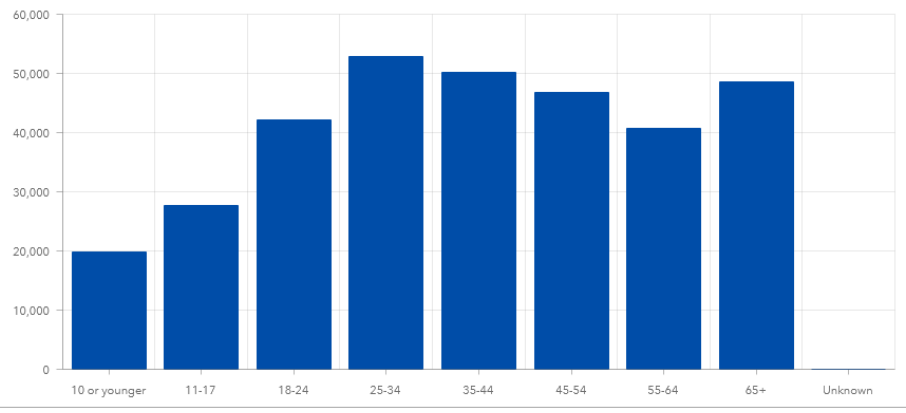
Cases by Race



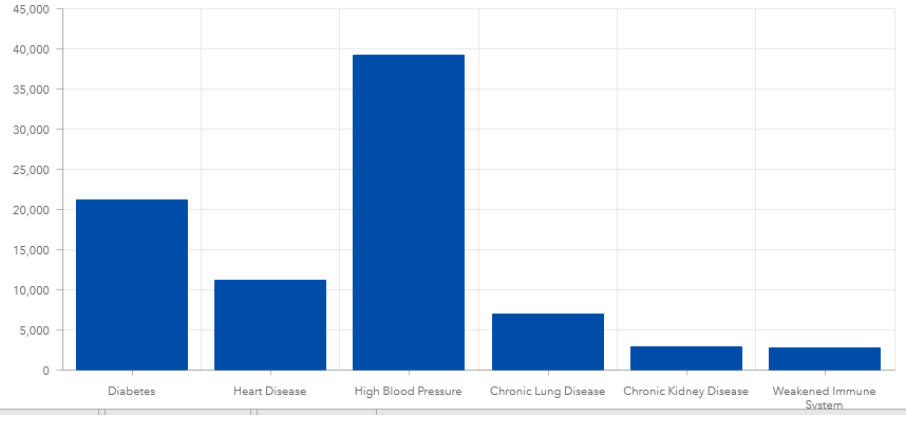
Cases by Ethnicity



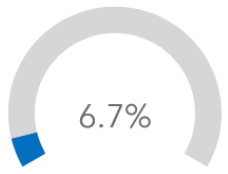
Cases by Age Category



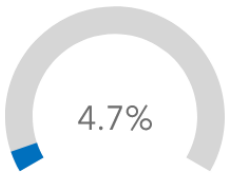
Cases by Underlying Health Concerns



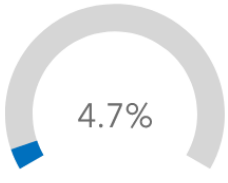
Percent of Cases That Are Healthcare Workers



Percent of Cases In Nursing Homes



Percent of Cases In Correctional Facilities



アーカンソー州における新型コロナウイルスの検査数

アーカンソー州保健省HP　２０２１年３月２３日

Total Tests Reported

3,319,569

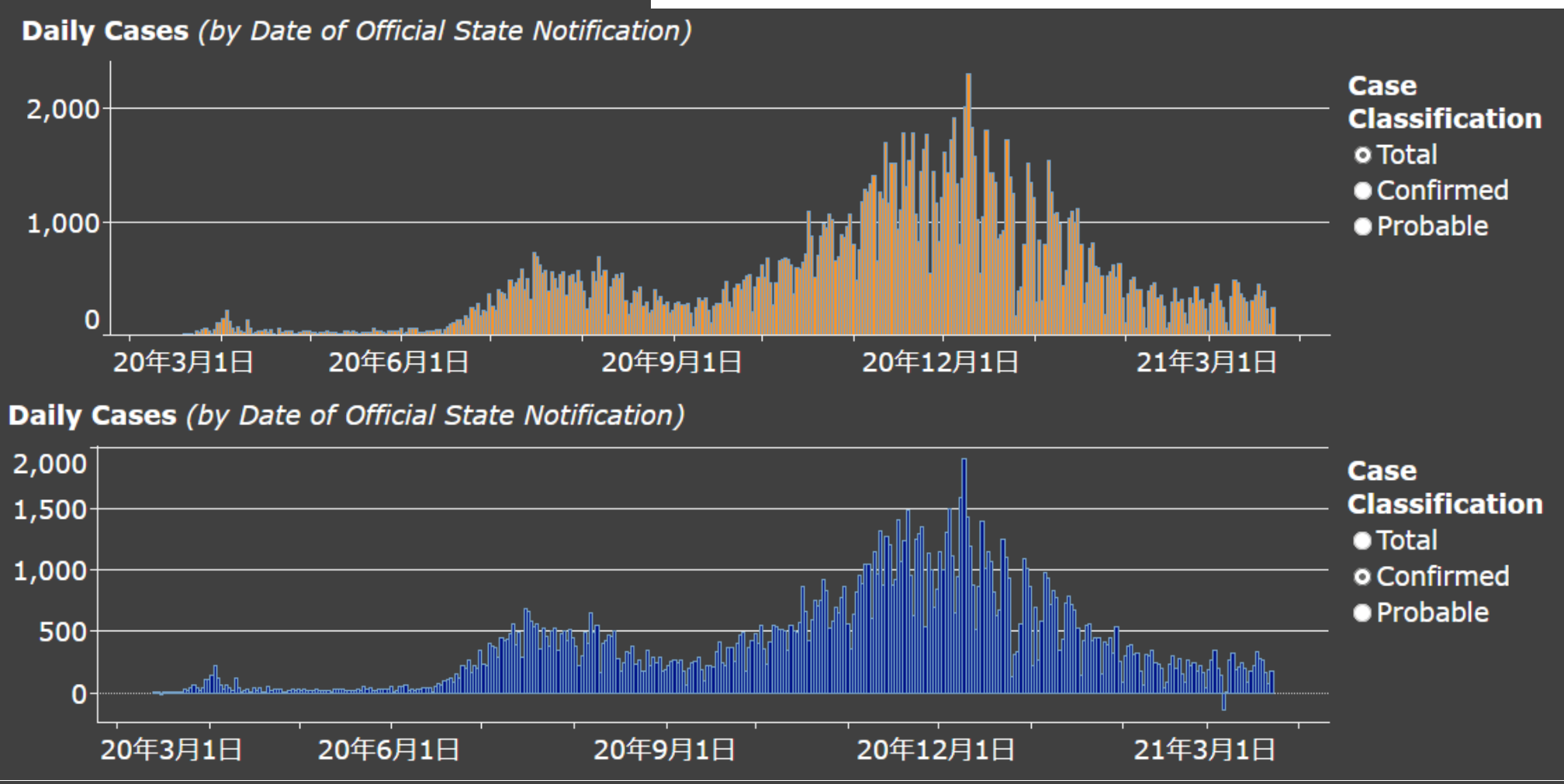
Percent Positive PCR Tests	Percent Positive Antigen Tests
9.2 %	**16.5 %**

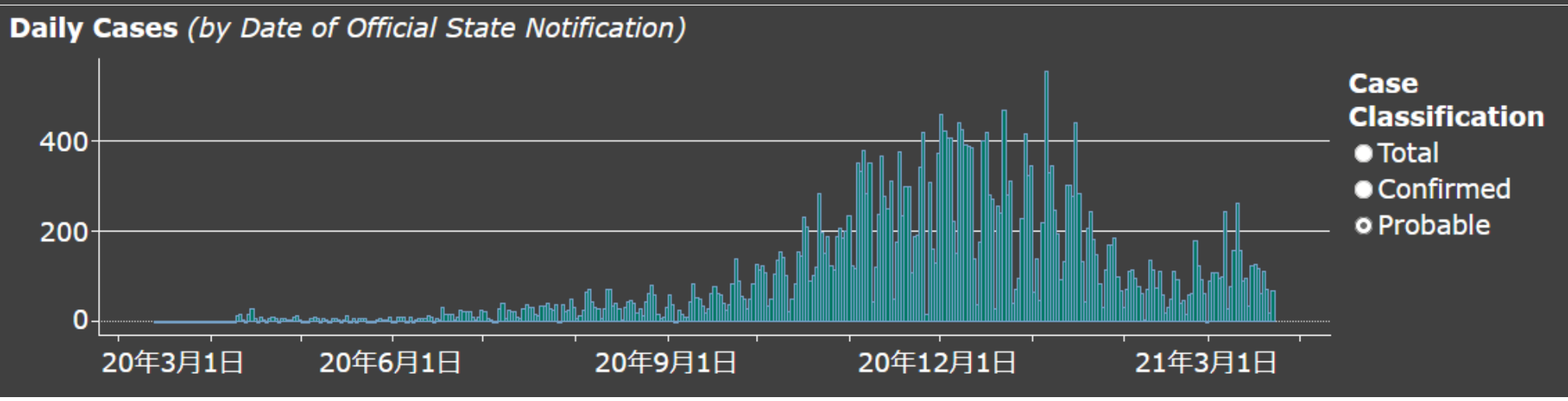
COVID-19 Negative Tests	PCR Negatives	COVID-19 Positive Tests	PCR Positives
2,977,946	**2,557,218**	**341,623**	**258,264**
	Antigen Negatives		Antigen Positives
	420,728		**83,359**

アイダホ州における新型コロナウイルスの感染者数とその内訳

アイダホ州保健福祉省HP　２０２１年３月２３日

177,760 Total Statewide Cases
(Daily Update: +340)

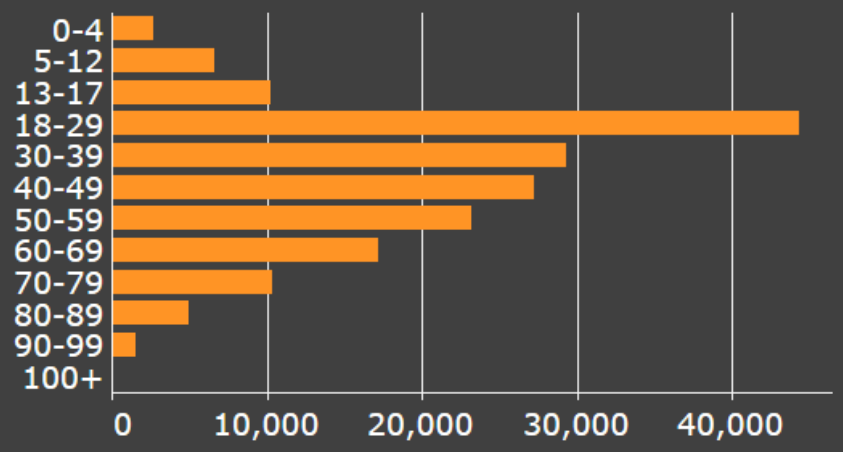




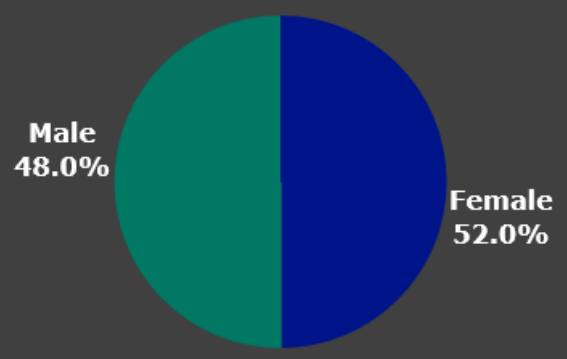
アイダホ州における新型コロナウイルスの感染者数とその内訳

アイダホ州保健福祉省HP　２０２１年３月２３日

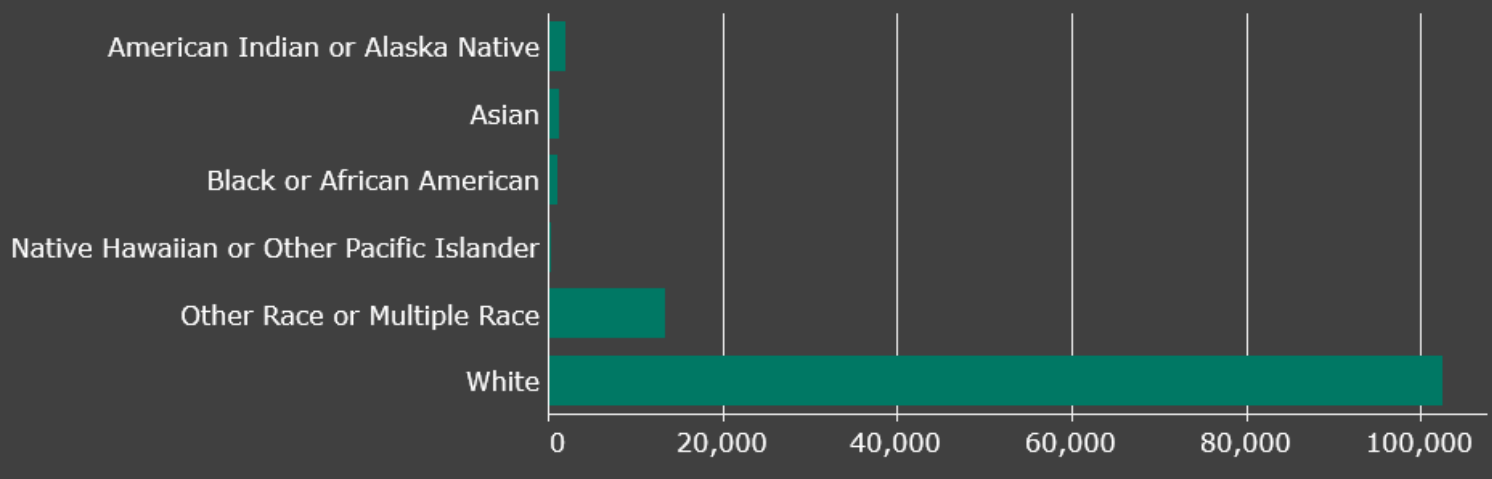
Age Group



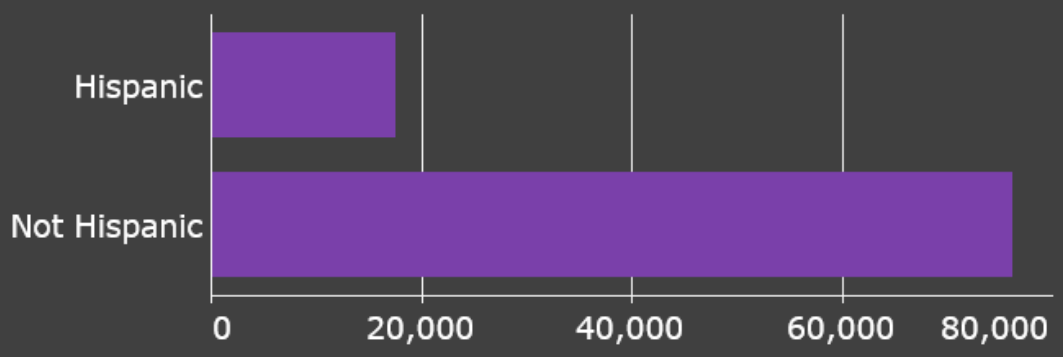
Sex



Race



Ethnicity



アイダホ州における新型コロナウイルスの検査数

アイダホ州保健福祉省HP　２０２１年３月２３日

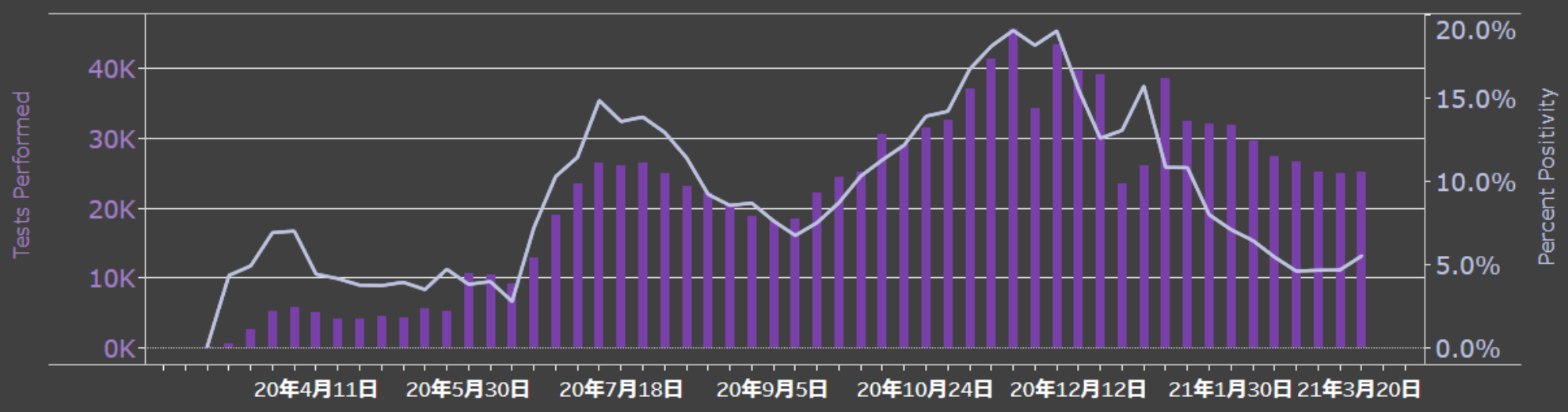
PCR Tests

1,161,013 Tests Performed

666,289 Idahoans Tested

PCR Tests Performed and Percent Positivity by Week of Specimen Collection

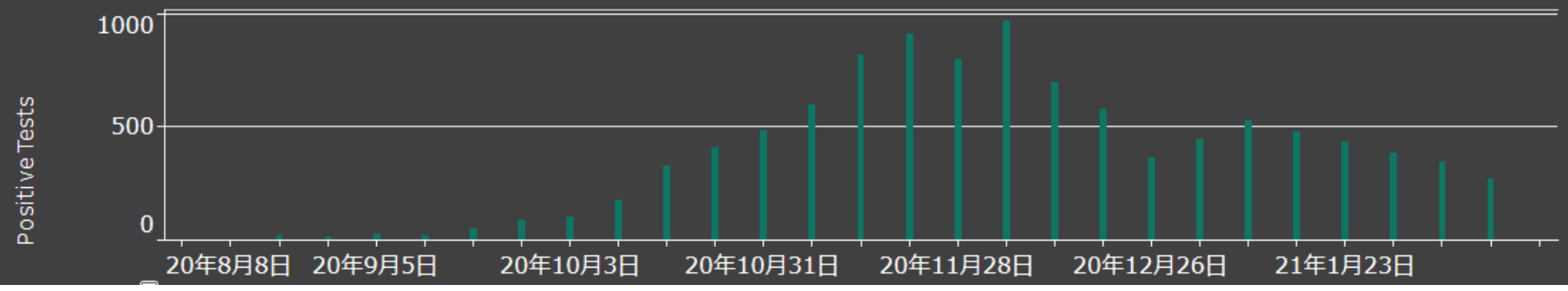
Select Jurisdiction: State



Antigen Tests

123,809 Tests Performed

Number of Positive Antigen Tests Reported by Week of Specimen Collection



ノースダコタ州における新型コロナウイルスの感染者数とその内訳

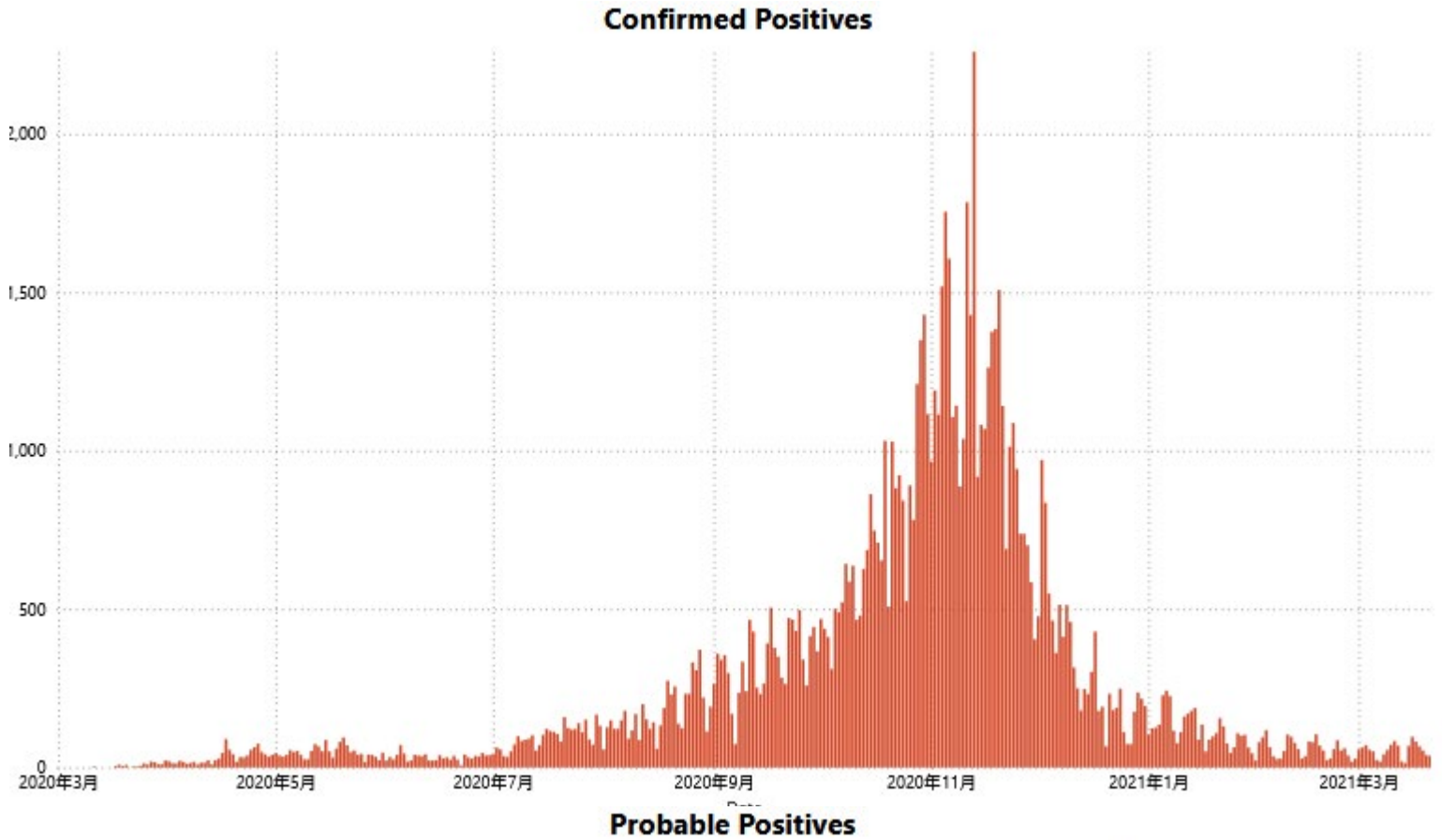
ノースダコタ州保健省HP　２０２１年３月２３日

POSITIVES

TOTAL (PCR AND ANTIGEN TESTS)
101,701

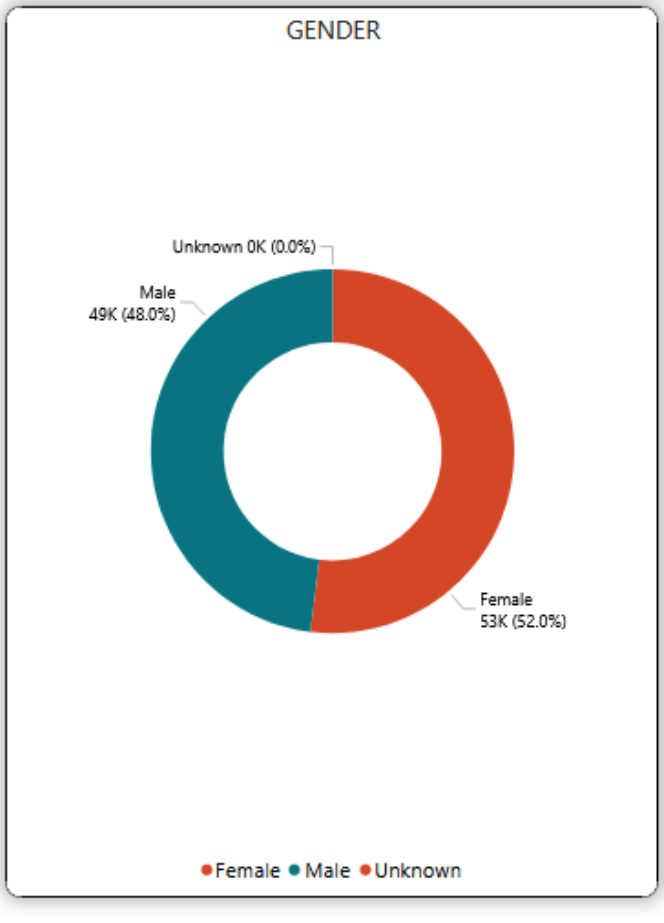
CONFIRMED (PCR TESTS)
95,764

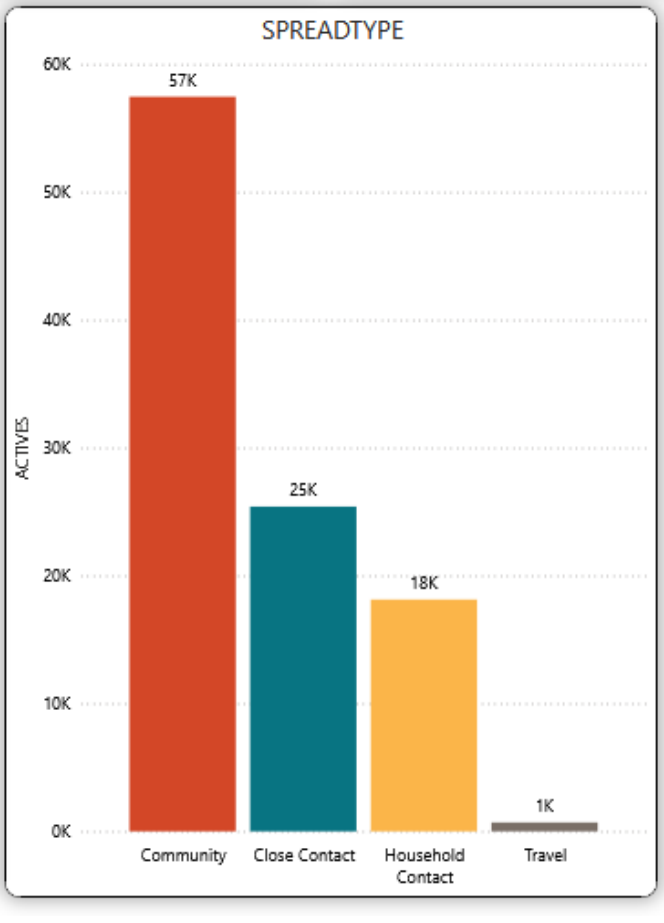
PROBABLE (ANTIGEN TESTS)
5,937

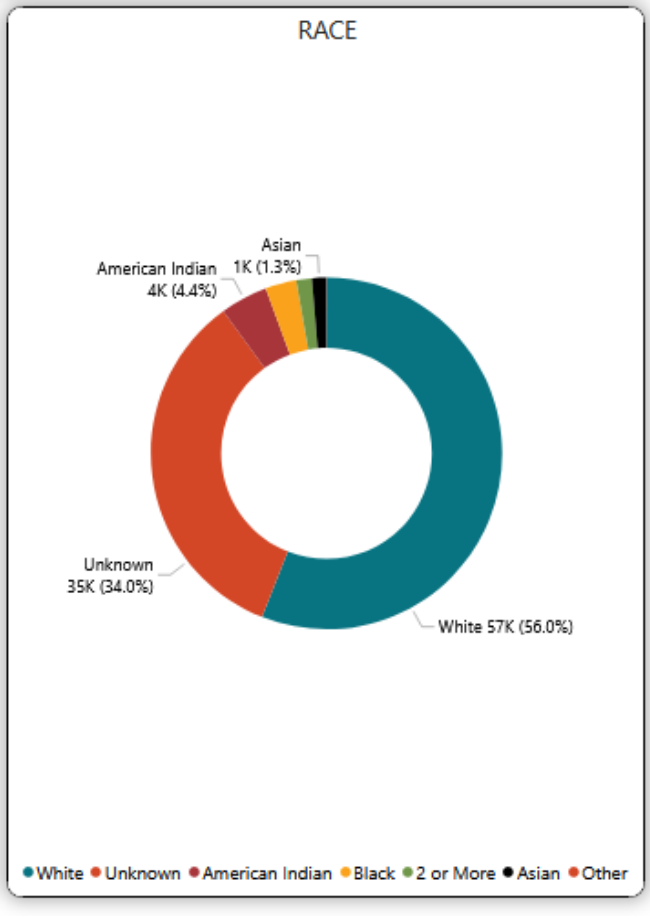


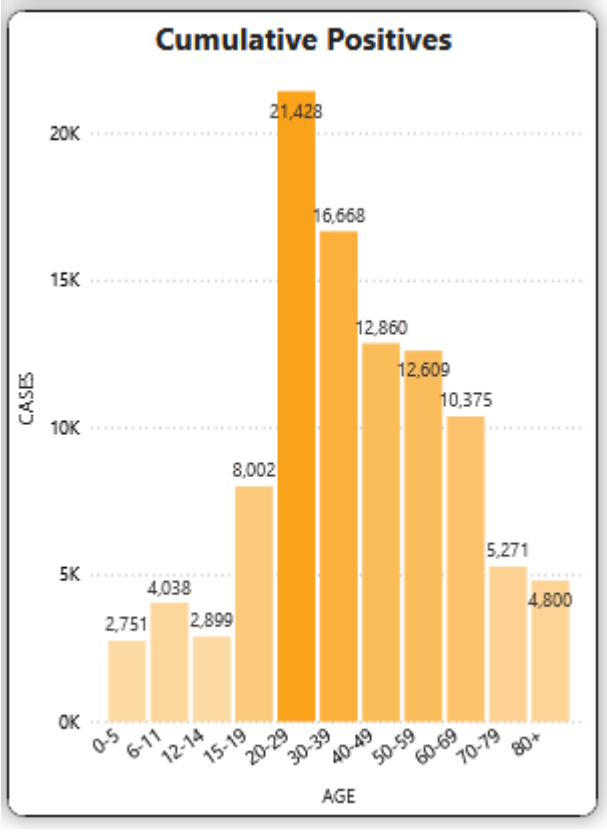
ノースダコタ州における新型コロナウイルスの感染者数とその内訳

ノースダコタ州保健省HP　２０２１年３月２３日









空路での入国に対する事前検査の要求について

アメリカ疾病予防管理センターHP　２０２１年３月２日

Requirement for Proof of Negative COVID-19 Test or Recovery from COVID-19 for All Air Passengers Arriving in the United States

Updated Mar. 2, 2021 Languages Print

Updated Mar. 2, 2021

If you plan to travel internationally, you will need to get tested no more than 3 days before you travel by air into the United States (US) and show your negative result to the airline before you board your flight, or be prepared to show documentation of recovery (proof of a recent positive viral test and a letter from your healthcare provider or a public health official stating that you were cleared to travel).

On This Page

On January 12, 2021, CDC announced an Order requiring all air passengers arriving to the US from a foreign country to get tested no more than 3 days before their flight departs and to present the negative result or documentation of having recovered from COVID-19 to the airline before boarding the flight. Air passengers will also be required to confirm that the information they present is true in the form of an attestation. **This Order is effective as of 12:01am EST (5:01am GMT) on January 26, 2021.**

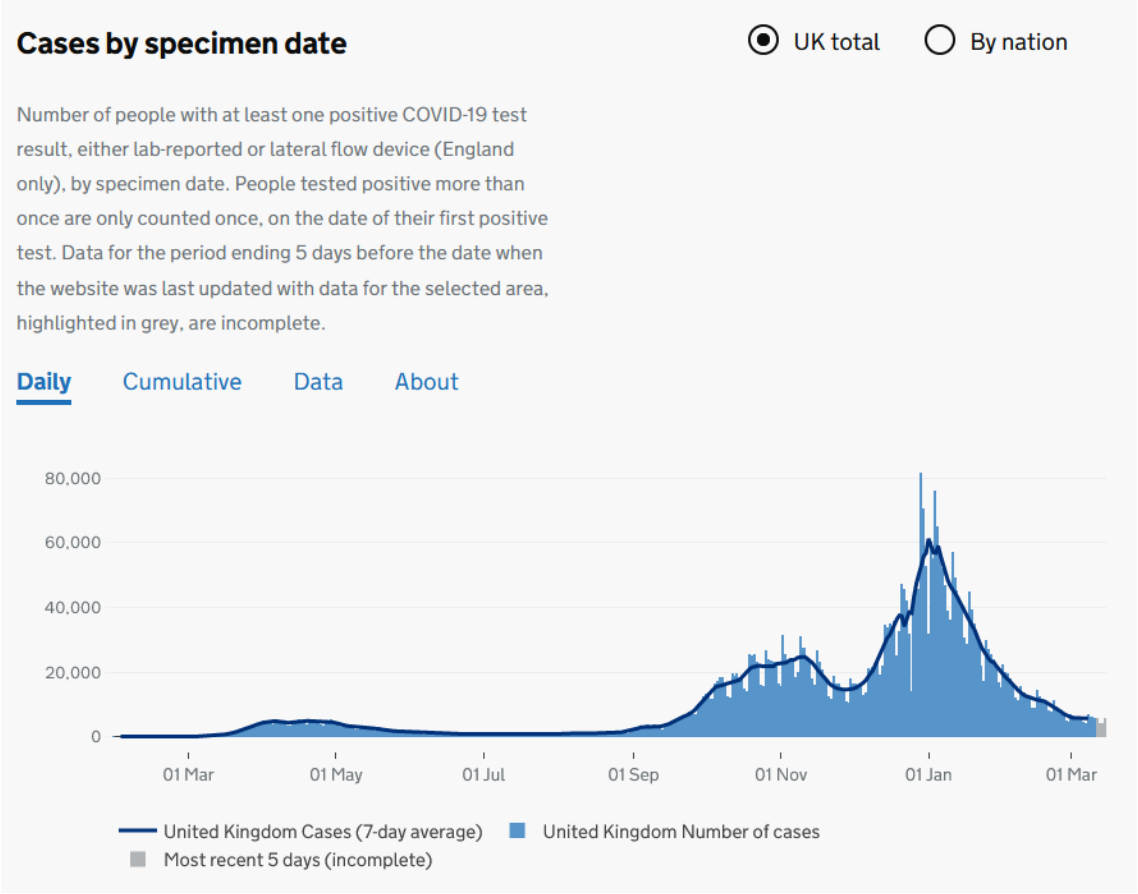
After You Travel Recommendations

- Get tested 3-5 days after travel **AND** stay home and self-quarantine for 7 days after travel.
  - Even if you test negative, stay home and self-quarantine for the full 7 days.
  - If your test is positive, isolate yourself to protect others from getting infected.
- If you don't get tested, it's safest to stay home and self-quarantine for 10 days after travel.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.

Always follow state and local recommendations or requirements related to travel.

イギリスにおける抗原検査、抗体検査について

イギリスでは 2020 年 9 月から 2021 年 2 月にかけて感染が拡大した。現在は 1 日当たり 5000 人程度感染者が確認されている。(1)（下図　イギリス政府 HP より)。



原則として症状のある場合は PCR 検査、無症状の場合は抗原検査を行う。(2, 3) イングランド地方では抗原検査のみでも陽性と認められるが、その他の地方では PCR 検査での確認を必要とする。(4)

イングランド地方における抗原検査の検査数は 2021 年 3 月 17 日の時点でおよそ 3100 万件、陽性者数はおよそ 10 万件となっている。(5, 6) これに対し、イギリス全体での PCR 検査の検査数は 3 月 17 日時点でおよそ 7660 万件、陽性者数はおよそ 420 万件となっている。(1, 7)

抗原検査の精度を測る調査が行われ、良好な結果が得られた。(8) また、抗原検査で変異株を検出できることが確認された。(9)

ワクチンの有効性を測る調査において抗体検査が用いられた。(10)

検疫では渡航者に対し 10 日間の隔離措置、およびその間に 2 回の PCR 検査を行っている。(11, 12)。抗原検査はしていない。

リファレンス

1. https://coronavirus.data.gov.uk/details/cases
2. https://www.gov.uk/get-coronavirus-test
3. https://www.gov.uk/find-covid-19-lateral-flow-test-site
4. https://coronavirus.data.gov.uk/details/about-data
5. https://coronavirus.data.gov.uk/details/testing?areaType=nation&areaName=England
6. https://coronavirus.data.gov.uk/details/cases?areaType=nation&areaName=England
7. https://coronavirus.data.gov.uk/details/testing
8. https://www.gov.uk/government/news/new-analysis-of-lateral-flow-tests-shows-

specificity-of-at-least-999
9. https://www.gov.uk/government/news/rapid-evaluation-confirms-lateral-flow-devices-effective-in-detecting-new-covid-19-variant
10. https://www.gov.uk/government/news/latest-findings-from-antibody-surveillance-study-published
11. https://www.gov.uk/uk-border-control/self-isolating-when-you-arrive
12. https://www.gov.uk/guidance/testing-on-day-2-and-day-8-for-international-arrivals#minimum-standards-that-apply-to-day-2-and-day-8-tests

2. イギリス

イギリスにおける新型コロナウイルス感染者数

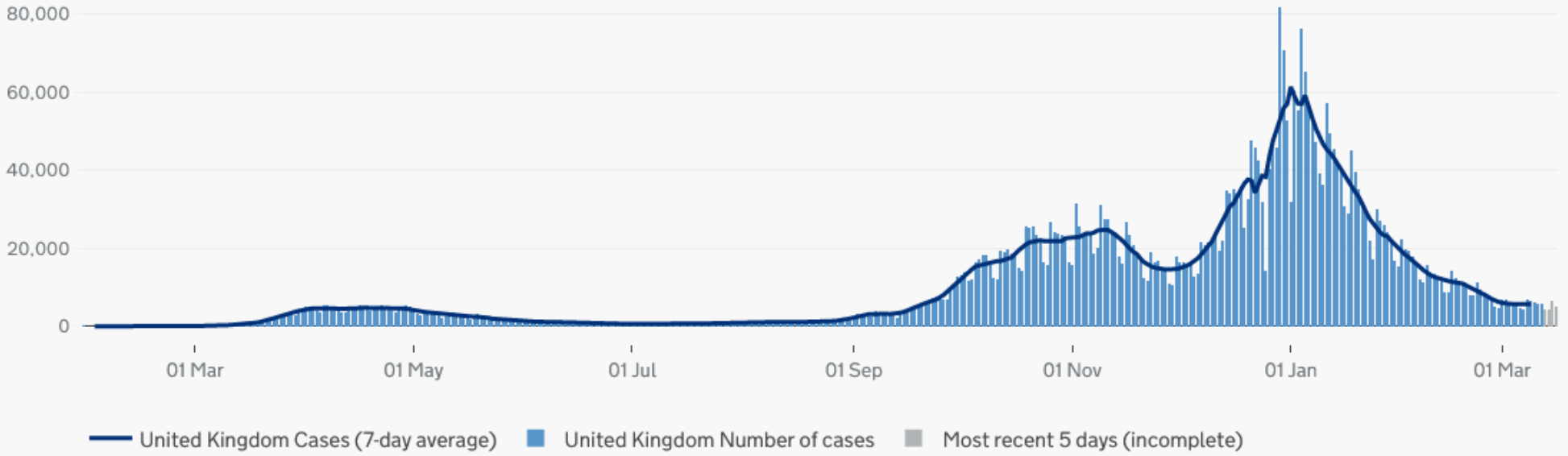
イギリス政府HP　２０２１年３月１９日

Cases by specimen date

UK total　By nation

Number of people with at least one positive COVID-19 test result, either lab-reported or lateral flow device (England only), by specimen date. People tested positive more than once are only counted once, on the date of their first positive test. Data for the period ending 5 days before the date when the website was last updated with data for the selected area, highlighted in grey, are incomplete.

Daily　Cumulative　Data　About



Daily　Cumulative　Data　About

Date	United Kingdom daily	United Kingdom total
16-03-2021	5,112	4,278,759
15-03-2021	6,489	4,273,647
14-03-2021	4,325	4,267,158
13-03-2021	4,248	4,262,833
12-03-2021	5,683	4,258,585
11-03-2021	5,894	4,252,902
10-03-2021	6,163	4,247,008
09-03-2021	6,343	4,240,845

イギリス政府HP

Get a free PCR test to check if you have coronavirus

Use this service to order a test if you have at least one of these 3 coronavirus (COVID-19) symptoms:

- a high temperature
- a new, continuous cough
- you've lost your sense of smell or taste or it's changed

This is called a PCR test.

You can also use this service if:

- you've been asked to get a test by a local council or contact tracers
- you're taking part in a government pilot project
- you've been asked to get a test to confirm a positive result
- you've received an unclear result and were told to get a second test
- you need to get a test for someone you live with who has symptoms
- you're in the National Tactical Response Group

If you have no symptoms

Do not use this service. Your local council, workplace or university may offer you a rapid lateral flow test.

Find out if your area offers rapid lateral flow test sites.

抗原検査受診について

イギリス政府HP

Find out if your area offers rapid lateral flow test sites

Local councils in England are offering a new type of coronavirus (COVID-19) test to people who do not have symptoms.

If you have coronavirus symptoms

Do not use this service or go to a test site if you have a high temperature, a new continuous cough, or a loss or change to your sense of smell or taste. Order a test for people with symptoms online or call 119.

Daily and cumulative numbers of cases

Number of people with a positive COVID-19 virus test (either lab-reported or lateral flow device) on or up to the specimen date or reporting date (depending on availability).

COVID-19 cases are identified by taking specimens from people and testing them for the presence of the SARS-CoV-2 virus. If the test is positive, this is referred to as a case. If a person has more than one positive test, they are only counted as one case.

Cases data includes all positive lab confirmed virus test results, plus positive tests in England that are not confirmed by a lab. For example, in England, positive test results from swab tests performed using a lateral flow device, which do not need to go to a lab, contribute towards the cases total.

England

A positive case is defined as as an individual with at least one confirmed positive test from a polymerase chain reaction (PCR), lateral flow device (LFD) or loop-mediated isothermal amplification (LAMP) test.

Northern Ireland

A positive case is defined as an individual who has received a positive polymerase chain reaction (PCR) test result. If an individual tests positive via an lateral flow device (LFD) test they are required to take a confirmatory PCR test in all situations. Positive LFD tests are therefore not included in the figures for positive cases for Northern Ireland.

Scotland

A positive case is defined as an individual with at least one confirmed polymerase chain reaction (PCR) positive test. The number of lateral flow device (LFD) positive results are not included in daily case counts.

Wales

A positive case is defined as an individual who has received a positive polymerase chain reaction (PCR) test result. If an individual tests positive via an lateral flow device (LFD) test they are advised to take a confirmatory PCR test, therefore positive LFD tests are not included in the figures for positive cases for Wales.

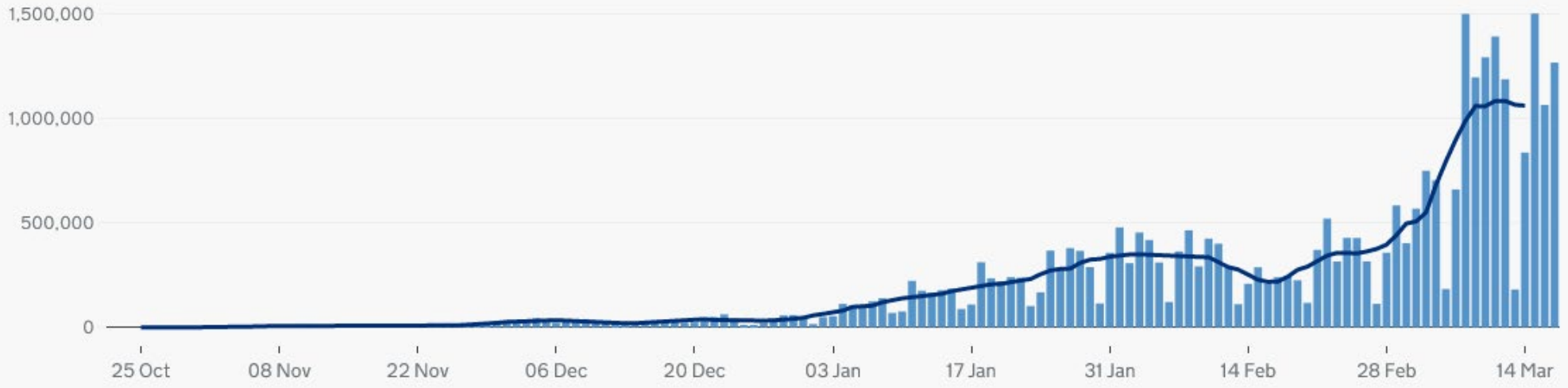
イングランド地方における抗原検査の実施数

イギリス政府HP　２０２１年３月１９日

Lateral flow device tests conducted

Number of confirmed positive, negative or void lateral flow device test results. This is a count of test results and may include multiple tests for an individual person. Lateral flow device tests test for the presence of SARS-CoV-2 virus and are swab tests that give results in less than an hour, without needing to go to a laboratory.

Daily　Cumulative　Data　About



Daily　Cumulative　Data　About

Date	Daily lateral flow tests conducted	Total lateral flow tests conducted
17-03-2021	1,267,965	30,937,601
16-03-2021	1,065,215	29,669,636
15-03-2021	1,502,716	28,604,421
14-03-2021	837,141	27,101,705
13-03-2021	181,177	26,264,564
12-03-2021	1,188,467	26,083,387
11-03-2021	1,392,966	24,894,920
10-03-2021	1,294,611	23,501,954

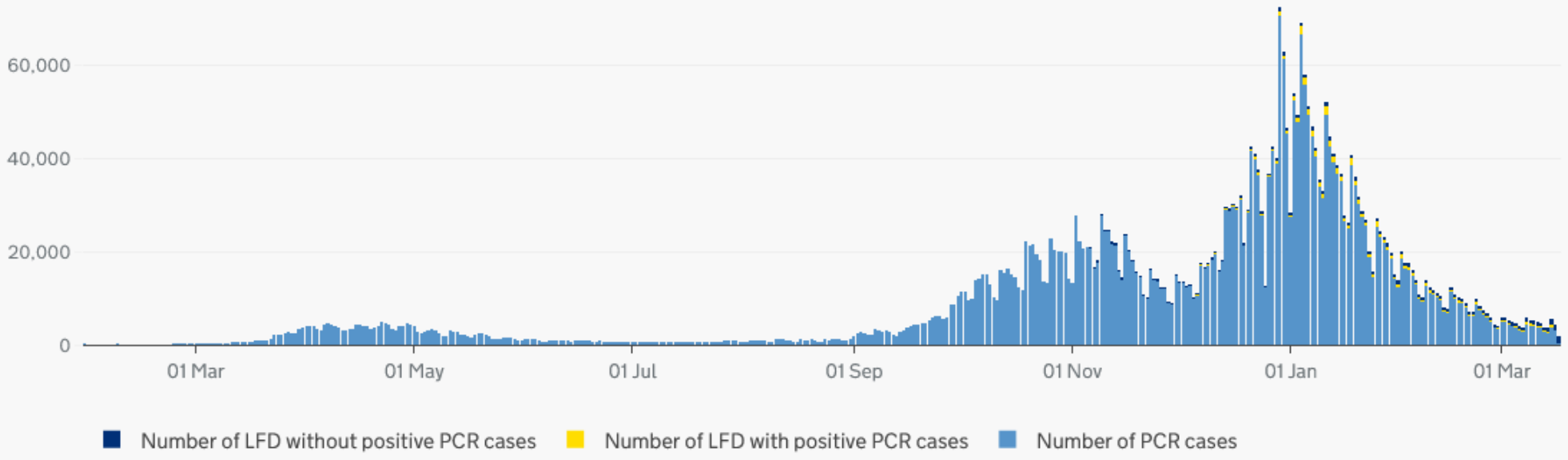
イングランド地方における新型コロナウイルスの感染者数について

イギリス政府HP　２０２１年３月１９日

Cases by test type and specimen date

Number of people with at least one positive COVID-19 test result. Cases are shown by type of test used in their first positive test and by specimen date. The test types shown are lab-based polymerase chain reaction (PCR), lateral flow device (LFD) confirmed (this means the LFD result has been verified with a positive PCR result taken within 3 days) and LFD unconfirmed (no positive PCR result taken within 3 days). People tested positive more than once are only counted once, on the date of their first positive test. Data for the period ending 5 days before the date when the website was last updated with data for the selected area are incomplete, and some LFD results may change from unconfirmed to confirmed as more PCR results are reported.

Daily　Cumulative　Data　About



Daily　Cumulative　Data　About

Date	PCR daily	LFD with positive PCR daily	LFD without positive PCR daily	All cases daily	PCR total	LFD with positive PCR total	LFD without positive PCR total	All cases total
17-03-2021	415	0	1,330	1,745	3,644,348	54,847	47,085	3,746,280
16-03-2021	3,171	15	1,103	4,289	3,643,933	54,847	45,755	3,744,535
15-03-2021	3,964	249	1,213	5,426	3,640,762	54,832	44,652	3,740,246
14-03-2021	2,589	454	563	3,606	3,636,798	54,583	43,439	3,734,820
13-03-2021	2,922	266	266	3,454	3,634,209	54,129	42,876	3,731,214
12-03-2021	3,725	334	647	4,706	3,631,287	53,863	42,610	3,727,760
11-03-2021	3,808	333	665	4,806	3,627,562	53,529	41,963	3,723,054

イギリスにおけるPCR検査の実施数

イギリス政府HP　２０２１年３月１９日

Lab-based testing and capacity, by test type

(●) PCR tests　( ) Antibody tests

Number of confirmed positive, negative or void COVID-19 lab-based test results, by test type. This is a count of test results and may include multiple tests for an individual person. PCR tests test for the presence of SARS-CoV-2 virus and include all lab-based pillar 1 and 2 tests and any PCR tests undertaken in pillar 4. Antibody serology tests test for COVID-19 antibodies and include pillar 3 tests and any antibody serology tests undertaken in pillar 4. Testing capacity is a projection based on reports from labs on how many lab-based tests they have capacity to carry out each day based on availability of staff and resources.

Daily　Cumulative　Data　About

Daily　Cumulative　**Data**　About

Date	Daily PCR tests conducted	Cumulative PCR tests conducted	PCR testing capacity
17-03-2021	367,176	76,647,346	N/A
16-03-2021	322,341	76,270,980	N/A
15-03-2021	169,221	75,948,633	N/A
14-03-2021	198,122	75,779,402	N/A
13-03-2021	274,253	75,581,280	N/A
12-03-2021	283,272	75,307,027	N/A
11-03-2021	334,345	75,023,755	734,609
10-03-2021	373,298	74,689,410	774,932

イギリス政府HP　２０２１年３月１０日

New analysis of lateral flow tests shows specificity of at least 99.9%

New analysis reinforces that lateral flow tests are accurate and reliable and have extremely low false positive rates.

- New analysis of community testing data shows lateral flow tests to have a specificity of at least 99.9%
- This means fewer than one false positive in every 1,000 lateral flow tests carried out

New analysis published today shows lateral flow tests (LFD) to have a specificity of at least 99.9% when used to test in the community and could be as high as 99.97%.

Following the roll-out of millions of LFD tests in the community which has provided real world data, NHS Test and Trace has been able to conduct further analysis of rapid testing using LFDs. New findings on their specificity, which is a measure of how good the test is at detecting true negative cases, show that for every 1,000 lateral flow tests carried out, there is less than one false positive result.

The analysis of LFD tests used data from community testing, rapid testing in educational settings and asymptomatic test sites. Rapid testing in these locations uses the supervised testing model. Supervised testing is where the individual being tested swabs themselves under supervision of a trained operator, and the trained operator processes the test and reads the result.

抗原検査の変異株に対する有効性について

イギリス政府HP　２０２０年１２月２３日

Rapid evaluation confirms lateral flow devices effective in detecting new COVID-19 variant

Public Health England (PHE) has confirmed that lateral flow devices (LFDs) used in mass testing can detect the new COVID-19 variant.

Scientists at PHE's Porton Down laboratory have carried out a rapid evaluation using clinical and laboratory grown samples containing the VUI 202012/01 variant to test whether it can be detected by lateral flow devices (LFDs) currently in use across the country.

Five LFDs were tested. Each device is either in use as part of mass testing or going through the final stages of validation at PHE. Each device successfully detected samples containing the new variant.

イギリス政府HP　２０２１年２月２５日

Latest findings from antibody surveillance study published

Imperial College London and Ipsos MORI have today published their latest antibody surveillance report tracking COVID-19 infection across England.

- over 154,000 participants took the antibody test, with 13.9% testing positive for antibodies among vaccinated and unvaccinated people
- antibody prevalence in unvaccinated people remains highest in London (16.9%), and in people of black (22.1%) and Asian (20%) ethnicities, and those aged 18 to 24 years (14.5%)
- over 17,000 participants said they had received one or more vaccine doses, with the majority receiving the Pfizer/BioNTech vaccine
- after 2 doses of the Pfizer/BioNTech vaccine, the proportion of participants who tested positive for antibodies was high across all age groups (100% in those under 30, and 87.9% in those 80 and over)
- for individuals who received a single dose of the Pfizer/BioNTech vaccine after 21 days, the proportion testing positive for antibodies was 94.7% in those under 30 – the proportion testing positive was lower at older ages, ranging from 73.7% at 60 to 64 years to 34.7% in those aged 80 and over
- overall vaccine confidence is high, with 92% having accepted or planning to accept a vaccine offer
- vaccine confidence varied by age, sex and also by ethnicity, highest in those of white (92.6%) and lowest of black (72.5%) ethnicity

イギリス入国時の検疫について

イギリス政府HP

Quarantining when you arrive in the UK

If you're travelling to England you must:

- take 2 coronavirus (COVID-19) tests after you arrive in England - you'll need to book these before you travel
- either quarantine in the place you're staying or in a managed quarantine hotel for 10 days when you arrive in England

What you need to do depends on where you travel in the 10 days before you arrive in England.

If you travel in or through a country on the banned travel list (sometimes called the 'red list') in those 10 days you will need to quarantine in a managed quarantine hotel. If you do not travel in or through a country on the banned travel list in those 10 days you will need to quarantine in the place you're staying.

イギリス政府HP　２０２１年２月１４日

Day 2 and day 8 testing for international arrivals: minimum standards for providers

Minimum standards specific to day 2 tests

2. Use of tests that meet minimum performance characteristics

The provider must use established molecular detection methods that have been independently validated by a laboratory with a UKAS accredited SARS-COV-2 RT-PCR method, or an ISO15189 or ISO/IEC 17025 accredited laboratory with the following performance characteristics as a minimum:

- clinical sensitivity greater than 99% (or 95% 2-sided confidence interval entirely above 97%), and
- clinical specificity greater than 99% (or 95% 2-sided confidence interval entirely above 97%)
- limit of detection less than or equal to 1,000 SARS-CoV-2 copies per millilitre (≤1000 Copies/ml)

Minimum standards specific to day 8 tests

2. Use of tests that meet minimum performance characteristics

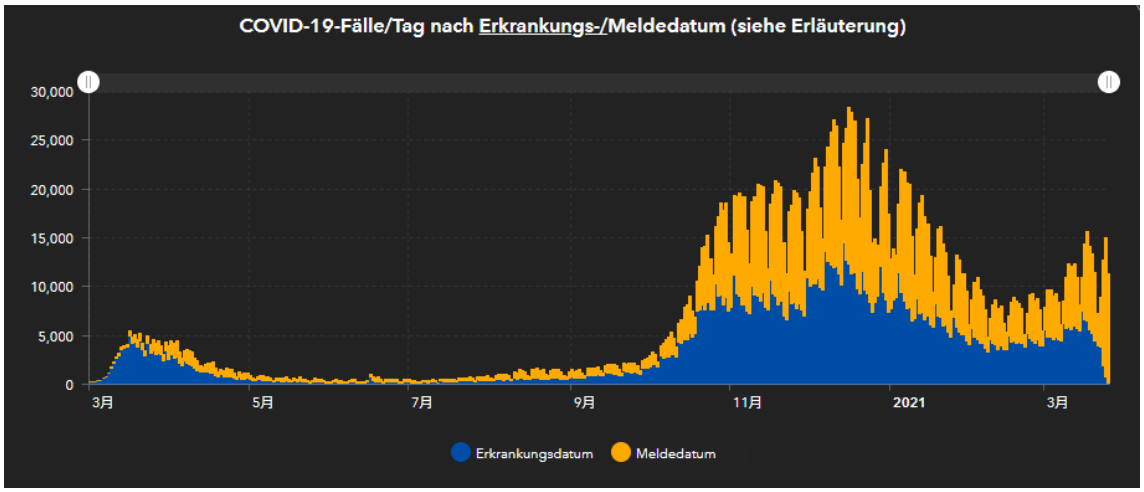
The provider must use test devices with extracted molecular methods that have the following performance characteristics as a minimum:

- specificity greater than 95% (or 95% 2-sided confidence interval entirely above 90%)
- sensitivity greater than 95% (or 95% 2-sided confidence interval entirely above 90%)
- limit of detection less or equal to 1,000 SARS-CoV-2 copies per millilitre (≤1000 Copies/ml)

3. ドイツ

ドイツにおける抗原検査について

ドイツでは 2020 年 3 月から 4 月にかけて一度感染が拡大し、その後一旦落ち着きを見せていたが 2020 年 10 月から再び感染者が急増した。2021 年 3 月 26 日の時点で累計およそ 270 万件、一日当たり 1 万 5 千件程度の感染が確認されている。(1)（下図　ロベルトコッホ研究所 HP より)。



ドイツでは基本的に PCR 検査を採用しており、抗原検査で陽性であった場合には PCR 検査で確認を取るよう指示している。(2, 3, 4) 一方で、より検査の範囲を広げるために、抗原検査を週 1 回無料で受けられるようにしている。(5)

ドイツではコロナ感染のリスクが高い地域や変異株が確認されている地域をリスク地域として定めている。(6) リスク地域からの渡航者に対しては検査と隔離を義務付けている。(7, 8)

リファレンス

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3. https://www.hamburg.com/residents/settle/health/13921528/rules-and-regulations/
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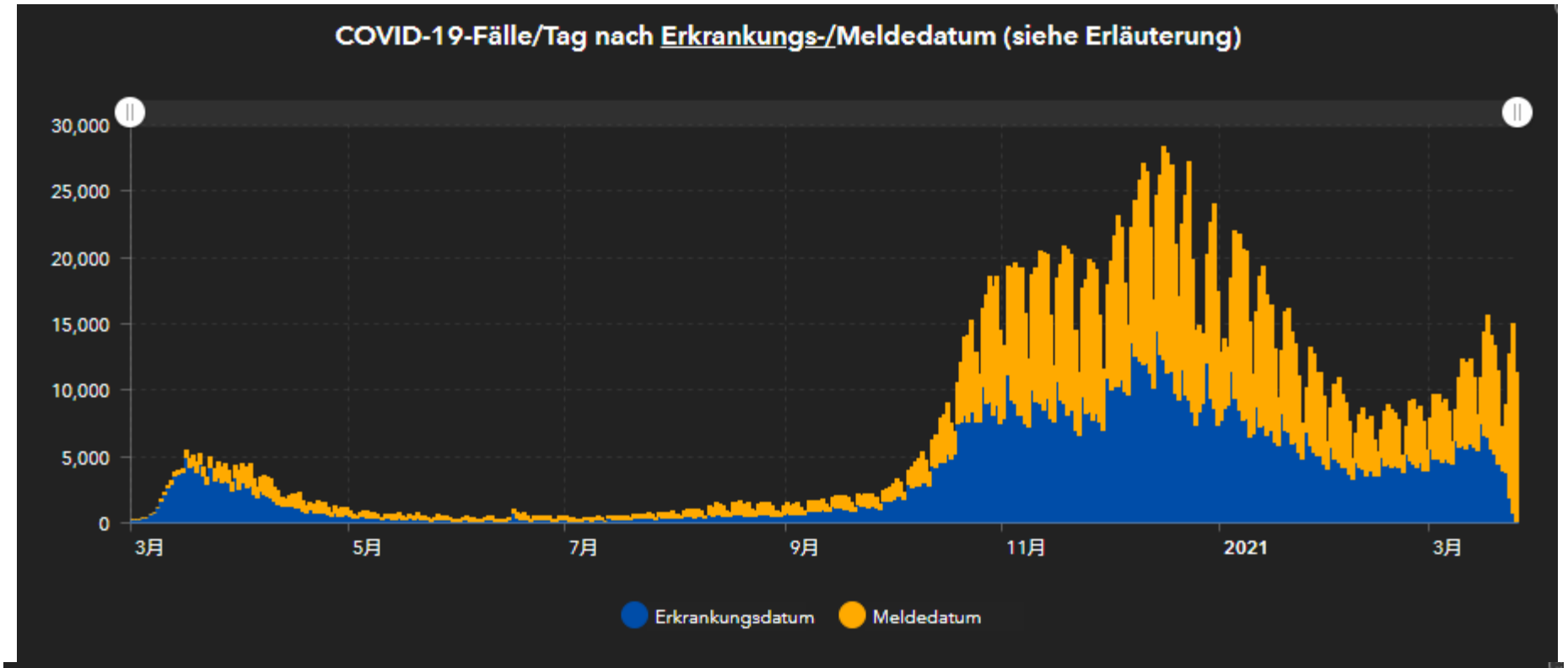
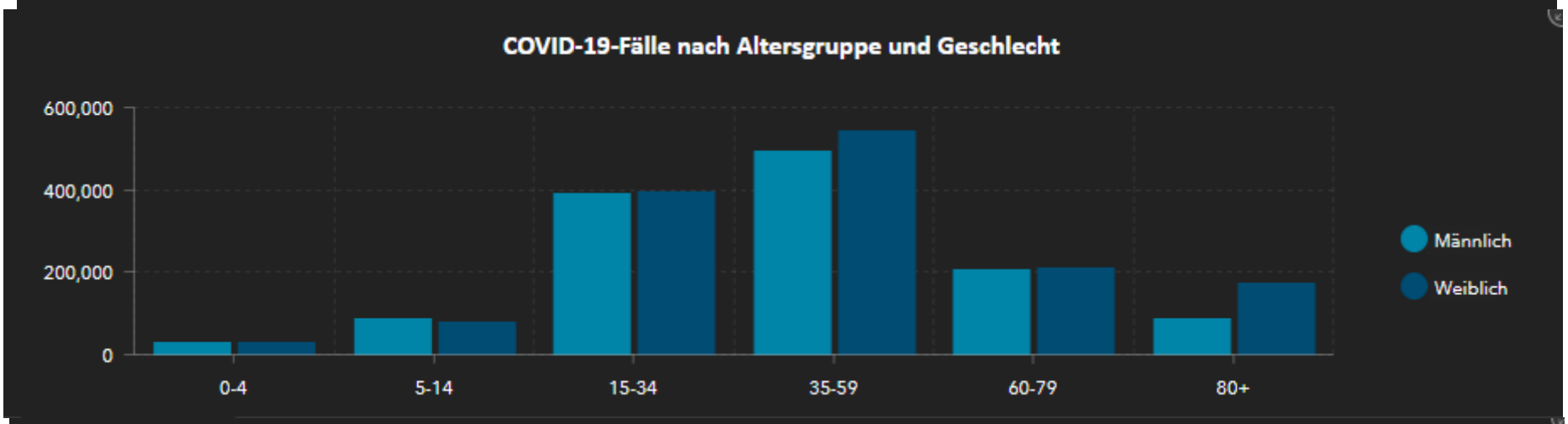
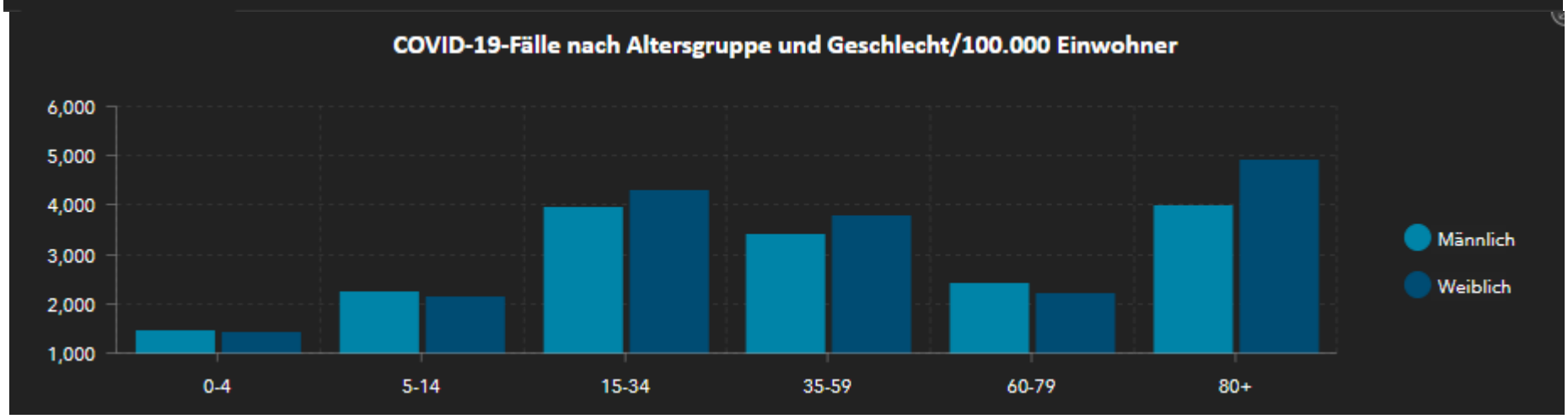
ドイツにおける新型コロナウイルスの感染者数とその内訳

ロベルトコッホ研究所HP　２０２１年３月２６日







ドイツにおける新型コロナウイルスの診断について１

ロベルトコッホ研究所HP　２０２１年３月４日

Direkter Erregernachweis durch RT-PCR

Für eine labordiagnostische Untersuchung zur Klärung des Verdachts auf eine Infektion mit dem SARS-CoV-2 wurden PCR-Nachweissysteme entwickelt und validiert. Sie gelten als „Goldstandard“ für die Diagnostik. Nähere Angaben sind über die Webseite der WHO zu Coronaviren bzw. der Foundation for Innovative New Diagnostics verfügbar.

Zur Bewertung der Ergebnisse aus AG-Testen

Ein **positives Testergebnis** mittels AG-Test löst den Verdacht auf eine übertragungsrelevante Infektion mit dem SARS-CoV-2 aus und bedarf zur Vermeidung falsch-positiver Befunde einer Nachtestung mittels PCR. In Anbetracht der potenziell erheblichen Konsequenzen inkorrekter Ergebnisse bestehen nicht nur an die Sensitivität von Antigentesten hohe Anforderungen, sondern auch an die Spezifität. So wäre bei niedriger Prävalenz/ Vortestwahrscheinlichkeit und geringer Testspezifität mit einer hohen Zahl falsch-positiver Ergebnisse und einer entsprechenden zusätzlichen Belastung des ÖGD durch Auferlegung und ggf. Rücknahme von Maßnahmen zu rechnen.

Ein **negatives Ergebnis** im Antigentest schließt eine Infektion nicht aus, insbesondere, wenn eine niedrige Viruslast vorliegt, wie z. B. in der frühen Inkubationsphase oder ab der zweiten Woche nach Symptombeginn bzw. in der späten Phase der Infektion. Dies ist bei der Definition von Einsatzgebieten und bei der Interpretation negativer Ergebnisse zu berücksichtigen. Insbesondere in Situationen, bei denen ein falsch negatives Ergebnis gravierende Konsequenzen nach sich ziehen könnte (z. B. Eintrag einer nicht erkannten Infektion in ein Altenpflegeheim; Kohortierungsentscheidungen in Ausbruchsgeschehen) ist dem z. B. durch PCR-Bestätigungstest oder hochfrequente (z.B. im Abstand von 2 bis 3 Tagen) Nachtestungen (sequenzielle Testung) Rechnung zu tragen. Dies ist insbesondere im Rahmen eines Testkonzeptes mit regelmäßigem Einsatz eines entsprechenden Testes von Bedeutung.

ハンブルク州HP　２０２１年３月２２日

Section 10g Obligations upon Testing Positive

(1) Persons who, in direct pathogen detection by means of PCR testing, have tested positive for the SARS-CoV-2 coronavirus must report to the responsible health office and, while waiting for an official decision by the health office, they must go immediately and directly to their primary or secondary place of residence or other accommodation suitable for temporary isolation (temporary isolation). Individual orders of the health office shall have priority over these regulations.

(2) Persons who, in direct pathogen detection, have tested positive for the SARS-CoV-2 coronavirus by means of antigen rapid testing are obliged to

1. undergo PCR testing immediately; and
2. while waiting for the test results, go immediately and directly to their primary or secondary place of residence or other accommodation suitable for temporary isolation.

Persons testing positive by means of PCR testing must report to the responsible health office immediately and continue the temporary isolation until a decision is made by the responsible health office. Individual orders of the responsible health office shall have priority over these regulations. For persons testing negative by means of PCR testing, the obligation to undergo temporary isolation shall terminate.

Rapid and self-tests

What is the difference between PCR, rapid and self-tests?

- A PCR test searches for the genetic material of the coronavirus in the test material (deep nasopharyngeal swab). The analysis is complex and time-consuming and can only be performed in an appropriately equipped laboratory. The swab must be taken by trained medical personnel.
- In contrast to the PCR test, a rapid test does not look for viral material in the test material (deep nasopharyngeal swab), but for molecules that are characteristic of the coronavirus. The swab can be performed by persons trained in swab taking. They do not necessarily have to be medical personnel. The test result is usually available after 15 to 20 minutes.
- A self-test usually works like a rapid test, but any person can take the swab themselves according to the manufacturer's instructions, a deep nasopharyngeal swab is usually not required. The test result is usually available after 15 to 20 minutes.

Furthermore, the following points should be noted:

- A positive rapid test or self-test must always be confirmed or refuted by a PCR test.
- Rapid tests and self-tests primarily detect viral material and show a positive result when the viral load in the mouth or nose is already sufficiently high.
- Each test represents only a snapshot at the time of testing and cannot predict infection status in the days or hours ahead.

ドイツにおける抗原検査の利用について

deutschland.deHP　２０２１年3月２６日

+++ Monday, March 8th 2021 +++

From Monday, the federal government will finance one rapid test per week for every citizen. In addition, retailers will offer self-tests. "There are more than enough of these quick tests, they are available, they are easy to order," says Federal Health Minister Jens Spahn. They can be done at local test centres and pharmacies from 8 March. However, the offer will not be immediately available to everyone, Spahn said. The federal states had already announced this, he said.

Rapid tests and self-tests

Rapid tests, which are already used in care facilities, in the health sector or in schools, are usually carried out by third parties and are not freely available. In addition to the rapid tests, the newly approved self- or self-tests will also be available in the future, the minister said. They will be available at retail outlets.

Neither rapid tests nor self-tests offer absolute certainty, warns Spahn. Therefore, anyone who tests positive should have their result checked directly with a PCR test. And those who test negative should not be lulled into a false sense of security. It remains important to keep your distance and maintain hygiene, and to wear a protective medical mask. "Testing alone will not solve the problem."

リスク地域の指定について

ロベルトコッホ研究所HP　２０２１年３月１９日

Information on the designation of international risk areas

Current at: 19 March 2021

Classification as a risk area is the result of a joint analysis and decision-making process by the Federal Ministry of Health, the Federal Foreign Office and the Federal Ministry of the Interior, Building and Community. This classification as a risk area is based on a two-step assessment. Initially, it is determined in which countries/regions there were more than 50 new infections per 100,000 inhabitants in the last seven days.

In a second step, qualitative and other criteria are used to determine whether or not countries/regions that might nominally fall below this threshold could nonetheless still present an increased risk of infection. The same applies for countries/regions that might nominally fall above this threshold but do not nonetheless present an increased risk. Since the 44th calendar week, the maps of the European Centre for Disease Prevention and Control (ECDC), broken down by region, have been taken into account for the EU Member States. The map contains data on the 14-day notification rate, testing rate and test positivity. As part of the second step, the Federal Foreign Office and, where relevant, the Federal Ministry of Health and the Federal Ministry of the Interior, Building and Community, provide qualitative reports based on reporting by the local German diplomatic representations, which also covers measures taken to halt the spread of the coronavirus pandemic. Key factors in this assessment are above all the numbers of infection and the type of outbreak (local or wide-spread), testing capacities and the number of tests carried out per capita as well as the measures taken to contain the spread of infection (hygiene regulations, contact tracing, etc.). Similarly, this also takes into account individual countries where reliable information may not be readily available.

The classification as a special risk area with a particularly high risk is made due to a particularly high incidence for the spread of the SARS-CoV-2 coronavirus in this area (high incidence area) or because certain variants of the SARS-CoV-2 coronavirus have occurred widely in this risk area (area of variant of concern).

The decisive factor for the classification of an area as an “area of variant of concern” due to the occurrence of a virus variant is the spread of a virus variant (mutation), which is not simultaneously widespread in Germany and from which it can be assumed that a special risk emanates (e.g. with regard to a suspected or proven higher transmissibility or other characteristics, which accelerate the spread of infection, increase the severity of the disease, or against which the effect of an immunity achieved through vaccination or through a passed infection is weakened).

リスク地域の指定について

ロベルトコッホ研究所HP　２０２１年３月１９日

High incidence areas are risk areas with particularly high numbers of cases. As with risk areas, classification as a high incidence area is based on a two-stage assessment. First, it is determined in which states/regions there were more than 200 new infections per 100,000 inhabitants in the last seven days. In the context of designating an area as a special risk area, other quantitative and qualitative criteria can be used to determine whether or not

countries/regions that might nominally fall below this incidence could nonetheless still present an increased risk of infection.

入国時の検査義務と隔離義務について１

ロベルトコッホ研究所HP　２０２１年３月１９日

Information on the recognition of diagnostic tests for SARS-CoV-2 for persons arriving in Germany from risk areas

As of: 19 March 2021

Obligation to undergo testing and provide proof of a negative test result

If you spent time within the 10 days prior to entering Germany in a **risk area** (not a high-incidence area, nor area of variants of concern), you must be able to furnish proof of a negative test result within 48 hours of entry. The **swab specimen** must have been taken **at the earliest 48 hours before entry**. Within 10 days following entry, the public health office (*Gesundheitsamt*) may require that you present the negative test result.

Persons entering Germany from areas associated with particularly high risk of infection (**high-incidence areas or areas of variants of concern**) are subject to **tighter regulation**. Persons entering Germany who spent time within the 10 days prior to entry in such an area are obligated to already **get tested before departing on their journey to Germany**. Before setting off, they must present their carrier (e.g. the airline) with a negative test result or appropriate medical certificate. A negative test result can also be demanded by the Federal Police in the context of checking duties (entry control at the airport or controls performed close to borders when crossing such internal borders by land). When entering Germany from a high-incidence area or area of variants of concern, the **swab specimen** also must have been taken **at the earliest 48 hours before entry**.

If persons entering the country from areas associated with **particularly high risk** (**high-incidence areas or areas of variants of concern**) are unable to attain a medical certificate or proof of a negative test for infection with the SARS-CoV-2 coronavirus before their departure, the carrier may perform the test or have the test performed before departure and can, if the result is negative, transport the passenger. With respect to **areas of variants of concern**, the **swab** may not have been taken **more than 12 hours before the departure**.

Obligation to quarantine

Persons entering or re-entering Germany from another country, who spent time in a risk area within the ten days prior to entry, are generally required to self-quarantine for ten days directly upon arrival. **As a general rule, the obligation to quarantine can only be prematurely lifted with a negative test result taken after the fifth day following entry. Depending on Land law, entries from high-incidence areas and areas of variants of concern may be subject to tighter regulation.**

To maintain our communities, family life and commercial traffic, particular groups of individuals are exempt from the obligation to quarantine if they can furnish a negative test result after their entry. For information on whether one of these **exemptions** might apply to you, please contact the respective Federal Land.

Information on entry restrictions and quarantine regulations in Germany

Test requirement on entry

Travellers aged six years or older who have been in a **high incidence area or in a virus variant area** in the past ten days prior to entry into Germany must carry proof that they have been tested for infection with SARS-CoV-2 coronavirus with them **upon entry** and present it to the competent authorities upon request and, if necessary, to the transport company prior to travelling.

Travellers who have visited any other **risk area** (neither high incidence area nor virus variant area) during the ten days prior to entry into Germany must be in possession of a test result **no later than 48 hours after entry** and present it to the competent authorities upon request.

The lists of high incidence areas, virus variant areas and other risk areas are published on the **website of the Robert Koch Institute.**

The test must have been performed no more than 48 hours prior to entry (time of swabbing). Proof of the test result must be on paper or in an electronic document in English, French or German. Travellers can find details regarding the test requirements on the **website of the Robert Koch Institute.** The test result must be kept for at least ten days after entry.

No exceptions can be made for entry from virus variant areas. Those in transit from high-incidence areas and other risk areas are exempt from registration, testing and quarantine requirements under certain circumstances. This includes transit through a risk area without a stopover prior to entering Germany as well as transit through Germany via the fastest route, e.g. with a confirmed onward flight to a third country.

Quarantine regulations

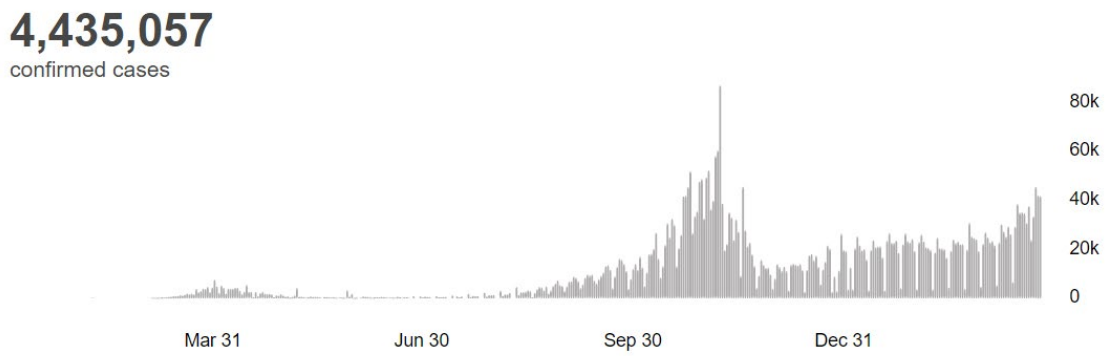
According to the new specimen regulation, the following applies as a rule:

Upon entry to Germany following a stay in a risk area, high incidence area or virus variant area within the last ten days, you must

- **register at www.einreiseanmeldung.de before entering the country** → and carry proof of having done so with you,
- **be tested for infection with the SARS-CoV-2 coronavirus** → before or immediately after entering the country,
- proceed directly to your destination following entry and
- self-isolate there for ten days (quarantine).

フランスにおける抗原検査について

フランスでは 2020 年 3 月から 4 月にかけて一度感染者が確認された後、2020 年 8 月から感染が拡大した。2021 年 3 月 29 日の時点で累計およそ 440 万件、一日当たり 4 万件程度の感染が確認されており、感染は拡大傾向にある。(1)（下図　世界保健機関 HP より)。



フランスでは抗原検査のみでも感染が確認されたと認められる。(2) 一方で検査の主流は PCR 検査となっている。(3) 抗原検査で陽性であった場合には自己隔離を行い、医師に連絡するよう指示されている。(4)

検疫においては、事前に PCR 検査を受け陰性証明を取得しておくことと到着時の PCR 検査が義務付けられている。ヨーロッパ以外からの渡航者に対しては、さらに自己隔離が課せられる。(5)

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4. フランス

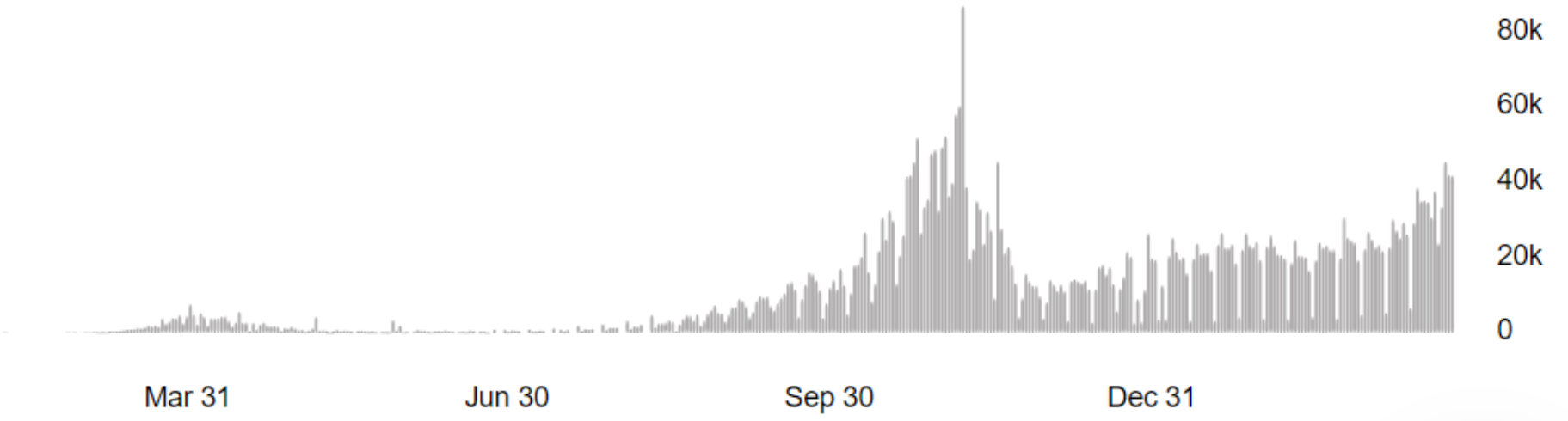
フランスにおける新型コロナウイルスの感染者数と死者数

世界保健機関HP　２０２１年３月２９日

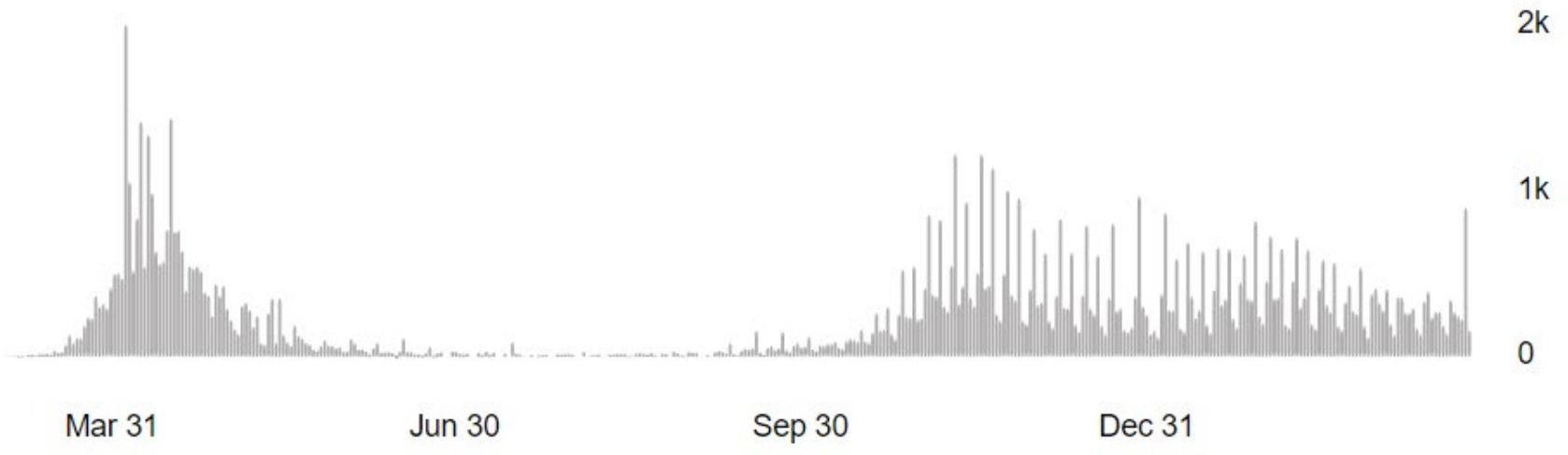
France Situation

Daily　Weekly

4,435,057
confirmed cases



93,884
deaths



Source: World Health Organization

Santé publique France

Définition de cas d'infection au SARS-CoV-2 (COVID-19)

Mise à jour le 21/01/2021

Cas possible

Toute personne, ayant ou non été en contact à risque (voir définition ci-dessous) avec un cas confirmé dans les 14 jours précédant l'apparition des symptômes, présentant des signes cliniques évocateurs de COVID-19 : **infection respiratoire aiguë avec une fièvre ou une sensation de fièvre**, ou toute autre manifestation clinique suivante, **de survenue brutale,** selon l'avis du HCSP relatif aux signes cliniques d'orientation diagnostique du COVID-19 :

- En population générale : asthénie inexpliquée ; myalgies inexpliquées ; céphalées en dehors d'une pathologie migraineuse connue ; anosmie ou hyposmie sans rhinite associée ; agueusie ou dysgueusie.
- Chez les personnes âgées de 80 ans ou plus : altération de l'état général ; chutes répétées ; apparition ou aggravation de troubles cognitifs ; syndrome confusionnel ; diarrhée ; décompensation d'une pathologie antérieure.
- Chez les enfants : tous les signes sus-cités en population générale ; altération de l'état général ; diarrhée ; fièvre isolée chez l'enfant de moins de 3 mois.
- Chez les patients en situation d'urgence ou de réanimation : troubles du rythme cardiaque récents ; atteintes myocardiques aigües ; évènement thromboembolique grave.

Cas probable

Toute personne présentant des signes cliniques et des signes visibles en tomo-densitométrie thoracique évocateurs de COVID-19.

Cas confirmé

Toute personne, symptomatique ou non, avec un résultat biologique confirmant l'infection par le SARS-CoV-2, par amplification moléculaire (RT-PCR, RT-LAMP), par test antigénique ou sérologie (dans le cadre d'un diagnostic de rattrapage, conformément aux recommandations de la HAS).

ブルターニュ地方における新型コロナウイルスの検査について

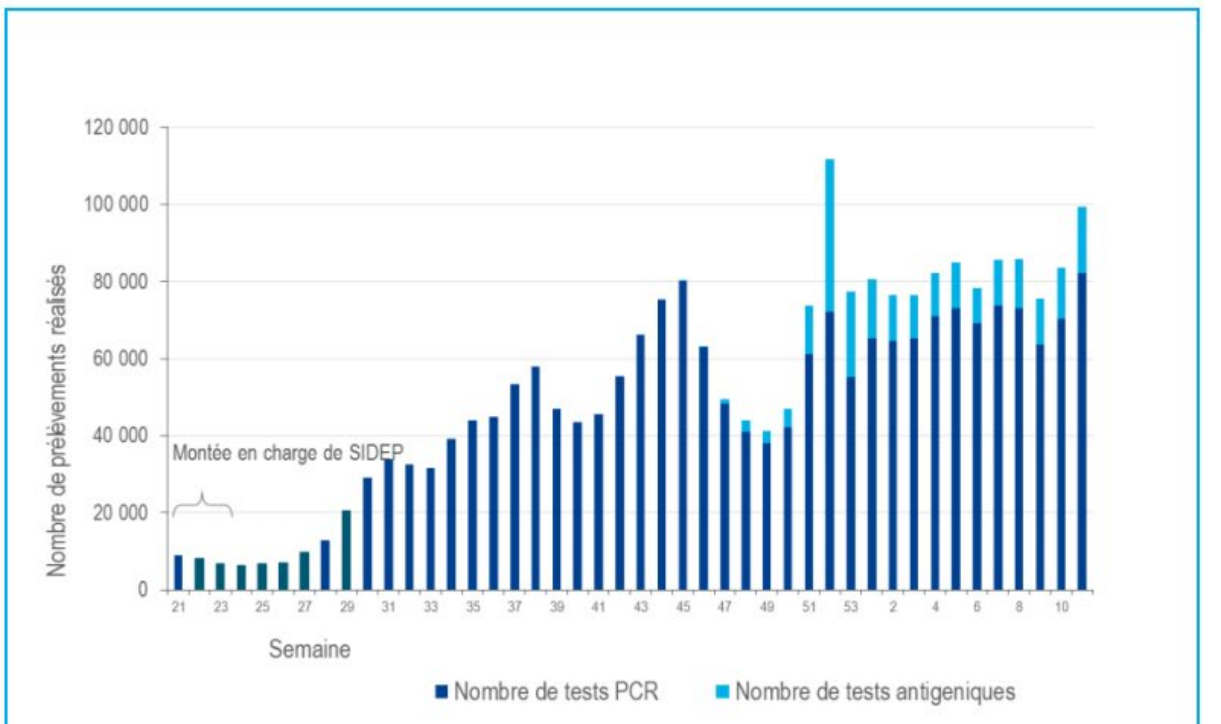
Santé publique France HP　２０２１年３月２６日

COVID-19

- **Virologie** : Augmentation du nombre de prélèvements PCR en semaine 11 depuis 3 semaines consécutives, 82151 tests PCR (+17% /S10 – données non consolidées). Augmentation des tests antigéniques avec 17127 tests en semaine 10. Augmentation du taux d'incidence et du taux de positivité calculés à partir des tests PCR et tests antigéniques pour la 5ème semaine consécutive. Le taux d'incidence est en augmentation, passant de 132,0/100 000 habitants en S10 à 164,7/100 000 habitants en S11. Le taux de positivité est également en hausse passant de 5,4 à 5,6%. La part de suspicion de variant dit britannique est de 81,4 % en Bretagne et celle des variants brésilien ou sud-africain, de 4,1%. L'Ille et Vilaine reste le département présentant le taux d'incidence le plus élevé (235 /100 000 habitants en S11), subissant une hausse importante tout comme le département des Côtes d'Armor (186 / 100 000). Ces hausses épargnent les tranches d'âges les plus âgées, qui sont aussi celles avec la plus grande couverture vaccinale.

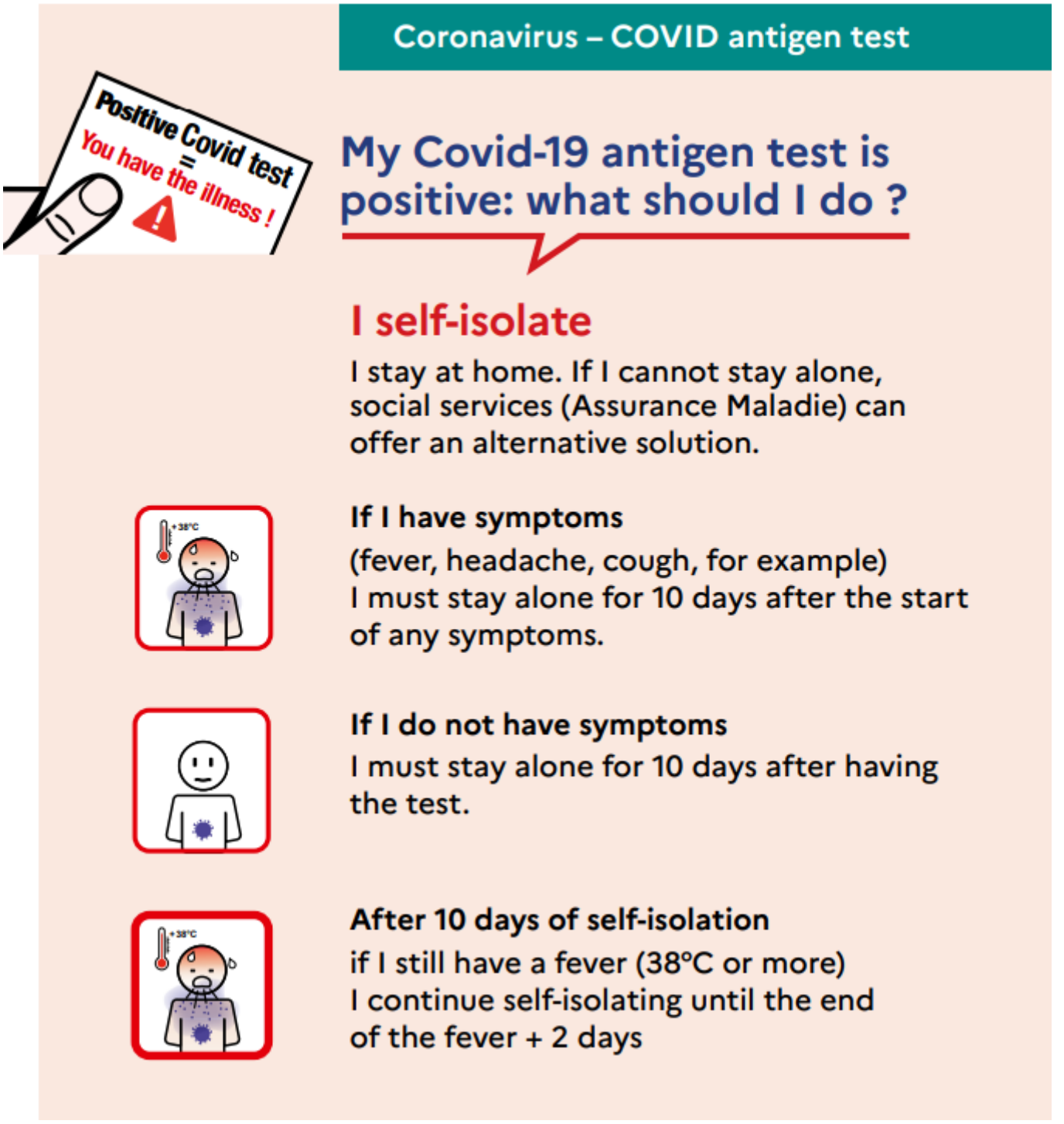
Figure 1 - Nombre de prélèvements pour SARS-CoV-2 réalisés dans les laboratoires publics et privés, par date de prélèvement, du 18/05 au 21/03/2021, Bretagne.

(Sources :
- à partir de la semaine 20, SIDEP, dernières données actualisées au 24/03/2021 – 09H46 (exploitation ARS Bretagne))



抗原検査で陽性と判定された後の対応について

Santé publique France HP　２０２１年３月６日

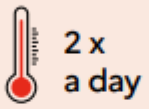


抗原検査で陽性と判定された後の対応について

Santé publique France HP　２０２１年３月６日

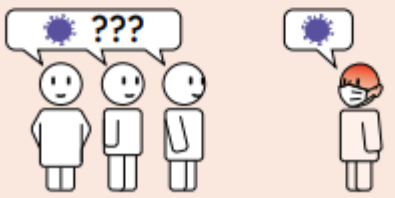
I look after my health

I contact my doctor who will check my health.
A sickness certificate for my work can be provided.



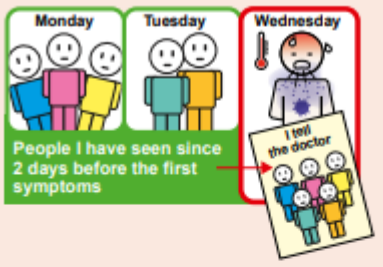
I take my temperature 2 times a day.

If I have difficult to breathe, I ring the emergency number 15 immediately.
Or 114 if deaf or hard-of-hearing.

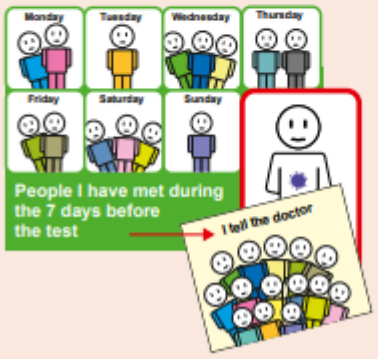


I tell my close contacts

Straight away, I tell people I have been in contact with (family, friends, neighbours, work colleagues). They might have Covid too.



If I have symptoms:
I tell my doctor of the people I have seen since **2 days** before the first symptoms.
Social services will ask them to self-isolate and take a test.



If I do not have symptoms:
I tell my doctor of the people I have met during the **7 days** before the test.
Social services will ask them to self-isolate and take a test.

入国時の検査義務と隔離義務について

ヨーロッパ外務省HP　２０２１年３月２２日

Arrivals from within the European space

If you are arriving from a country within the European space, you can enter France. You must comply with health regulations to enter France (PCR test and sworn declaration). You are not required to self-isolate.

The countries which comprise the European space are all the European Union Member States, as well as Andorra, the Holy See, Iceland, Liechtenstein, Monaco, Norway, San Marino and Switzerland.

You will need to present the following to the transport operator and border control authorities:

- A sworn declaration stating that:
  - You do not show signs of COVID-19;
  - To your knowledge, you have not been in contact with anyone confirmed to have COVID-19 in the 14 days before travel;
  - You agree to submit, if you are aged 11 years or older, to a virological RT-PCR test for SARS-CoV-2 upon arrival in France;
  - If you are aged 11 or over, a negative RT-PCR test result, carried out less than 72 hours before departure.

Where an RT-PCR test cannot be carried out in the country of departure, you can ask the embassy or consulate of France for a specific document called a "PCR test exemption" (Dispense de test PCR), subject to pressing grounds for travel (limited to a very small number of circumstances) and prior acceptance of:

- *A virological screening test capable of detecting SARS-CoV-2 (antigen/lateral flow test) upon arrival*
- *A 7-day isolation period in a hotel designated by the French authorities, subject to presentation of a booking;*
- *An RT-PCR virological test at the end of the isolation period. In countries where antigen/lateral flow tests are available, the "PCR test exemption" is valid only if accompanied by the results of such a test carried out less than 72 hours before boarding and which does not identify COVID-19 contamination. The costs of the isolation period are at your own expense.*

入国時の検査義務と隔離義務について

ヨーロッパ外務省HP　２０２１年３月２２日

Arrivals from Australia, Israel, Japan, New Zealand, Singapore, South Korea or the United Kingdom.

If you are arriving from one of those seven countries, you can enter France. You must comply with health regulations to enter France (PCR test and sworn declaration). You must self-isolate for seven days after your arrival.

For your arrival in France, you need to fill in and carry two documents in addition to required travel documents:

- A sworn declaration stating that:
  - You do not show signs of COVID-19;
  - To your knowledge, you have not been in contact with anyone confirmed to have COVID-19 in the 14 days before travel;
  - You agree to submit, if you are aged 11 years or older, to a virological RT-PCR test for SARS-CoV-2 upon arrival in France;
  - You agree to self-isolate for 7 days upon arrival in France, and to submit, if you are aged 11 years or older, to a virological RT-PCR test for SARS-CoV-2 at the end of the isolation period.
- If you are aged 11 or over, a negative PCR test result, carried out less than 72 hours before departure.

Where an RT-PCR test cannot be carried out in the country of departure, you can ask the embassy or consulate of France for a specific document called a "PCR test exemption" (Dispense de test PCR), subject to pressing grounds for travel (limited to a very small number of circumstances) and prior acceptance of:

- *A virological screening test capable of detecting SARS-CoV-2 (antigen/lateral flow test) upon arrival*
- *A 7-day isolation period in a hotel designated by the French authorities, subject to presentation of a booking;*
- *An RT-PCR virological test at the end of the isolation period. In countries where antigen/lateral flow tests are available, the "PCR test exemption" is valid only if accompanied by the results of such a test carried out less than 72 hours before boarding and which does not identify COVID-19 contamination.*
  The costs of the isolation period are at your own expense.

入国時の検査義務と隔離義務について

ヨーロッパ外務省HP　２０２１年３月２２日

Arrivals from any other country

> **If you are arriving from a country other than those listed above, you cannot enter France unless you have an exemption . You must comply with health requirements to enter France (PCR test and sworn declaration). You must self-isolate for seven days after your arrival.**

For your arrival in France, you need to fill in and carry three documents in addition to required travel documents:

- An exempted international travel certificate for travel to France, available here in English and in French. This certificate includes the list of exemptions. If you are an international road haulier, this certificate will be replaced by the European certificate.
- A sworn declaration stating that:
  - You do not show signs of COVID-19;
  - To your knowledge, you have not been in contact with anyone confirmed to have COVID-19 in the 14 days before travel;
  - You agree to submit, if you are aged 11 years or older, to a virological RT-PCR test for SARS-CoV-2 upon arrival in France;
  - You agree to self-isolate for 7 days upon arrival in France, and to submit, if you are aged 11 years or older, to a virological RT-PCR test for SARS-CoV-2 at the end of the isolation period.
- If you are aged 11 or over, a negative PCR test result, carried out less than 72 hours before departure.

Where an RT-PCR test cannot be carried out in the country of departure, you can ask the embassy or consulate of France for a specific document called a "PCR test exemption" (Dispense de test PCR), subject to pressing grounds for travel (limited to a very small number of circumstances) and prior acceptance of:

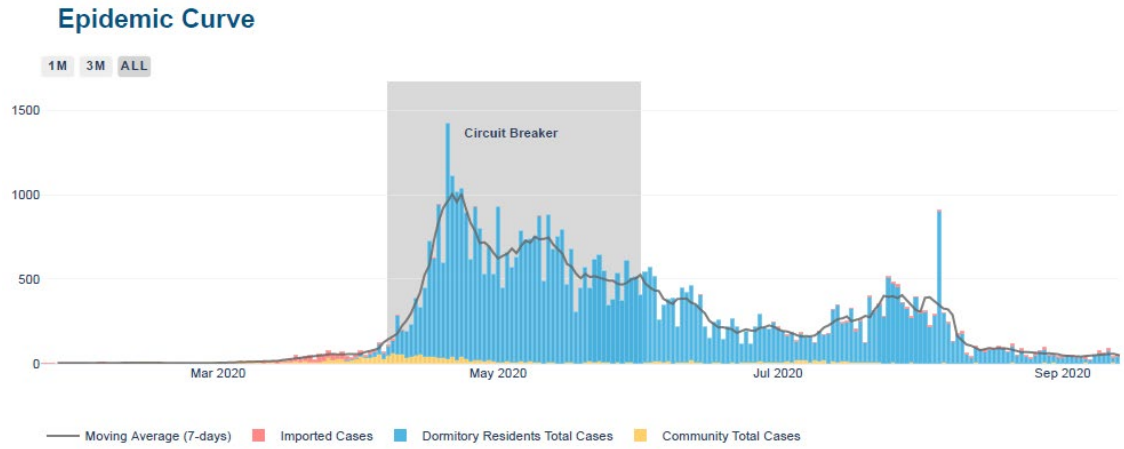
- *A virological screening test capable of detecting SARS-CoV-2 (antigen/lateral flow test) upon arrival*
- *A 7-day isolation period in a hotel designated by the French authorities, subject to presentation of a booking;*
- *An RT-PCR virological test at the end of the isolation period. In countries where antigen/lateral flow tests are available, the "PCR test exemption" is valid only if accompanied by the results of such a test carried out less than 72 hours before boarding and which does not identify COVID-19 contamination.*
  The costs of the isolation period are at your own expense.

You will not be allowed to board without these documents.

5. シンガポール

シンガポールにおける抗原検査の利用について

シンガポールでは 2020 年 4 月から 5 月にかけて外国人労働者向けの寮を中心に新型コロナウイルスの感染拡大があったが、現在は感染は落ち着きを見せており、新規に感染が確認された者のほとんどは海外からの渡航者となっている（1）（下図　シンガポール保健省 HP より）。



シンガポールは入国時に PCR 検査を実施しており、空港検疫では抗原検査をしていない。

抗原検査は、マレーシアとの陸路国境（Tuas と Woodlands）においては、輸送業者が陸路で入国する際に行われている（2）。

シンガポールは経済活動再開に向けて段階的な取り組みをしており、その現在の段階であるフェーズ 3 （3, 4）において、大規模イベントの安全性を確保するために、抗原検査が利用されている。フェーズ 3 の開始前に試験的（5）に「Singapore international energy week」（6）や「one championship」などの格闘技のイベント（7）において入場者に対して抗原検査が実施された。この後、フェーズ 3 に移行しているため結果は良好だったと思われる。

また、国内の外国人労働者に対しては 2 週間ごとに PCR 検査を実施している。その補助として PCR 検査の 1 週間後に抗原検査を試験的に実施した（8）。2020 年 12 月の時点で PCR 検査と抗原検査の両方を併用していく方針となった（9）。

リファレンス

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3. https://www.gov.sg/article/moving-into-phase-3-of-re-opening-on-28-dec-2020
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8. https://www.mom.gov.sg/newsroom/press-releases/2020/1025-pilot-of-antigen-rapid-tests-for-quicker-detection-of-covid-19-infection-among-migrant-workers
9. https://www.mom.gov.sg/newsroom/press-releases/2020/1214-measures-to-contain-the-covid-19-outbreak-in-migrant-worker-dormitories

シンガポールにおける新型コロナウイルス感染者数とその内訳

シンガポール保健省HP　２０２１年３月９日

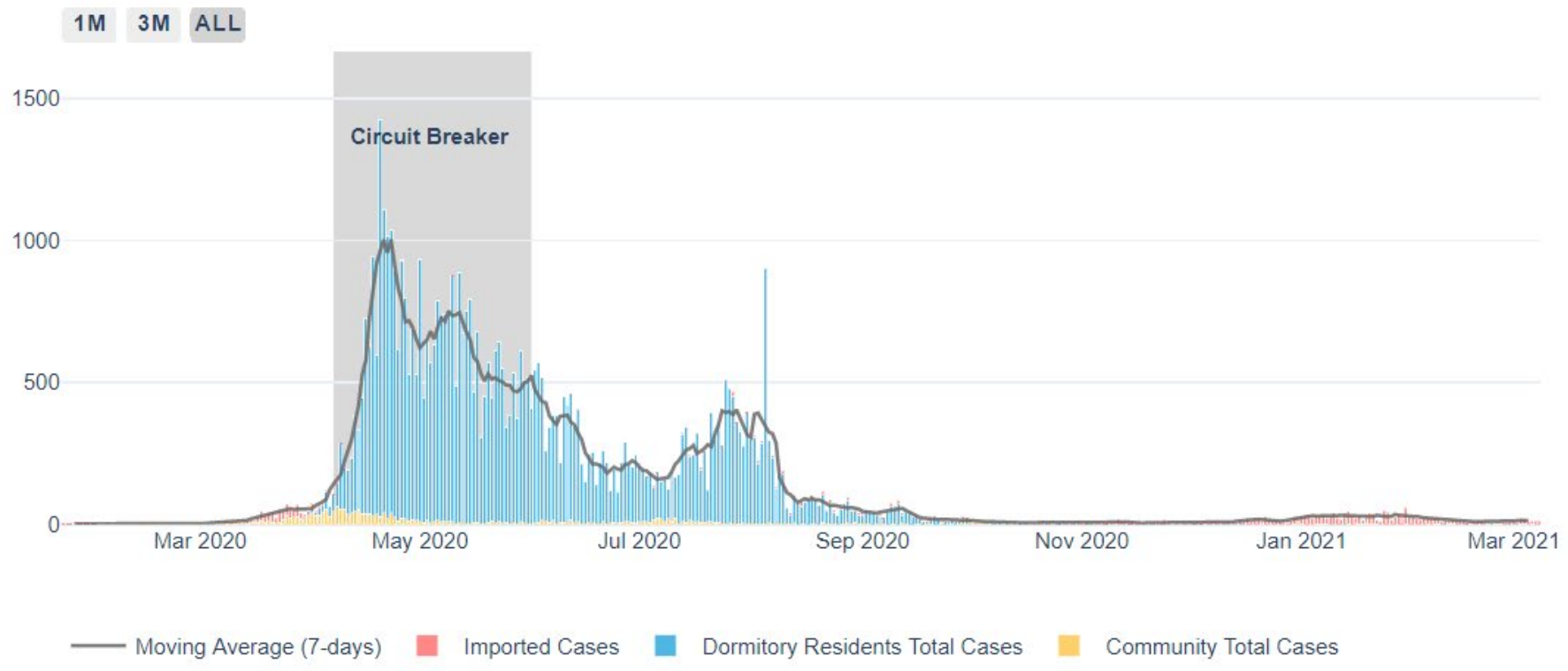
MINISTRY OF HEALTH SINGAPORE

COVID-19 Situation Report

Data Updated as of: 08 Mar 2021

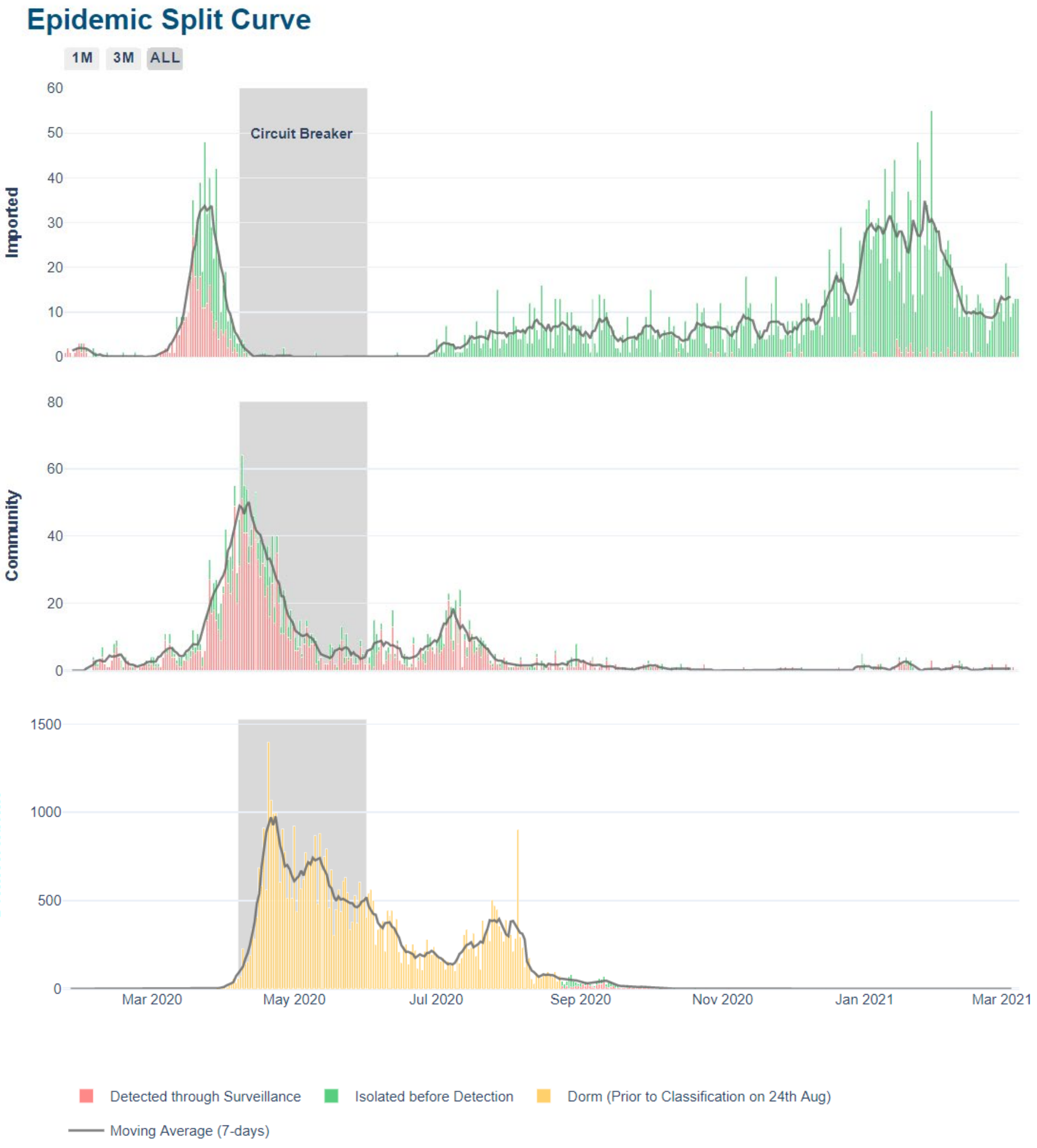
Current Situation	Summary Table	Number of Cases	Case Status	Stay Home Notices (SHNs) & Quarantine Orders (QOs)

Epidemic Curve



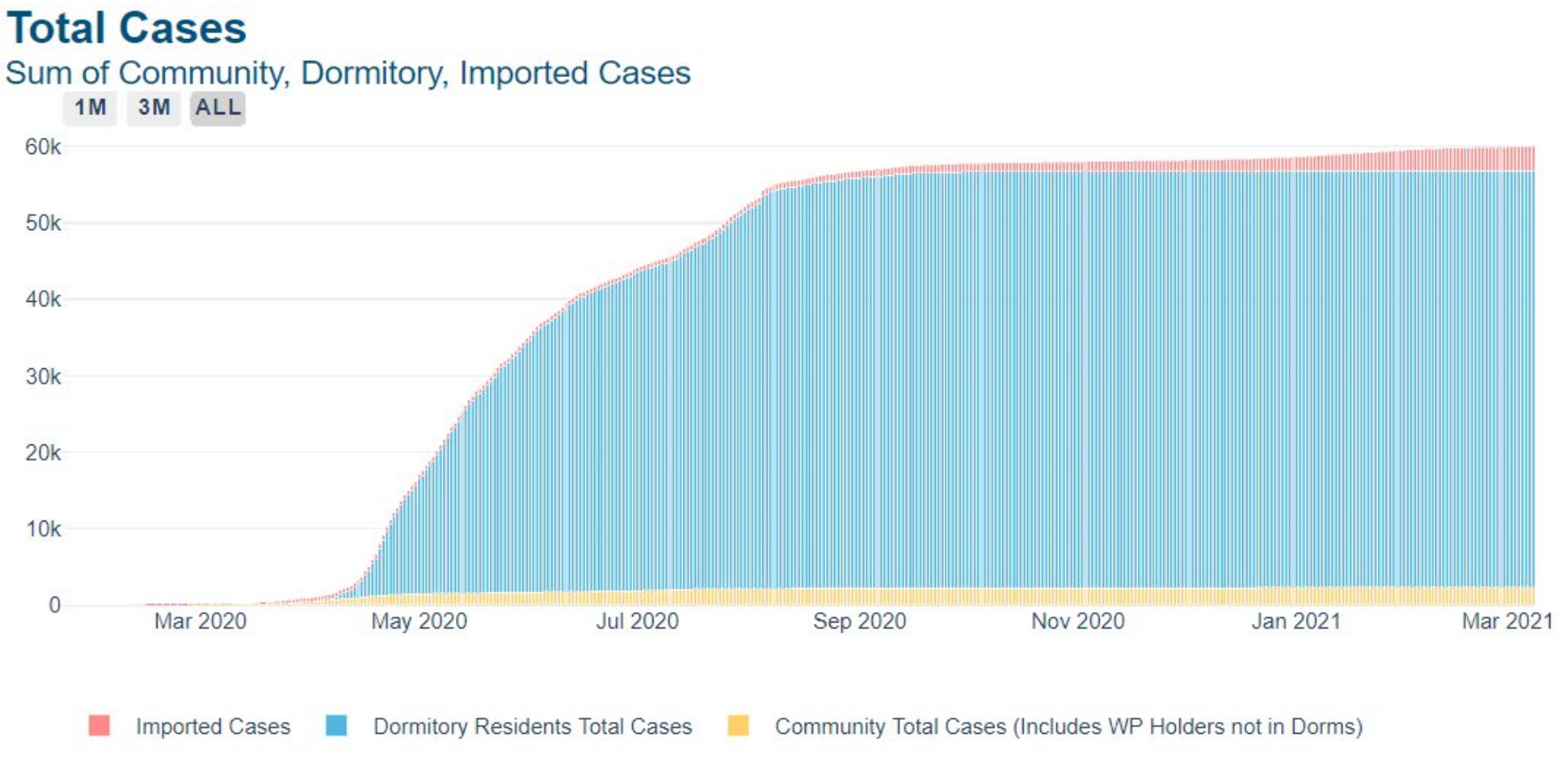
シンガポールにおける新型コロナウイルス感染者数とその内訳

シンガポール保健省HP　２０２１年３月９日



シンガポールにおける新型コロナウイルス感染者数とその内訳

シンガポール保健省HP　２０２１年３月９日



マレーシアとの陸路国境での抗原検査の利用について

シンガポール貿易産業省HP　２０２１年１月２１日

PRESS RELEASE

MTI MINISTRY OF TRADE AND INDUSTRY SINGAPORE

COMPULSORY ANTIGEN RAPID TEST AT SINGAPORE'S LAND CHECKPOINTS FROM 22 JANUARY 2021

1. To manage the growing risk of imported COVID-19 cases, Singapore has strengthened its border control measures to require all travellers to undertake COVID-19 testing on arrival in Singapore. In line with this safeguard, with effect from 22 January 2021, 0900 hours, Antigen Rapid Test (ART) at the Singapore Tuas and Woodlands checkpoints will be progressively rolled out for cargo drivers and accompanying personnel entering Singapore. Tested drivers and personnel with a negative result may proceed to enter Singapore.

2. As cargo drivers and accompanying personnel could have interactions with the local community in Singapore, introducing an on-arrival ART will allow us to identify potential COVID-19 cases and mitigate the risk further. This will add to the safeguards ensuring public health both in Singapore, and for the community of cargo drivers and accompanying personnel.

3. We recognise the importance of ensuring the smooth passage of goods between Singapore and Malaysia and value the important role of the cargo drivers and accompanying personnel. We will ensure smooth operations at the checkpoints to minimise disruptions to deliveries and supply chains. Businesses expecting deliveries are encouraged to maintain close communication with their logistic providers and cater for possible delays. Businesses, cargo drivers and accompanying personnel must also continue to abide by Safe Management Measures, including contactless delivery, wearing of masks, and safe distancing.

MINISTRY OF TRADE AND INDUSTRY
21 JANUARY 2021

シンガポールでの経済活動再開に向けた取り組みにおける
現段階の「フェーズ３」について

シンガポール政府HP　２０２０年１２月１４日

A Singapore Government Agency Website

gov.sg

Moving into Phase 3 of Re-Opening on 28 Dec 2020

Resuming more activities safely

6 min read | Published on 14 Dec 2020

As Singapore has made good progress to support a further resumption of activities, the Multi-Ministry Taskforce (MTF) will start Phase 3 of re-opening from 28 Dec 2020.

Update on pre-conditions for moving into Phase 3

To move into Phase 3, we needed:

a) Adherence to safe management measures

b) Sufficient testing capabilities for early detection and public health action: Singapore ramped up Polymerase Chain Reaction (PCR) test capacity significantly to be able to run over 50,000 tests a day. Antigen rapid tests were also introduced for larger and higher-risk events.

c) High adoption of TraceTogether (TT) for quick and effective contact tracing: As at 13 Dec 2020, around 65% of Singapore residents are on the TT Programme, and Singapore is on track to reaching the target of around 70% by the end-2020.

フェーズ３について

シンガポール政府HP　２０２０年１２月１４日

Further re-opening in the community

Having assessed that these pre-conditions are in place, here is the list of activities that will be further re-opened in the community from 28 Dec 2020:

Activities	Details
Group size for gatherings will be increased from 5 to 8 persons	• Up to 8 persons for social gatherings and household visitors at any point in time
Capacity limits of premises will be increased	• Attractions can start applying to the Singapore Tourism Board (STB) to increase their operating capacity from 50% to up to 65% • Capacity limits will be increase from 10m^2 to 8m^2 per person in malls and large standalone stores
Capacity for congregational and other worship services will be increased up to 250 persons	• These services should be conducted in zones of 50 persons each for congregational services • Congregational and other worship services as well as religious rites/prayers conducted at places of worship **may involve** live performance elements, e.g. with a limited number of singers, wind and other instruments, with the necessary safe management measures in place
Total of 10 persons for marriage solemnisations + up to 8 visitors allowed	• In Phase 3, the hosting household will be able to invite up to 8 visitors (excluding members of hosting household, the solemniser and vendors), even if this exceeds the existing cap of 10 persons. • In Phase 2, a total of 10 persons (including members of hosting household, excluding the solemniser and vendors) are allowed

フェーズ３について

シンガポール政府HP　２０２０年１２月１４日

Live instrumental music (except for wind instruments) will be allowed for some activities	• Necessary safe management measures should be in place • Activities include marriage solemnisations (in indoor venues only), funerals and funerary-related activities
Changes in regulations for indoor live performances	• Indoor live performances can have up to 250 persons (in zones of up to 50 each) • Pilots for up to 250 persons in live performances for outdoor venues (in zones of 50 each)

The MTF will continue to conduct pilots in some higher-risk activities and settings such as busking and live performances in outdoor venues, karaoke, nightlife to assess how these activities can take place and scale up safely.

Mandatory TraceTogether for SafeEntry check-ins will only be rolled-out in early 2021

TraceTogether-only SafeEntry, where the TraceTogether App or Token is required for SafeEntry check-ins, will only be implemented early next year, after everyone who wants a Token has had a chance to collect one at a Community Club or Centre in their constituency.

Until we implement TraceTogether-only SafeEntry, visitors can still perform SafeEntry check-in via the TraceTogether App, SingPass Mobile, or QR reader apps, or use their identity cards with barcodes such as NRIC, Pioneer or Merdeka Generation cards.

シンガポール政府HP　２０２０年１２月１４日

Keeping Singapore's migrant workers safe

With the stabilized situation at the migrant workers dormitories and Singapore's transition into Phase 3, Singapore will gradually relax the restrictions on migrant workers to keep them both physically and mentally safe amidst the pandemic.

Gradual relaxation of restrictions on migrant workers	• Can visit Recreational Centres more often to access daily needs e.g. barber or remittance services • Migrant workers can access communal facilities in the dormitories e.g. cooking stations and sports facilities
Pilot scheme will be started in the 1st quarter of 2021 to allow migrant workers to access the community once a month	• Subject to compliance with 1. Rostered Routine Testing 2. Wearing of contact tracing tokens 3. Safe living measures
Strengthen safe management measures for migrant workers	• Migrant workers living in dormitories and working in Construction, Marine Shipyard and Process (CMP) sectors must wear their BluePass tokens
	• Employers to ensure workers continue to go for Rostered Routine Testing

フェーズ３について

シンガポール政府HP　２０２０年１２月１４日

Looking ahead to further re-opening

Even with the comprehensive plans for Phase 3, Singapore should continue to stay vigilant particularly with the upcoming festive period.

Safe management measures, COVID-19 testing and contact tracing will continue to be necessary and effective in helping Singapore mitigate the virus spread and to keep the community transmission low. Strict checks and enforcement actions will continue to be carried out to ensure that Singapore is safe from the virus.

Let's all stay united and disciplined in our fight towards COVID-19 – for a safer and healthier 2021.

For more details: https://www.moh.gov.sg/news-highlights/details/moving-into-phase-three-of-re-opening

フェーズ３について（保健省）

シンガポール保健省HP　２０２０年１２月１４日

MOVING INTO PHASE THREE OF RE-OPENING

14TH DEC 2020

As we have made good progress on the key enablers supporting further resumption of activities, the Multi-Ministry Taskforce will start Phase Three of re-opening from 28 December 2020. Even as we cross this milestone, we must continue to remain vigilant in the coming months and avoid an uncontrolled resurgence of cases which could slow or even reverse our progress.

UPDATE ON ENABLERS FOR MOVING INTO PHASE THREE

2. The Multi-Ministry Taskforce had outlined three pre-conditions for moving into Phase Three, which each of us has contributed to in the past few months:

a) Adherence to safe management measures. Most businesses and members of the public have been cooperating with safe management measures, and these efforts have helped keep community transmission low.

b) Sufficient testing capabilities for early detection and public health action. We have ramped up Polymerase Chain Reaction (PCR) test capacity significantly to be able to run over 50,000 tests a day. We have also introduced antigen rapid tests for larger and higher-risk events.

c) High adoption of TraceTogether for quick and effective contact tracing. As at 13 December, around 65% of Singapore residents are on the TraceTogether Programme, and we are on track to reaching the target of around 70% by the end of the year.

FURTHER RE-OPENING IN THE COMMUNITY

3. Having assessed that these pre-conditions and enablers are in place, the Multi-Ministry Taskforce will allow for the following further re-opening of activities in the community from 28 December 2020:

a. Social gatherings will be allowed to comprise up to **8 persons**, an increase from 5 persons today. Households may also receive up to **8 visitors** at any point in time. To reduce the likelihood of spread, we should continue to limit our social circle to a small group of regular contacts.

b. We will gradually increase the capacity limits of premises. For malls and large standalone stores, **we will increase the capacity limit from 10 square metres per person to 8 square metres per person; attractions may also start applying to the Singapore Tourism Board (STB) to increase their operating capacity from 50% to up to 65%.** Measures must continue to be put in place to prevent crowding in popular areas.

c. Religious Organisations (ROs) have been piloting increases in congregational and other worship services to up to 250 persons and allowance of live music for congregational and other worship services since 3 October 2020. The pilot has shown that the ROs were able to enforce safe management measures such as ensuring clear segregation between zones and minimising intermingling between groups of up to five persons. Hence, we will allow all ROs to increase their capacity for congregational and other worship services to up to 250 persons (in zones of up to 50 persons each for congregational services). Congregational and other worship services as well as religious rites/ prayers conducted at places of worship may involve live performance elements (e.g. with a limited number of singers, wind and other instruments) with the necessary safe management measures in place.

d. For marriage solemnisations held in the home, currently, a total of **10 persons** (including members of the hosting household, excluding the solemniser and vendors) are allowed. In Phase Three, the hosting household will be able to invite up to **8 visitors** (excluding members of the hosting household, the solemniser and vendors), even if this exceeds the existing cap of 10 persons.

e. Marriage solemnisations (in indoor venues only), funerals and funerary-related activities will also be allowed to have live instrumental music (except for wind instruments) with the necessary safe management measures in place.

f. Live performances in the Arts and Culture sector have been allowed to resume since 1 November 2020. Some venues have been piloting larger-scale performances of up to 250 persons and outdoor performances of up to 100 persons. Going forward, we will allow indoor live performances to have up to 250 persons in zones of up to 50 persons each. We will also be expanding outdoor live performance pilots to 250 persons in zones of up to 50 persons each, to ensure that venues are still able to safely manage larger outdoor performances and mitigate the gathering of peripheral crowds.

4. We will continue to conduct pilots in some higher-risk activities and settings such as busking and live performances in outdoor venues, karaoke, nightlife, which will allow us to assess how these activities can take place and scale up safely.

フェーズ３について（保健省）

シンガポール保健省HP　２０２０年１２月１４日

5. If the local COVID situation remains stable and we are able to deploy more of our enablers to allow more activities to resume safely, the Multi-Ministry Taskforce will consider allowing further resumption of activities, over the course of Phase Three.

6. TraceTogether-only SafeEntry, where the TraceTogether App or Token is required for SafeEntry check-ins, will only be implemented[1] early next year, after everyone who wants a Token has had a chance to collect one at a Community Club or Centre in their constituency. Until we implement TraceTogether-only SafeEntry, visitors can still perform SafeEntry check-in via the TraceTogether App, SingPass Mobile, or QR reader apps, or use their identity cards with barcodes such as NRIC, Pioneer or Merdeka Generation cards, and so on.

KEEPING OUR MIGRANT WORKERS SAFE

7. As we move into Phase Three of our re-opening, we are also taking stock of our efforts to prevent any new COVID-19 outbreak in our migrant worker dormitories, and reviewing how we can continue to keep our migrant workers safe – both physically and mentally. Our migrant workers' contributions to Singapore are immense, and it is our responsibility to ensure that they are well and can return home safely to their families.

8. Over the past few months, the government has been working closely with multiple stakeholders to care for our migrant workers. Through a whole-of-society effort, and with a comprehensive testing and isolation strategy, we have brought the outbreak in our migrant worker dormitories under control. The morbidity and mortality rate among our migrant workers living in dormitories were kept very low, although there were unfortunately two deaths due to COVID-19 amongst this group.

9. By August 2020, all migrant workers living in dormitories had undergone at least one test for COVID-19, and almost all have been cleared to return to work safely. Among other measures to detect and contain new infections, we will continue to carry out Rostered Routine Testing (RRT) of every worker who is still susceptible to infection.

10. We will also start a pilot scheme in 1Q 2021 with some dormitories to allow migrant workers to access the community once a month, subject to compliance with RRT, wearing of contact tracing tokens and safe living measures.

SECURING SINGAPORE'S ACCESS TO VACCINES

11. Vaccination is one of the key enablers to protect us and our loved ones against the COVID-19 disease, allow our economy to open up and more social activities to resume. It will also enable all of us to safely and more quickly return to normalcy.

12. Safety and efficacy of the vaccines for Singaporeans are key. The government has put in place stringent processes to assess the safety of the COVID-19 vaccines we bring in and ensure they comply with the World Health Organization's guidelines and international standards on safety and efficacy. Health Sciences Authority (HSA) is reviewing all the available scientific and clinical evidence in detail, and in constant consultation with other benchmark regulatory authorities around the world, to ensure that regulatory requirements and standards for safety and efficacy are met. The Expert Committee on COVID-19 Vaccination is assessing how best to deploy the portfolio of vaccines that we have acquired across all segments of the population to achieve the optimal health outcome for Singapore and Singaporeans.

13. To secure early access to safe and effective vaccines for our population, the government's discussions with pharmaceutical companies that had promising vaccine candidates began in May 2020. We have signed Advance Purchase Agreements with Moderna, Pfizer-BioNTech and Sinovac, and are in discussions with a few other pharmaceutical companies. HSA has since received enough scientific and clinical data, evaluated the available evidence and authorised the Pfizer-BioNTech COVID-19 vaccine for pandemic use in Singapore. Pfizer has indicated that the first batch of Pfizer-BioNTech vaccines will arrive in Singapore by around the end of this month. Subsequent batches from the three companies will arrive over the course of next year.

14. We are also a strong supporter and active participant in the work of the global COVID-19 Vaccine Global Access (COVAX) Facility, which enables countries to pool risk and resources, and promote equitable access to a portfolio of vaccines from different vaccine developers. Singapore has entered into a Commitment Agreement with the COVAX Facility to give us the right to purchase a certain amount of vaccines. This is part of Singapore's strategy to securing access to a portfolio of COVID-19 vaccines for our population, while promoting and actively enabling affordable, fair and equitable access to safe and effective COVID-19 vaccines for all globally.

15. We have made provision for all Singaporeans and long-term residents in Singapore to be able to get vaccinated by end-2021, if there are no unforeseen disruptions to vaccine shipments. While COVID-19 vaccination will be voluntary, we strongly encourage everyone to get vaccinated when the vaccine is offered to you. To ensure the accessibility of the vaccine and enable us to achieve a higher rate of vaccination for the population, this vaccination will be free[2].

16. Vaccine supply will be limited globally at the outset and will arrive in Singapore in batches over several months as manufacturers ramp up production of vaccines. Therefore, we will progressively vaccinate our entire population[3], with our first priority for those who are at greater risk and hence most in need of COVID-19 vaccination, such as healthcare workers and COVID-19 frontline workers, and vulnerable groups, in terms of age and health, at greater risk of severe disease from COVID-19 infection. This is consistent with WHO's recommendations. The Expert Committee has issued a preliminary set of recommendations which the government has accepted, and the Expert Committee will be sharing its detailed advice on the overall vaccination strategy for Singapore and its specific recommendations on each of the vaccines in the coming weeks, as more scientific and clinical data becomes available.

フェーズ３について（保健省）

シンガポール保健省HP　２０２０年１２月１４日

LOOKING AHEAD TO FURTHER RE-OPENING

17. Comprehensive vaccination coverage in the population will enable us to re-open further and expedite our recovery from the pandemic, but vaccination is not a silver bullet. While vaccination will protect vaccinated individuals against the disease, the virus has not been eradicated and it may still be possible for vaccinated individuals to spread the virus and infect those who are not yet vaccinated. It will thus be some time before Singapore and the entire world return to pre-COVID normalcy.

18. We cannot afford to let our guard down, especially during the upcoming festive period where we might want to meet up with family and friends, and must continue to be vigilant and keep up the good practices which we have cultivated over the past year. Our existing key enablers – safe management measures, testing, and contact tracing – continue to be necessary and effective in helping us to mitigate spread and keep community transmission low. We will continue with our checks and will not hesitate to take strict enforcement actions against any breaches, so that we can continue to keep Singapore safe from the virus.

19. We seek the cooperation of all Singaporeans to continue to remain united and disciplined in our fight against COVID-19. If we all work together, we can look forward to a safer and healthier 2021.

MINISTRY OF HEALTH
14 DECEMBER 2020

[1] i.e., implemented as the exclusive mode of entry, beyond the existing pilots already in place today.
[2] For Singaporeans and long-term residents in Singapore, which includes long-term work-permit holders.
[3] We will defer vaccinating pregnant women and children under 16 until more data on safety and efficacy for these groups are available.

フェーズ３移行に向けた、大規模イベントにおける抗原検査の試験的な利用について

シンガポール保健省HP　２０２０年１０月２０日

MINISTRY OF HEALTH
SINGAPORE

FOR IMMEDIATE RELEASE

FACTSHEET ON PILOTS FOR PRE-EVENT TESTING

Why are we doing pre-event testing?

To enable more economic and social activities, including large-scale events, to resume in a safe manner, the Ministry of Health (MOH) is piloting the use of pre-event testing as one of the measures to mitigate the risk of COVID-19 spread by reducing the risk of a COVID-19 positive case being present at an event. This complements the suite of safe management measures that have been put in place, including mask-wearing, safe distancing, group size and capacity limits, which remain core measures to reduce the risk of transmission.

Why are we using antigen rapid tests for pre-event testing?

2. Currently, we use Polymerase Chain Reaction (PCR) tests as the definitive test for the confirmation of COVID-19 cases. PCR tests remain the most accurate tests available today. However, the process from the point of swab to the release of results takes about one to two days, which is not feasible for pre-event testing. Given the need for shorter turnaround time, the pre-event testing will be using antigen rapid tests (ARTs), which can return fairly accurate results quickly, within half an hour.

3. The ARTs used in the pre-event testing pilots minimally meet the World Health Organization's (WHO's) recommendation of at least 80% for sensitivity and 97% for specificity and have been evaluated by MOH. This means that they will be able to pick up at least 80% of individuals who are infected with COVID-19, and will show a result of 3% false positives in healthy individuals.

What do the antigen rapid test results mean?

4. Whilst ARTs can yield results in a shorter timeframe, they have a lower accuracy rate compared to PCR tests. This means there is a risk that the ARTs may not detect some COVID-19 positive cases, or that some cases may test positive even though they are not infected with COVID-19. For the former, as there is still a possibility that a COVID-19 positive case could slip through to attend the event, there is still a need for the same safe management measures to be put in place, including mask-wearing, safe distancing, group size and capacity limits, to reduce the risk of transmission.

5. For the latter, all positive ART results will require a confirmatory PCR test to determine if the person is genuinely a positive case. As Singapore's current prevalence of COVID-19 is low, most of the ART positive cases would test negative under the more accurate PCR test (i.e. false positives), with only a small percentage that turn out to be truly COVID-19 positive.

フェーズ３移行に向けた、大規模イベントにおける抗原検査の試験的な利用について

シンガポール保健省HP　２０２０年１０月２０日

Why are we doing pre-event testing pilots?

6. Pre-event testing pilots will enable MOH to study pre-event testing processes and to identify a model which can be implemented more widely and allow more large-scale events to resume eventually.

7. From mid-October to December 2020, the Government will be identifying selected events across different settings, such as business-to-business events, wedding receptions, live performances, and sports events to test different operational workflows for pre-event testing. These pilot events will be selected in consultation with various groups of event organisers based on the feasibility of accommodating various workflows to be tested.

What goes on during the pre-event testing pilots?

8. Participants going to an event or activity will be tested either at the event venue or at a separate testing facility. Only participants who are tested negative for ART or PCR negative will be allowed to participate in the event. The ARTs currently being piloted involves using a nasal swab to take a sample from the lower part of the nose, and should not be uncomfortable.

9. Participants will be informed by the event organiser on the specific requirements for each pilot event, as we will be trialling different processes for each pilot. For example, if the testing is being conducted at the event venue prior to admission, participants will likely have to arrive at the venue earlier to cater time for testing before attending the event. If the testing is conducted at a separate testing facility, participants will have to visit a separate testing facility beforehand and produce a valid certificate showing that the participant had tested negative for COVID-19 within a 24-hour timeframe from the end of the event, before being allowed to enter the event. As part of this pilot, the ARTs and confirmatory PCR tests (if required) will be provided free of charge to the participants.

10. MOH will gather feedback from event organisers and participants to finetune these processes. If these pilots prove successful, MOH will assess how to make these tests available for more widespread use.

MINISTRY OF HEALTH
20 OCTOBER 2020

大規模イベントにおける抗原検査の試験的利用の具体例１

channel news asia HP　２０２０年１０月２６日

Rapid testing for COVID-19 piloted at Singapore International Energy Week

By Cheryl Goh(/author/9167294)

26 Oct 2020 11:43PM
(Updated: 07 Nov 2020 10:24AM)

Singapore International Energy Week attendees had to go through pre-event rapid testing for COVID-19 prior to entry on Monday (Oct 26). All participants at the event tested negative for the virus. The rapid testing pilot is the first here, with more lined up at selected wedding receptions, sports events and live performances as Singapore resumes larger-scale events. Cheryl Goh reports.

大規模イベントにおける抗原検査の試験的利用の具体例２

channel news asia HP　２０２０年１０月２４日

Singapore

ONE Championship to hold live event for 250 spectators; those attending must undergo COVID-19 rapid test

SINGAPORE: Mixed martial arts promotion firm ONE Championship will hold a live sporting event for up to 250 spectators next Friday (Oct 30), with the event being among the first to pilot the use of COVID-19 antigen rapid tests.

In response to CNA's queries, the Singapore Tourism Board (STB) said on Saturday that all fans attending the event, titled The ONE: Inside the Matrix, will be required to undergo an Antigen Rapid Test (ART) and produce a valid negative ART certificate before they are allowed into the event.

Earlier in the week, Health Minister Gan Kim Yong said Singapore will pilot pre-event rapid testing from mid-October to December to identify a model that can be widely implemented, so that more large-scale events can safely resume.

► READ: COVID-19 – Singapore to pilot pre-event rapid testing from mid-October so more events can safely resume (/news/singapore/covid-19-pre-event-testing-pilot-antigen-rapid-october-13321094?cid=h3_referral_inarticlelinks_24082018_cna)

"As ART is by appointment only, attendees are required to book a slot at any of the designated clinics before heading down (to the event) to avoid crowding," said Ms Ong Ling Lee, director of Sports at STB.

"Individuals who test positive on ART will be required to undergo a PCR confirmatory swab to determine their COVID-19 status."

大規模イベントにおける抗原検査の試験的利用の具体例２

channel news asia HP ２０２０年１０月２４日

She said the tourism board has worked with ONE to "refine and implement a rigorous set of safe management measures".

These measures include the mandatory use of the TraceTogether app and/or token, and a safe seating plan based on the Government's safety measures.

The event comes after a closed-door production (/news/singapore/covid-19-one-championship-vows-strict-measures-singapore-mma-13211864) held on Oct 9.

As with the "initial pilot" on Oct 9, foreign athletes and production crew who are taking part in the event have to undergo mandatory COVID-19 tests "at various junctures", including before departure, upon arrival in Singapore, as well as before and after fights.

Local athletes and ringside crew will also be subjected to mandatory tests before and after fights.

cna

"All of them will be required to follow a strictly controlled itinerary to reduce transmission risks," said Ms Ong.

"In line with Singapore's approach to resuming activities in a calibrated and safe manner in Phase Two, the event will implement all necessary measures to ensure the safety of all attendees, including piloting the use of antigen rapid tests prior to the event," said ONE Championship in its announcement.

Ms Ong said STB has been working with government and industry stakeholders on the safety measures for leisure events, including sports events, to resume gradually.

"The safety and well-being of the public and all stakeholders remains our top priority. The resumption of leisure events, including sporting or large-scale events, will be carried out in a careful and calibrated manner to reduce transmission risks," said Ms Ong.

She added that the tourism board will study the "learnings and findings" from the pilot to "further refine" safe management measures. This could provide a template for future international sports events to adopt, said Ms Ong.

外国人労働者に対する抗原検査の利用について

シンガポール人材開発省HP　２０２０年１０月２５日

MINISTRY OF MANPOWER

Pilot of Antigen Rapid Tests for Quicker Detection of COVID-19 Infection Among Migrant Workers

25 October 2020 | Foreign manpower

1. The Ministry of Manpower (MOM) and Ministry of Health (MOH) are piloting the use of antigen rapid tests, as part of the Rostered Routine Testing (RRT) of migrant workers. Under the RRT, migrant workers are tested every 14 days[1] using the Polymerase Chain Reaction (PCR) test. The antigen rapid test will be used as an additional test on the seventh day to complement the PCR test on the 14th day. This means that workers will be tested on a seven-day cycle during the pilot. The pilot started on 18 October 2020 and will run for a period of four weeks.
2. The pilot will involve 1,000 migrant workers residing at SCM Tuas Lodge dormitory. The benefit of the antigen rapid test is that results can be obtained within half an hour even though it is less accurate than PCR tests, which take at least a day for results to be returned. Migrant workers who test positive can be isolated immediately and conveyed to a medical facility for a confirmatory PCR test. This quick action will reduce the risk of infection transmission to fellow residents. Fewer numbers of close contacts will need to be quarantined, thus minimising work disruptions for workers and employers.
3. The Assurance, Care and Engagement (ACE) Group, in consultation with MOH, will evaluate the effectiveness of the antigen rapid test pilot and assess its suitability to be incorporated into the RRT.

FOOTNOTE

1. Since June 2020, workers staying in dormitories and workers in the Construction, Marine Shipyard and Process sectors and personnel who go into the worksites, are required to undergo Rostered Routine Testing every 14 days.

外国人労働者に対するコロナ対策について

シンガポール人材開発省HP　２０２０年１２月１４日

Measures to contain the COVID-19 outbreak in migrant worker dormitories

14 December 2020 | Foreign manpower

1. The vast majority of the COVID-19 cases in Singapore occurred in migrant worker dormitories, where the SARS-CoV-2 virus spread quickly due to their communal living arrangements. Earlier health and safe distancing measures turned out to be inadequate, given the highly infectious nature of the novel virus, and because pre-symptomatic and asymptomatic transmission was also taking place.
2. In all, 54,505 out of the 58,320 who tested positive in Singapore for COVID-19 via a Polymerase Chain Reaction (PCR) test were migrant workers living in dormitories. This is out of a total of over 320,000 migrant workers who live in dormitories[1]. At the peak of the outbreak in April, more than 1,000 new cases a day were being detected in the dormitories.[2]
3. We acted swiftly and decisively to stabilise the situation in the dormitories. Working closely with dormitory operators, employers, the medical community, NGOs and other community groups, we contained the outbreak and cleared the dormitories of the virus. By August, all migrant workers living in dormitories had been tested for COVID-19 at least once. Almost all of them have since also been cleared to resume work safely.
4. Despite the scale of the outbreak in the dormitories, the morbidity and mortality rate among our migrant workers has been very low. There were 25 COVID-19-related ICU admissions amongst migrant workers living in dormitories and only two deaths due to COVID-19, including one of those who had been admitted to the ICU.

Containment and testing strategy

April – May 2020: Containing the outbreak

5. Initially, our top priority was to contain the spread of COVID-19 in the dormitories. We placed all dormitories under isolation by mid-April, in line with the national Circuit Breaker measures. Throughout this phase, we stepped up our capacity to detect and isolate cases in the dormitories, and to care for the health of all our migrant workers.
6. We stepped up testing to help us assess the situation in each dormitory. By the end of April, 1 in every 15 workers in dormitories had been PCR tested, far higher than the testing rates in other countries. Even so, due to the large numbers, we were not able to test all the migrant workers in the dormitories at once. We prioritised PCR testing for migrant workers in essential services so they could be cleared to continue working safely during the Circuit Breaker period.
7. At the same time, any worker who reported sick or showed symptoms of acute respiratory infection during this period was isolated, and given medical care regardless of whether he had received a PCR test.
8. To complement the testing and identify potential new cases quickly, thermometers and more than 25,000 oximeters were distributed. Every migrant worker living in the dormitories checked and reported his temperature and oximeter readings twice a day. Medical teams monitored these reports, and intervened early when they found abnormalities.

9. Medical support was set up at the dormitories by the end of April to care for those who were unwell, and monitor the health of those who were well. These included:

    a. Medical posts staffed by teams of doctors, nurses and technicians at all 43 Purpose-Built Dormitories (PBDs).

    b. 8 medical posts, complemented by roving medical teams, that served all non-PBDs (e.g. Factory-Converted Dormitories and Construction Temporary Quarters).

    Migrant workers living in the community also had access to the nation-wide network of more than 900 Public Health Preparedness Clinics and Polyclinics.

June – August 2020: Clearing the dormitories of COVID-19 infection

10. By June, our focus shifted to clearing the dormitories of COVID-19, so the migrant workers could resume work safely. Testing was key.

11. Our measures reflected the growing scientific understanding of COVID-19. We were discovering that a significant number of infected persons had no or mild symptoms, but could nevertheless spread COVID-19 to others. We also found that infected persons who had recovered could still continue shedding non-infectious viral fragments for several months.

12. Our testing strategy therefore had to help us distinguish who had never been infected; who had had an old infection but had since recovered; and who was currently infected and still harbouring the virus, with or without symptoms. This would help us separate those who had never been infected or had had the virus earlier but were no longer infectious, from those who were currently infected or potentially harbouring the virus even without symptoms.

13. Over time, more testing methods were becoming available, including serology tests. While PCR tests are used to diagnose current or new infections, serology tests identify those who had been infected in the past, by detecting the presence of COVID-19 antibodies in blood samples.

14. A detailed comparison of various testing methods used is in **Appendix I**.

15. In June, we took the extraordinary decision to systematically test all migrant workers living in dormitories, symptomatic or otherwise. In dormitories with a high incidence of infections, we applied a differentiated approach. All workers in these dormitories were screened with a combination of serology as well as PCR tests.

    a. If they tested serology-positive, it meant that they had been infected earlier. These workers underwent a seven-day period of isolation, at the end of which we could be confident that they were no longer infectious, and did not need to be tested further.

    b. Those who tested serology-negative were separately isolated for a longer period of 14 days, in case they were incubating the virus despite being asymptomatic. They were given a PCR test at the end of the isolation period to confirm that they were free from infection.

16. This combination of PCR and serology tests enabled us avoid isolating or quarantining recovered workers for prolonged periods, so that they could return to their dormitories or workplaces sooner.

17. By August, all migrant workers had been tested at least once for COVID-19. We were confident that the outbreak had been contained. By early November, more than 98 per cent of our migrant workers living in dormitories were cleared to resume work.

Overall case count and prevalence rate

18. Our comprehensive testing strategy has provided us a more complete picture of the prevalence of COVID-19 in our migrant worker dormitories.

PCR and serology test results of migrant workers

19. As at 13 December 2020:

    a. 54,505 dormitory residents have tested positive using the PCR test.

    b. Another 98,289 have tested serology-positive though they did not have a positive PCR test.

    The data is summarised in Table 1.

外国人労働者に対するコロナ対策について

シンガポール人材開発省HP　２０２０年１２月１４日

Table 1: Dormitory-dwelling migrant workers and their test results (as at 13 December 2020)

A. PCR-positive*	54,505
B. Serology-positive only	98,289
Ratio of PCR-positive to serology-positive only (A:B)	1:1.8
Prevalence rate, i.e. (A+B)/(total dormitory dwellers)	47% (of 323,000 dormitory dwellers)

* *Including some who have tested both PCR-positive and serology-positive.*

20. Among the migrant workers who tested PCR-positive or serology-positive, the vast majority were asymptomatic or had very mild symptoms. Only about 1 in 5 of migrant workers living in PBDs presented with symptoms, with the remaining 4 in 5 displaying very mild or no symptoms.[3]

21. Including the serology test results, the prevalence rate of COVID-19 in the dormitories is currently 47 per cent. For every COVID-19 infection in the dormitories detected through PCR testing, another 1.8 cases were untested and undetected at the time, and were identified subsequently only through serology testing. This is not surprising as many migrant workers did not have any symptoms, and thus would not have sought treatment and received a PCR test in the process. Based on sample population, the ratio of PCR-positive to serology-positive among migrant workers in dormitories is comparable to the ratio of 1:1.8 for the whole of South Korea, and lower than 1:4 in Spain, and 1:15 in France[4]. Our low ratio reflects the extensive PCR testing we carried out in the dormitories.

Reporting of cases

22. Singapore reports COVID-19 cases in accordance with international practice. Every case who tested positive through a PCR test and was assessed to be an acute infection is reported and included in our case count. We follow WHO's criterion that only positive results from confirmatory tests (i.e. PCR tests) are included in the case count. This ensures consistency in reporting cases across countries.

23. A different approach is taken for reporting the results of serology tests. As these tests identify past cases of infection, they are used to aid epidemiological investigations and for retrospective assessment of the overall prevalence of infections within a population. Therefore, serology test outcomes are aggregated and presented as an estimate of prevalence in the population, separate from the daily case counts.

24. Most countries only do serology testing on a sampling basis, to estimate the prevalence of infections in a population. But Singapore went further to do serology tests on our entire population of migrant workers living in the dormitories. This was a unique aspect of our efforts to clear the dormitories of COVID-19.

25. As at 13 December 2020, we are still in the process of completing serology tests for 65,000 or so migrant workers living in dormitories who had not taken a serology test before. This will give us the full picture of the infection prevalence among our migrant workers.

Phase Three

26. Having tested all migrant workers living in the dormitories, we will continue with Rostered Routine Testing (RRT) of every worker who may still be susceptible to infection, in order to detect and contain new infections rapidly. All such workers living in dormitories, and those who work in the construction, marine and process (CMP) sectors, have been undergoing RRT once every 14 days.

27. After several RRT cycles, the number of new infections have remained very low. Since October, no new cases were detected in the dormitories on many days.

28. Having brought the outbreak in the dormitories under control, and instituted Safe Living and Safe Working measures at all dormitories and worksites, we will progressively ease the restrictions on migrant workers.

    a. With the transition into Phase Three, we are preparing to return migrant workers to the community in a controlled manner, with strict measures in place.

    b. We will start a pilot scheme in the first quarter of 2021 to allow migrant workers in some dormitories to access the community once a month, subject to compliance with RRT, wearing of contact-tracing devices and safe living

外国人労働者に対するコロナ対策について

シンガポール人材開発省HP　２０２０年１２月１４日

29. We will continue to keep our migrant workers safe, and to ensure that we detect and contain any new cases or clusters quickly.

    a. Meanwhile, we are monitoring the earliest cohort of migrant workers who have recovered from COVID-19 and are currently exempt from RRT. We are studying how their antibodies change over time. We will resume RRT for these workers if we detect their antibodies starting to fade, or if there is evidence of re-infection among them.

    b. We will continue our multi-layered strategy of aggressive routine testing using both PCR and antigen rapid testing, accompanied by isolation strategies.

    c. By end-December, we will complete distributing contact-tracing devices to more than 450,000 workers living in dormitories, or working in the construction, marine and process sectors. These devices will improve our ability to isolate and ringfence potential cases once they are detected.

    d. We are also building new dormitories with improved safety standards to minimise the risk of a resurgence of COVID-19 among migrant workers, and prevent new public health threats.

30. The Government will continue to work with our partners and the community to ensure a safe living and working environment for our migrant workers, as we move towards Phase Three.

Appendix I: Comparison of PCR, Serology and Antigen Rapid Tests

Aspects	Polymerase Chain Reaction (PCR)	Antigen Rapid Test	Serology
Scientific basis	Detection of SARS-CoV-2 viral sequences by nucleic acid amplification tests in respiratory tract specimens.	Detection of SARS-CoV-2 viral proteins (antigens) in respiratory tract specimens.	Detection of antibodies produced by the human body in response to infection with the SARS-CoV-2.
Aim of test	Diagnosis of SARS-CoV-2 infection	Diagnosis of SARS-CoV-2 infection	Check for previous SARS-CoV-2 infection as part of epidemiological investigations
Sample type	Nasopharyngeal (NP), Oropharyngeal (OP), Midturbinate (MT)	Nasopharyngeal (NP), Oropharyngeal (OP), Midturbinate (MT)	Venous blood, fingerprick, for point-of-care testing (POCT)
Turnaround time	• 4-6 hours per run (lab) • ~1 hour per run in POCT PCR or PCR that does not require separate extraction step (Cepheid)	• 15-30 minutes per run • All kits are POCT, no analyser machines required for most kits	• Lab-based: 40-120 minutes per test; 100-200 tests per hour • POCT: ~30 minutes per test
Clinical performance (Sensitivity / Specificity)	>99.5%/100%	Variable sensitivity but generally higher sensitivity for individuals with high viral load. WHO criteria for antigen-detecting rapid diagnostic tests: >80%/97%	Performance of serologic assays varies widely in different testing groups (such as disease severity, age), timing of testing and the target viral protein. In general, lab-based tests using venous blood has higher sensitivity/specificity than POCT.
Examples of use cases and role in overall testing strategy	• Symptomatic individuals • Stay-Home Notice (SHN) exit swab • Quarantine Order (QO) entry and exit swab • Rostered routine testing	• Screening for pre-event testing, rostered routine testing	• Differentiate between acute and old infections in cases that test positive for COVID-19

Aspects	Polymerase Chain Reaction (PCR)	Antigen Rapid Test	Serology
Limitations	• Unable to differentiate between acute and old infections due to persistent shedding of viral fragments among recovered individuals.	• Potentially high false negative rate in individuals with low viral load. • Higher false positive rate than PCR tests.	• Unable to rule out acute/early infection if serology-negative.

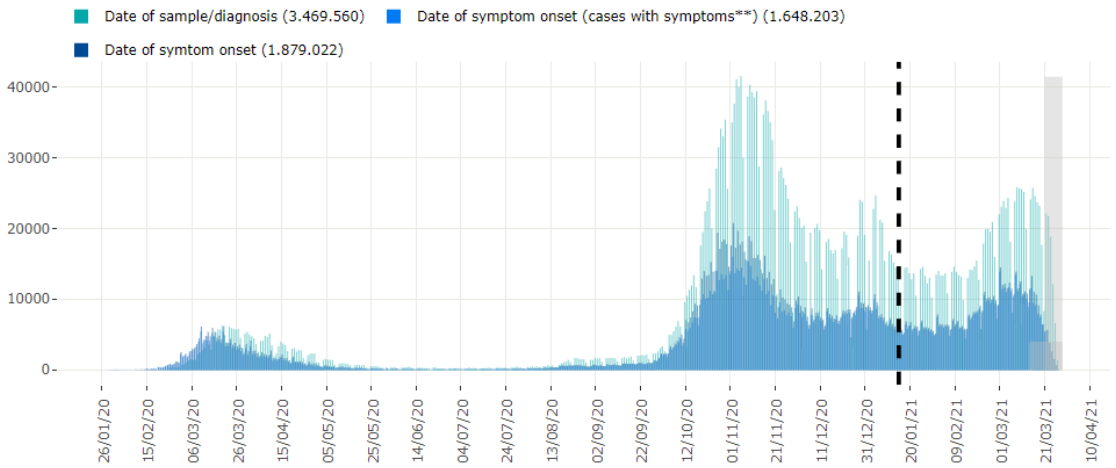
FOOTNOTE

1. Includes all Purpose-Built Dormitories (PBDs) and non-PBDs (e.g. Factory-Converted Dormitories, Construction Temporary Quarters, and temporary living quarters).
2. Our highest daily COVID-19 case count in the dormitories was recorded on 20 April 2020, with a total of 1,397 new cases detected among dormitory residents that day.
3. Based on a study of migrant workers living in PBDs who had tested positive by PCR or serology tests as of 25 July 2020.
4. Lai et al. Population-based seroprevalence surveys of anti-SARS-CoV-2 antibody: An up-to-date review. Int Journal of Infectious Diseases 101 (2020) 314-322.

6. イタリア

イタリアにおける抗原検査について

イタリアでは 2020 年 3 月から 4 月にかけて一度感染者が確認された後、2020 年 10 月から感染が拡大した。2021 年 3 月 29 日の時点で累計およそ 345 万件、一日当たり 2 万件程度の感染が確認されている。(1)（下図　イタリア国立衛生研究所 HP より)。



イタリアでは抗原検査のみでも感染が確認されたと認められる。(2)

イタリアでは国や地域を地理的要因やコロナ感染のリスクによって 5 つのクラスに分類している。(3) 検疫においては、渡航者がどのクラスの国から来たかに応じて取られる措置が決まる。具体的には、特に義務が発生しない、事前に PCR 検査または抗原検査を受けて陰性証明を取得する必要がある、もしくは隔離義務が発生する、のいずれかとなる。(4)

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4. http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?lingua=english&id=5412&area=nuovoCoronavirus&menu=vuoto

イタリアにおける新型コロナウイルスの感染者数とその内訳

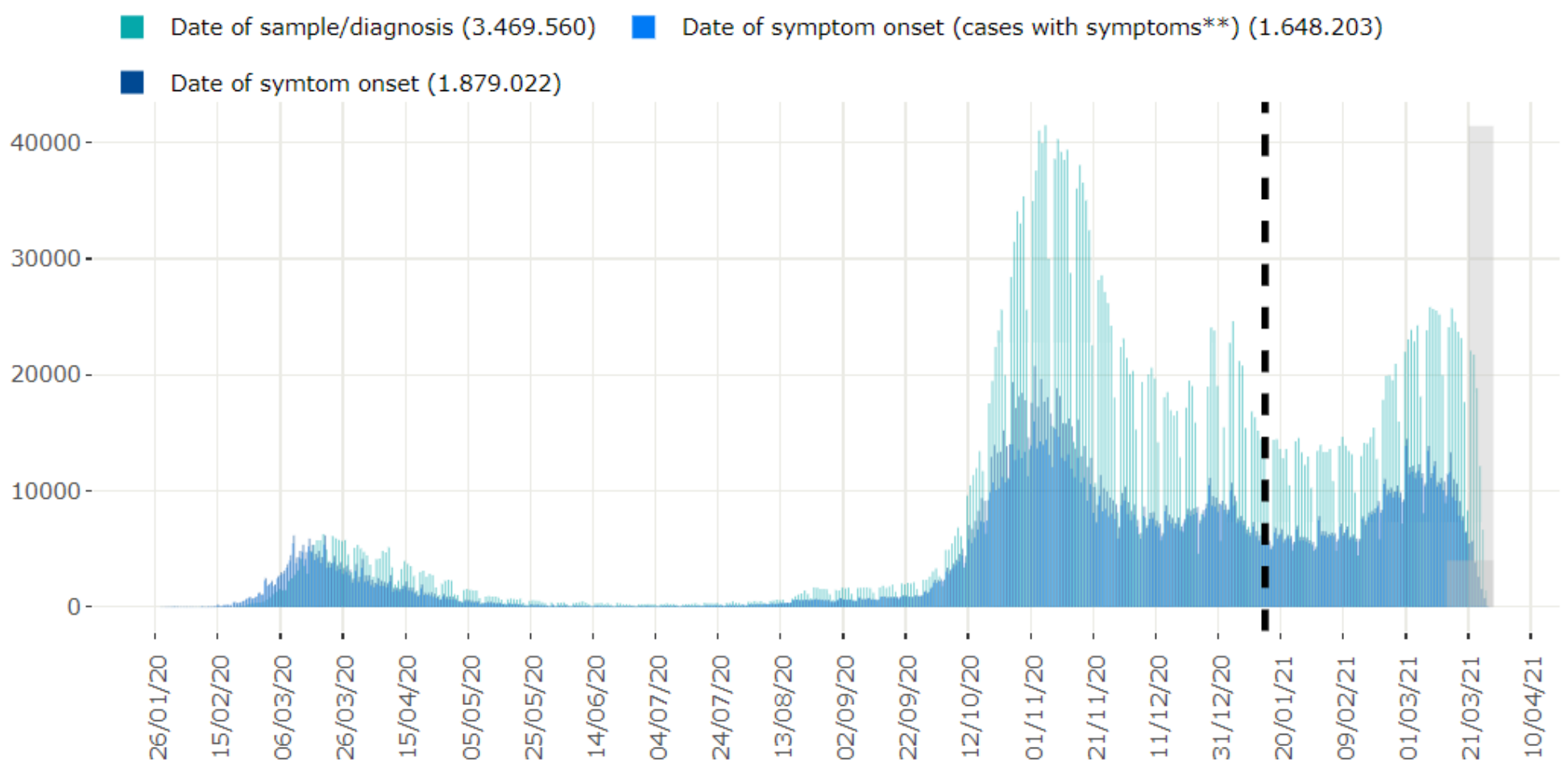
イタリア国立衛生研究所HP　２０２１年３月２９日

Last 30 days　Cumulative data

3,472,700	128,177	47 years	48.7% | 51.3%
Cases***	Cases among healthcare workers*	Median age of cases	Males (%) | Females (%)

Cases of confirmed SARS-CoV-2 infection reported in Italy, by date of sample/diagnosis (green) and by date of symptom onset (blue)

Note: more recent data (grey squares) should be interpreted with caution due to the possible reporting delay of more recently diagnosed cases and to the possibility that cases with date of onset within the reporting period may have not yet been diagnosed.



Note

*The term “healthcare worker” is based on the occupation and not on the place of exposure

***From the 15th of January 2021 the dashboard includes also cases diagnosed only with rapid antigenic tests, as per the new case-definition published by the Ministry of Health (Circolare del 08/01/2021)

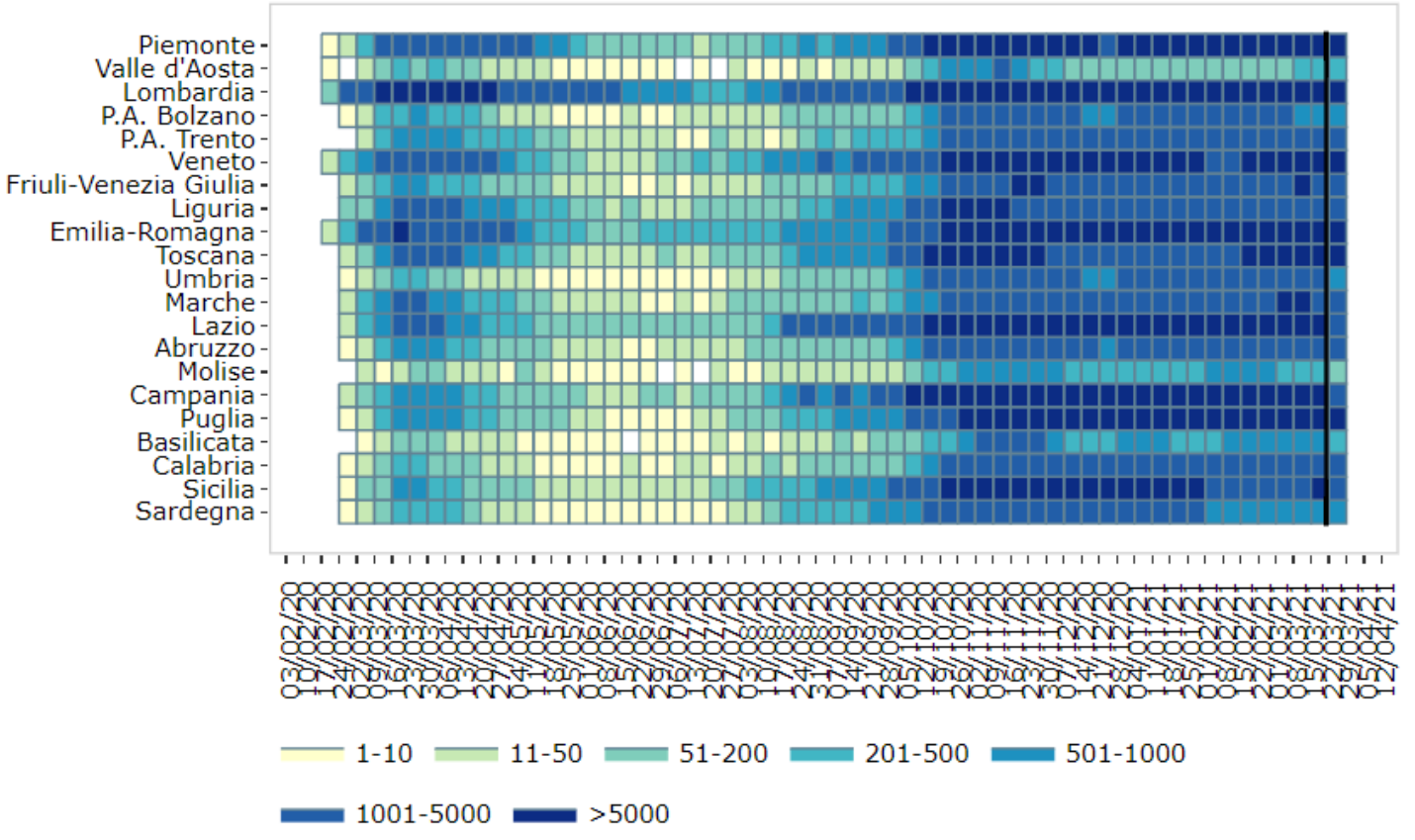
イタリアにおける新型コロナウイルスの感染者数とその内訳

イタリア国立衛生研究所HP　２０２１年３月２９日

Weekly number of cases of COVID-19 notified in Italy, by region/autonomous province and by date of sample/diagnosis

The black line separates the last 7 days.

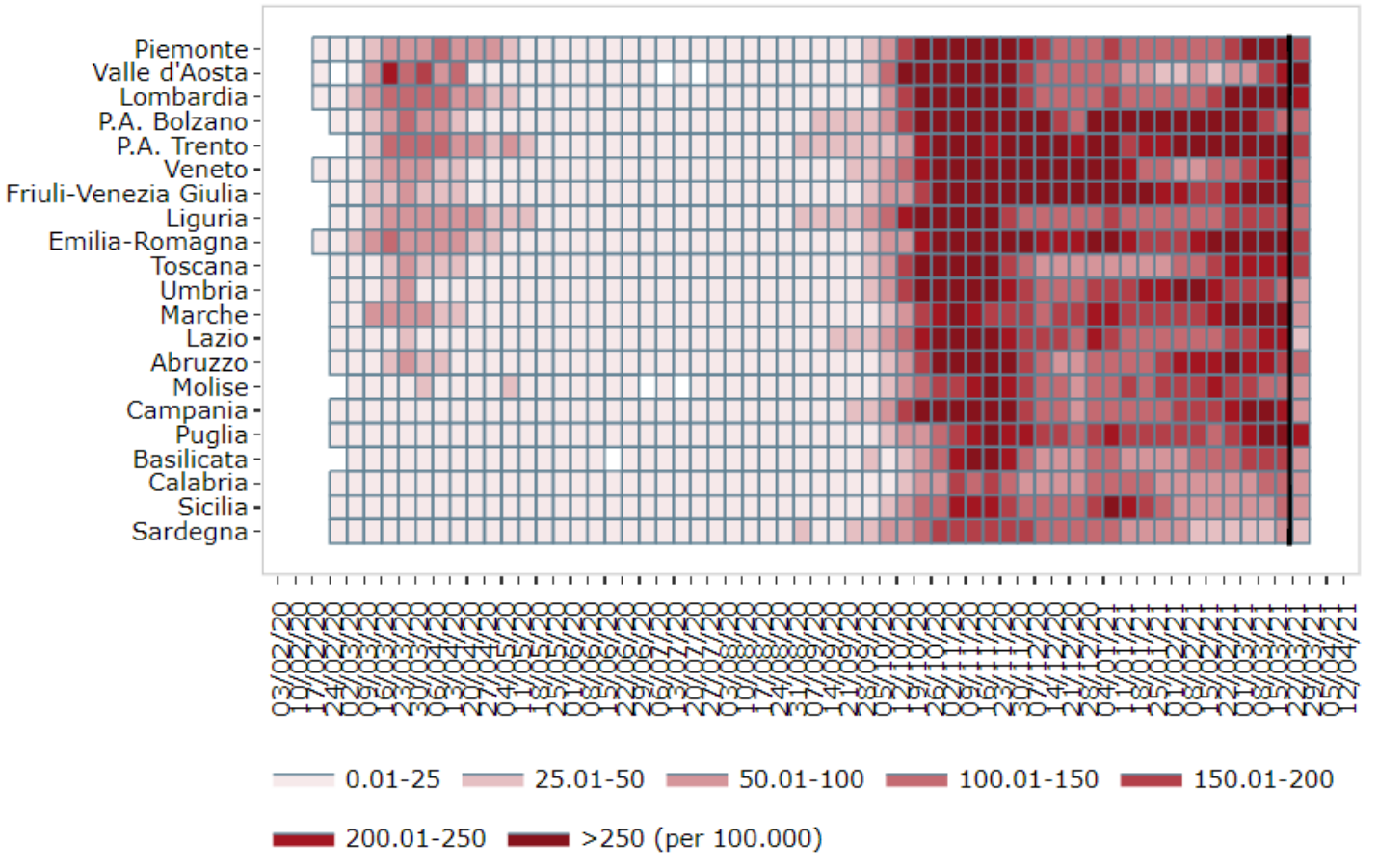
Cases are classified by date of sample/diagnosis and NOT by date of notification.



Weekly incidence of COVID-19 notified in Italy, by region/autonomous province and by date of sample/diagnosis

The black line separates the last 7 days.

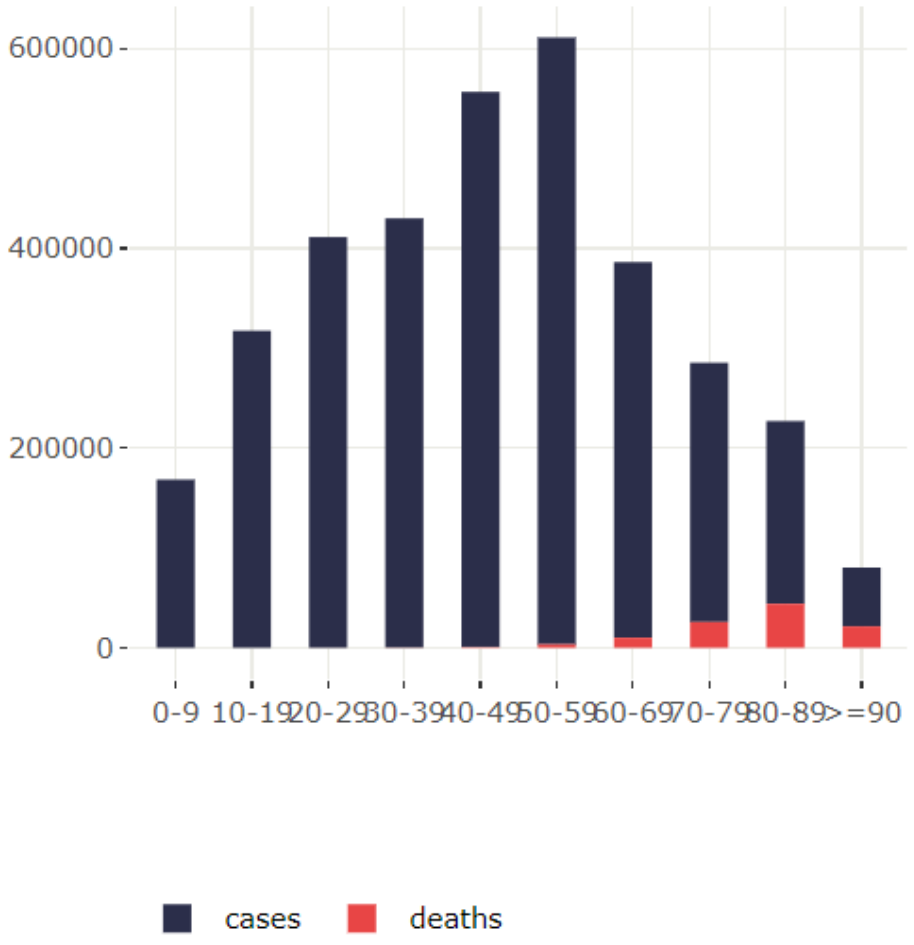
Cases are classified by date of sample/diagnosis and NOT by date of notification.



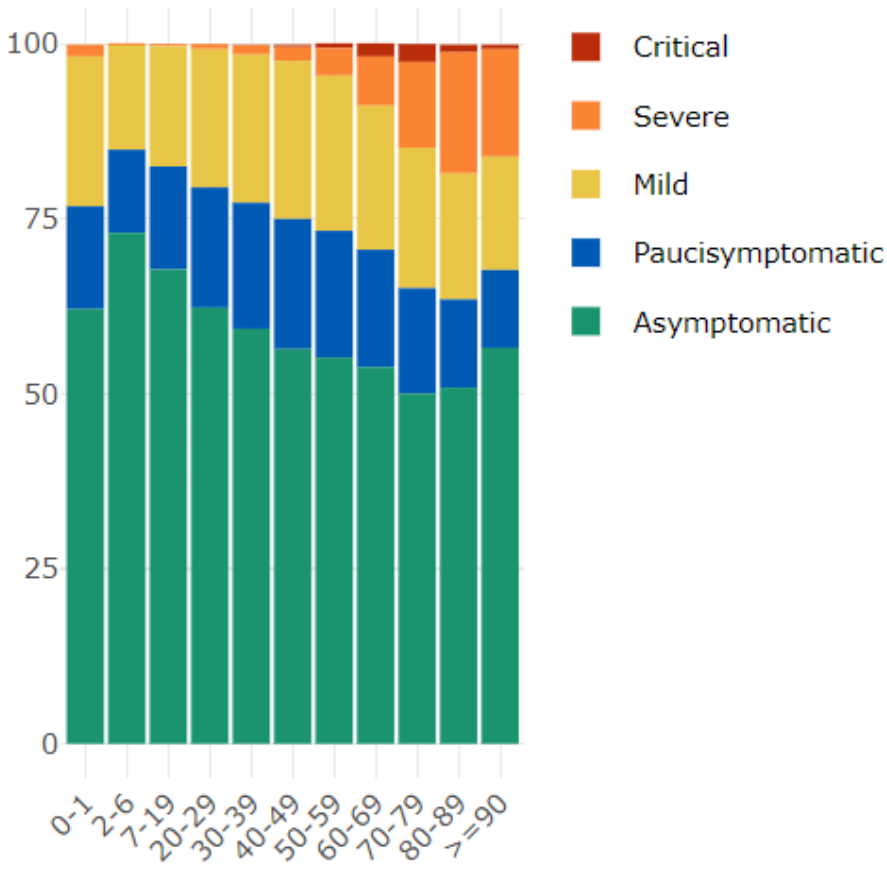
イタリアにおける新型コロナウイルスの感染者数とその内訳

イタリア国立衛生研究所HP　２０２１年３月２９日

Proportion (%) of COVID-19 cases of COVID-19 notified in Italy by age group (data available for 3472596 cases)



Proportion (%) of COVID-19 cases of COVID-19 notified in Italy by current clinical status and age group (data available for 728550 cases)



イタリアにおける新型コロナウイルスの診断について

イタリア保健衛生省HP　２０２１年１月８日

DEFINIZIONE CASO COVID-19

Criteri clinici

Presenza di almeno uno dei seguenti sintomi:

- tosse
- febbre
- dispnea
- esordio acuto di anosmia, ageusia o disgeusia

Altri sintomi meno specifici possono includere cefalea, brividi, mialgia, astenia, vomito e/o diarrea.

Criteri radiologici

Quadro radiologico compatibile con COVID-19.

Criteri di laboratorio

1. Rilevamento di acido nucleico di SARS-CoV-2 in un campione clinico,

OPPURE

2. Rilevamento dell'antigene SARS-CoV-2 in un campione clinico in contesti e tempi definiti nella sezione dedicata: “Impiego dei test antigenici rapidi”.

Criteri epidemiologici

Almeno uno dei due seguenti link epidemiologici:

- contatto stretto con un caso confermato COVID-19 nei 14 giorni precedenti l'insorgenza dei sintomi; se il caso non presenta sintomi, si definisce contatto una persona che ha avuto contatti con il caso indice in un arco di tempo che va da 48 ore prima della raccolta del campione che ha portato alla conferma e fino a 14 giorni dopo o fino al momento della diagnosi e dell'isolamento del caso;

- essere residente/operatore, nei 14 giorni precedenti l'insorgenza dei sintomi, in contesti sanitari (ospedalieri e territoriali) e socioassistenziali/sociosanitari quali RSA, lungodegenze, comunità chiuse o semichiuse (ad es. carceri, centri di accoglienza per migranti), in cui vi sia trasmissione di SARS-CoV-2.

Classificazione dei casi

A. Caso Possibile

Una persona che soddisfi i criteri clinici.

B. Caso probabile

Una persona che soddisfi i criteri clinici con un link epidemiologico,

OPPURE

una persona che soddisfi i criteri radiologici.

C. Caso confermato

Una persona che soddisfi il criterio di laboratorio.

国や地域の分類について

イタリア保健衛生省HP　２０２１年３月２日

Allegato 20
Spostamenti da e per l'estero

Elenco A
Repubblica di San Marino, Stato della Città del Vaticano.

Elenco B
Stati e territori a basso rischio epidemiologico, individuati, tra quelli di cui all'elenco C, con ordinanza adottata ai sensi dell'articolo 6, comma 2.

Elenco C
Austria, Belgio, Bulgaria, Cipro, Croazia, Danimarca (incluse isole Faer Oer e Groenlandia), Estonia, Finlandia, Francia, (inclusi Guadalupa, Martinica, Guyana, Riunione, Mayotte ed esclusi altri territori situati al di fuori del continente europeo), Germania, Grecia, Irlanda, Lettonia, Lituania, Lussemburgo, Malta, Paesi Bassi (esclusi territori situati al di fuori del continente europeo), Polonia, Portogallo (incluse Azzorre e Madeira), Repubblica Ceca, Romania, Slovacchia, Slovenia, Spagna (inclusi territori nel continente africano), Svezia, Ungheria, Islanda, Norvegia, Liechtenstein, Svizzera, Andorra, Principato di Monaco.

Elenco D
Australia, Nuova Zelanda, Repubblica di Corea, Ruanda, Singapore, Tailandia, nonche' gli ulteriori Stati e territori a basso rischio epidemiologico, individuati, tra quelli di cui all'elenco E, con ordinanza adottata ai sensi dell'articolo 6, comma 2.

Elenco E
Tutti gli Stati e territori non espressamente indicati in altro elenco.

各クラス毎の入国時の検疫について

イタリア保健衛生省HP　２０２１年３月２日

List A

Vatican City and Republic of San Marino

- No limitations

List B

The States and territories with low epidemiological risk will be identified, among those in List C, by the Ordinance adopted pursuant to article 6, paragraph 2.

Movements to and from these countries are allowed without any certification of motivation for travelling.

There are certain restrictions on entry into Italy in the case of transit or residence in List C countries during the 14 days prior to entry into Italy.

There is not the obligation of fiduciary isolation, neither the obligation to undergo molecular or antigenic testing upon entry into the Italian national territory, unless in the 14 days prior to entry into Italy one has transited or stayed in countries of List D and List E. The obligation to complete a self-declaration form remains.

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List C

Austria (with special rules), **Belgium, Bulgaria, Cyprus, Croatia, Denmark** (including the Faroe Islands and Greenland), **Estonia, Finland, France** (including Guadeloupe, Martinique, Guyana, Reunion, Mayotte and excluding other territories outside the European mainland), **Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands** (excluding territories outside the European mainland), **Poland, Portugal** (including the Azores and Madeira), **Czech Republic, Romania, Slovakia, Slovenia, Spain, Sweden, Hungary, Iceland, Norway, Liechtenstein, Switzerland, Andorra, Principality of Monaco.**

In accordance with Italian regulations, travel to/from these countries is permitted without the need for any certification of motivations for travelling.

In case of stay or transit in one or more of the States and territories referred to in List C of Annex 20 during the fourteen days preceding entry in Italy, it is mandatory to present to the carrier and to whoever is in charge of carrying out the controls, at the time of boarding, a certificate stating that travellers have undergone, in the forty-eight hours preceding entry into the national territory, a molecular or antigenic test, carried out by means of a swab, with a negative result. Failure to produce proof of the prescribed molecular or antigenic test shall result in the person concerned being placed in temporary isolation and undergoing health surveillance.

The obligation to communicate to the Department of Prevention of the relevant health authority for the territory of entry remains, as well as the obligation to complete a self-declaration form. Please refer to the page: Covid-19 Toll free numbers and regional information

There are limitations in case of transit or stay **in** List D and/or List E countries during the 14 days prior to entry into Italy.

各クラス毎の入国時の検疫について

イタリア保健衛生省HP　２０２１年３月２日

List D

Australia, Japan, New Zealand, Republic of Korea, Rwanda, Singapore, Thailand as well as additional states and other territories with low epidemiological risk, which will be identified, among those in List E, with an order adopted pursuant to article 6, subparagraph 2.

Under Italian law, travel to and from these countries is permitted without the need for a reason (subject to the limitations set out in Italy at regional level). The removal of restrictions on travel from Italy to certain countries does not exclude that these countries **may still impose limits on entry.**

Upon return to Italy, if you have stayed in/transited through these countries during the previous 14 days, you must undergo a 14-day fiduciary isolation and health surveillance, fill in a self-declaration form, and you can only reach your final destination in Italy by private means of transport.

Moreover, it is mandatory to immediately communicate your entry into Italy to the Department of Prevention of the local health authority. Please refer to the page: COVID-19 Free Toll Numbers and Regional information

There are certain restrictions on entry into Italy in the case of transit or residence in List E countries, during the 14 days prior to entry into Italy.

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List E

Specific rules have been adopted for some countries. See dedicated sessions:

- **United Kingdom of Great Britain and Northern Ireland**
- **Brazil**

All States and territories not specifically mentioned in other lists.

Travel to/from the rest of the world is only allowed for specific reasons, such as:

- work
- health reasons
- study reasons
- absolute urgency
- return to one's domicile, home, or residence.

Travelling for tourism is therefore not permitted.

The re-entry/entry into Italy, in case of stay/transit in the previous 14 days from this group of countries, is always allowed to Italian/EU/Schengen citizens and their family members, as well as to holders of long-term resident status and their family members (Directive 2004/38/EC).

The decree DPCM of January 14, 2021 also confirms the possibility of entry into Italy, from List E countries, for persons who have a proven and stable emotional relationship (even if not cohabiting) with Italian/EU/Schengen citizens or natural persons who are legally resident in Italy (long-term residents), who need to reach their partner's home/domicile/residence (in Italy).

When entering/returning to Italy from these countries, it is necessary to fill in a self-declaration indicating the reason for entry/return. You may only reach your final destination in Italy by private means of transport.

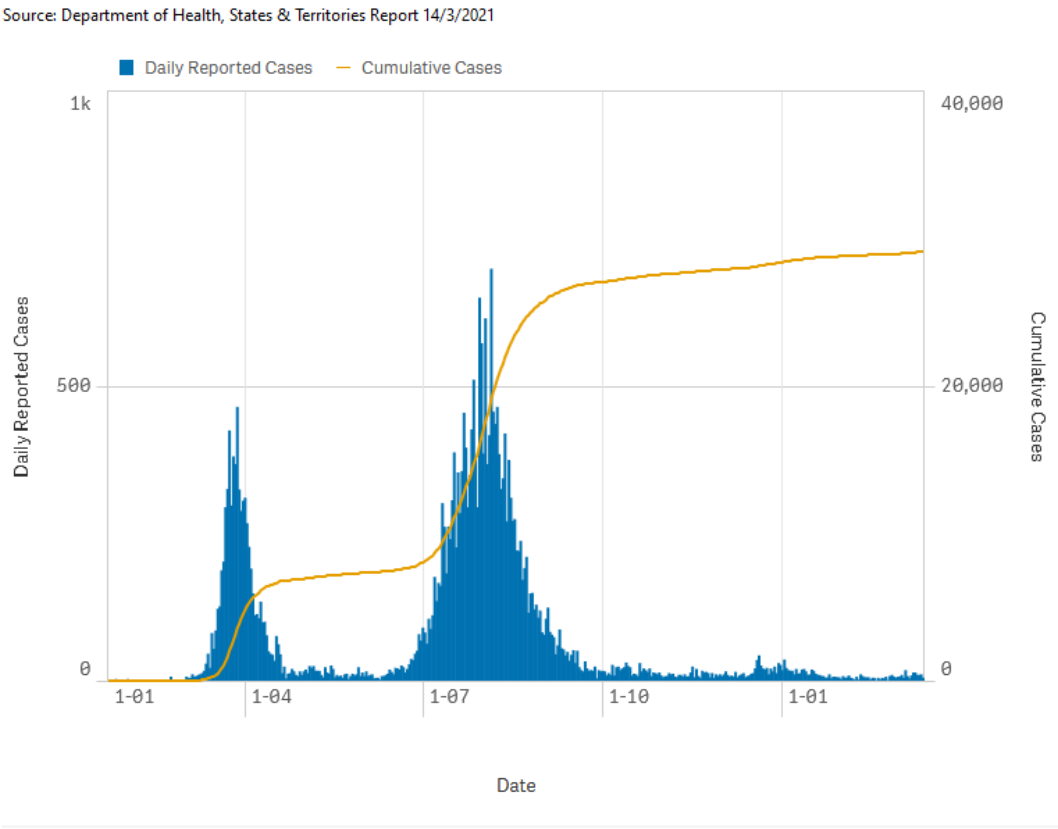
It is also necessary to undergo fiduciary isolation and health surveillance for 14 days.

Moreover, it is compulsory to immediately communicate one's entry into Italy to the Department of Prevention of the local health authority responsible for the area. Please refer to the page: COVID-19 Free toll numbers and regional information

7. オーストラリア

オーストラリアにおける抗原検査、抗体検査について

オーストラリアでは 2020 年 3 月から 4 月と 2020 年 7 月から 9 月にかけて感染が拡大したが、その後感染は落ち着きを見せている。(1)（下図　オーストラリア政府保健省 HP より)。



オーストラリアではコロナウイルスの診断に核酸検査を用いるのが標準的で、抗原検査や抗体検査は補助的に用いる程度となっている（2，3)。検疫で抗原検査はしていない。また、海港においても空港と同様に隔離措置がとられている（4，5)。

リファレンス

1. https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers
2. https://www1.health.gov.au/internet/main/publishing.nsf/Content/7A8654A8CB144F5FCA2584F8001F91E2/$File/COVID-19-SoNG-v4.3.pdf
3. https://www.health.gov.au/sites/default/files/documents/2021/02/coronavirus-covid-19-testing-framework-for-covid-19-in-australia.pdf
4. https://www.health.gov.au/sites/default/files/documents/2021/02/coronavirus-covid-19-information-for-the-marine-industry.pdf
5. https://www.agriculture.gov.au/sites/default/files/documents/factsheet-non-commercial-vessels-covid19.pdf

オーストラリアにおける新型コロナウイルスの感染者数とその内訳

オーストラリア政府保健省HP　２０２１年３月１４日

29,117
Total cases

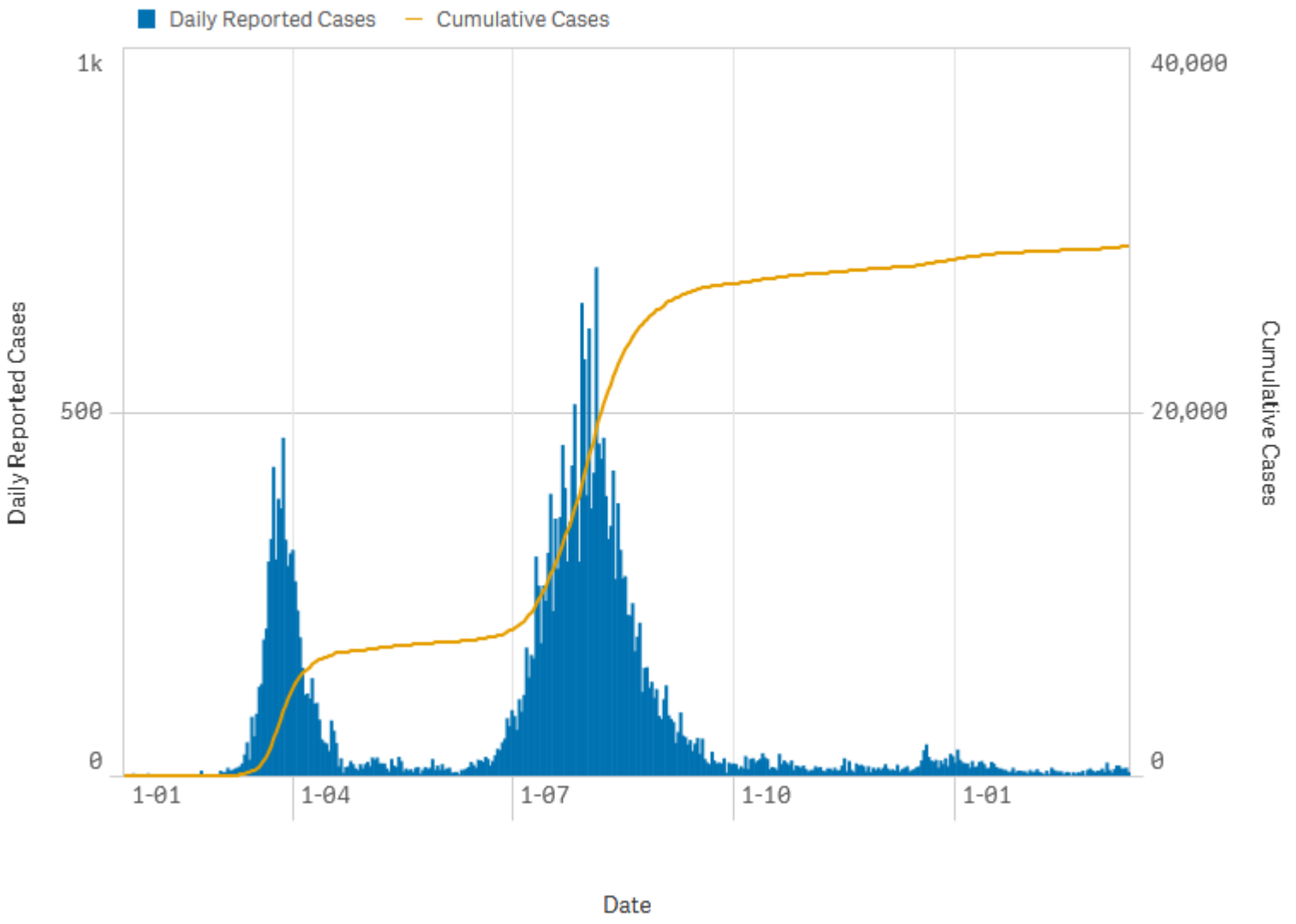
117
Active cases (estimated)

909
Total deaths

Daily and cumulative number of reported COVID-19 cases in Australia

This graph shows the total number of new COVID-19 cases in Australia reported each day by states and territories and the cumulative number of confirmed COVID-19 cases reported over time. These figures are collated and updated by 9 pm AEST each day and reflect the previous 24 hours.

Source: Department of Health, States & Territories Report 14/3/2021



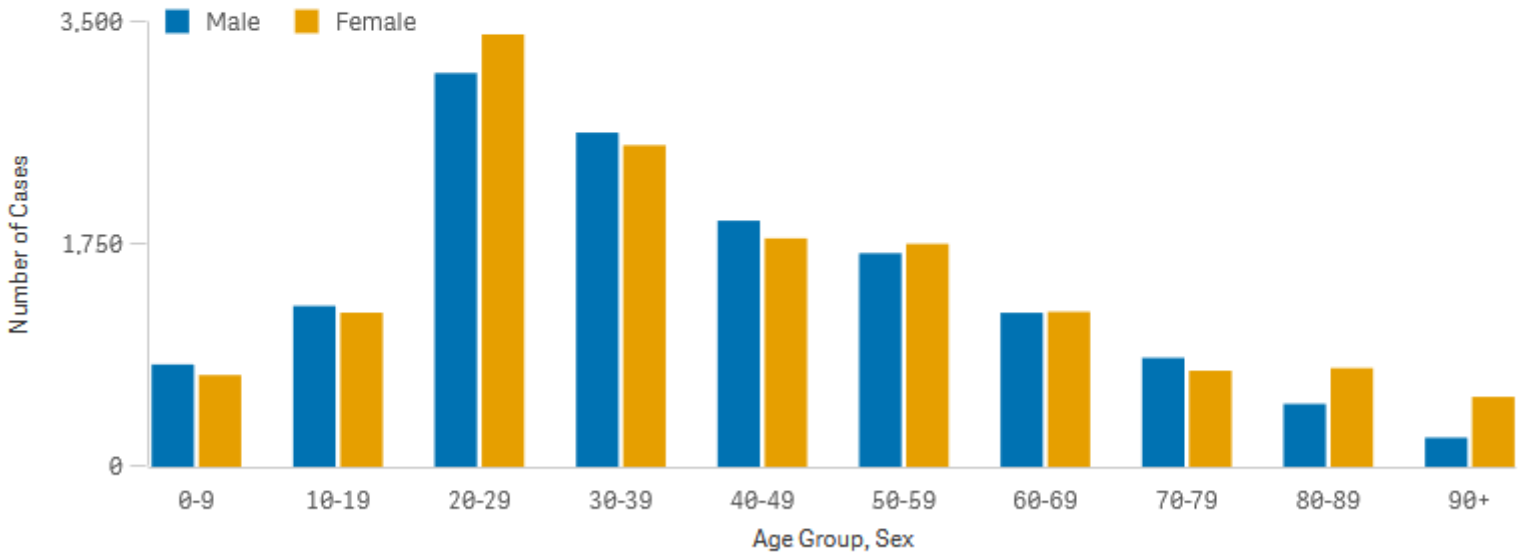
オーストラリアにおける新型コロナウイルスの感染者数とその内訳

オーストラリア政府保健省HP　２０２１年３月１４日

COVID-19 cases by age group and sex

This graph shows the number of COVID-19 cases for males and females by age group since the first case was reported.

Source: NNDSS data 14/3/2021

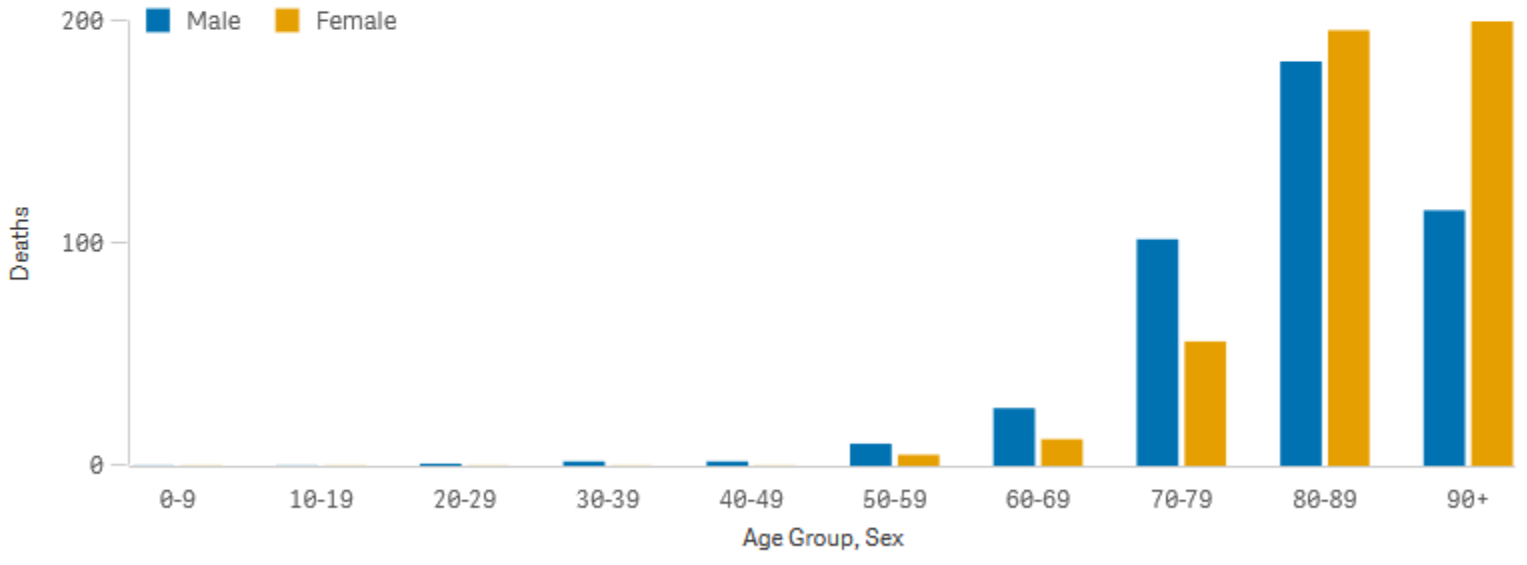


The total number of cases in this chart may be less than what is reported due to delays in notification to the National Notifiable Disease Surveillance System (NNDSS) or where the case's age or sex are unknown.

COVID-19 deaths by age group and sex

This graph shows the number of COVID-19 associated deaths in Australia for males and females by age group since the first case was reported.

Source: NNDSS data 14/3/2021



The total number of deaths in this chart may be less than what is reported due to delays in notification to the National Notifiable Disease Surveillance System (NNDSS) or where the case's age or sex are unknown.

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4. Cases

Definition

Confirmed case

The rationale for the current confirmed case definition is to ensure appropriate reporting, case management and public health follow up of people who could potentially transmit SARS-CoV-2.

A confirmed case requires laboratory definitive evidence and is not classified as a historical case.

Laboratory definitive evidence:

1. Detection of SARS-CoV-2 by nucleic acid testing[1];

   OR

2. Isolation of SARS-CoV-2 in cell culture, with confirmation using a nucleic acid test;

   OR

3. SARS-CoV-2 IgG seroconversion or a four-fold or greater increase in SARS-CoV-2 antibodies of any immunoglobulin subclass including 'total' assays in acute and convalescent sera, in the absence of vaccination[2].

Historical case

A historical case requires laboratory suggestive evidence supported by either previous (prior to the past 14 days) clinical evidence **OR** previous (prior to the past 14 days) epidemiological evidence.

A historical case should not have symptoms of COVID-19 (or not have had symptoms of COVID-19 for the past 14 days). For information on the steps for determining a historical infection, please see Release from Isolation.

Laboratory suggestive evidence:

1. Detection of SARS-CoV-2 by polymerase chain reaction (PCR) on two specimens at least 24 hours apart with high Ct values[3] on both specimens AND detection of IgG or total antibody, in the absence of vaccination[2,4];
   OR
2. Negative PCR result AND detection of IgG or total antibody, in the absence of vaccination[2];
   OR
3. High PCR Ct result on first result, and higher PCR Ct result or negative PCR result on second test, taken >24 hours apart.

Clinical evidence:

Fever (≥37.5°C) or history of fever (e.g. night sweats, chills) **OR** acute respiratory infection (e.g. cough, shortness of breath, sore throat)[5] **OR** loss of smell or loss of taste.

Epidemiological evidence:

- Close contact (refer to Close contacts below) with a confirmed case
- International travel
- Workers supporting designated COVID-19 quarantine and isolation services

オーストラリアにおける新型コロナウイルスの診断について１

オーストラリア政府保健省HP　２０２１年３月４日

- International border staff
- Air and maritime crew
- Health, aged or residential care workers and staff with potential COVID-19 patient contact
- People who have been in a setting where there is a COVID-19 case
- People who have been in areas with recent local transmission of SARS-CoV-2[6].

オーストラリア政府保健省HP　２０２１年２月

6. Testing technology and methodology by Epidemiological Zone

Testing technology	
Laboratory-based reverse transcription polymerase chain reaction (RT-PCR)	
Epidemiological Zone 1	Gold standard diagnostic test, critical for identifying current infection. In occupational and vulnerable population settings, consider using more acceptable collection methods (e.g. saliva), where these are validated, for easier administration and repeat testing and consider employing pooling strategies[16] when the prevalence or pretest probability is low. Pooling will assist conservation of RT-PCR testing consumables and laboratory capacity. These methodologies require laboratory validation. PHLN advice should be sought to determine current availability and utility.
Epidemiological Zone 2	Reserved for symptomatic testing, upstream contact tracing and testing close contacts (symptomatic and asymptomatic). As per Epidemiological Zone 1, consider using more acceptable collection methods, where validated. Pooling strategies may no longer be appropriate as prevalence or pretest probability rises. PHLN should be consulted to determine current availability and utility.
Epidemiological Zone 3	Reserved for symptomatic testing and upstream contact tracing when TATs exceed 24 hours at the 90th percentile. As per Epidemiological Zone 1, consider using more acceptable collection methods, where validated. Pooling strategy unlikely to be viable in this epidemiological context as prevalence or pretest probability likely to be too high. PHLN should be consulted to determine current availability and utility.
Point-of-care RT-PCR e.g. GeneXpert, BioFire FilmArray	
Epidemiological Zone 1	Use point-of-care RT-PCR systems in settings where access to laboratory-based testing is not available or a rapid turn-around-time (TAT) to result is required. This might be in rural and remote communities or hospital intensive care units. This enables early identification of current infection. These systems are low throughput and expensive.
Epidemiological Zone 2	As per Epidemiological Zone 1.
Epidemiological Zone 3	As per Epidemiological Zone 1.

オーストラリアにおける新型コロナウイルスの診断について２

オーストラリア政府保健省HP　２０２１年２月

Laboratory-based serology tests	
Epidemiological Zone 1	Reserved for where the result will influence individual patient or outbreak management, such as: 1. Patients who have had symptoms consistent with COVID-19, but are RT-PCR negative or were not tested by RT-PCR during their acute illness; or have unexpected positive or inconclusive results on RT-PCR assays. 2. Upstream contacts of a case with uncertain epidemiological links. 3. To identify earlier undiagnosed cases (who might have had asymptomatic infection) in an affected household, workplace or outbreak setting, where this might influence quarantine decisions for individuals and outbreak management. Refer to PHLN advice[17] on serology testing to understand other appropriate contexts for use.
Epidemiological Zone 2	As per Epidemiological Zone 1
Epidemiological Zone 3	As per Epidemiological Zone 1 Limited utility in this context. Seek advice from laboratory for appropriate application.

オーストラリアにおける新型コロナウイルスの診断について２

オーストラリア政府保健省HP　２０２１年２月

Rapid antigen or rapid non-RT-PCR nucleic acid amplification tests (NAAT) (i.e. LAMP tests) at the point-of-care (or near point of care)	
Epidemiological Zone 1	Rapid antigen and rapid NAAT tests are not recommended for widespread use in low prevalence environments. May have utility in outbreak settings.
Epidemiological Zone 2	The analytical performance and possible uses for rapid antigen and rapid NAAT tests are being evaluated as a matter of urgency. There are many logistical and regulatory challenges to consider. Currently PHLN and CDNA recommend that rapid antigen and rapid NAAT tests are only used in specific contexts and settings for public health investigation purposes where the pre-test probability is high. For example in an outbreak setting or where community transmission is established. All presumptive positive cases must be confirmed using RT-PCR testing. The clinical utility of rapid antigen and rapid NAAT tests for screening asymptomatic population groups in low prevalence scenarios is still to be established. If used for public health investigation purposes, reflex RT-PCR of positive detections is required for confirmation. PHLN and CDNA also recommend reflex RT-PCR of suspected COVID-19 cases that return a negative rapid antigen test result. See Annex A for further information on the benefits and limitations of rapid antigen tests and rapid NAAT tests.
Epidemiological Zone 3	As per Epidemiological Zone 2. The clinical utility of rapid antigen and rapid NAAT tests for screening asymptomatic population groups in high prevalence scenarios is still to be established. However in this epidemiological scenario, in addition to use for public health investigation purposes, this technology may prove useful as a screening test for individuals in high risk settings (i.e. high risk of exposure/transmission) where the pre-test probability is high. It offers rapid results in relevant settings, while reducing pressure on RT-PCR capacity. Positive detections would require RT-PCR for confirmation. PHLN and CDNA also recommend reflex RT-PCR of suspected COVID-19 cases that return a negative rapid antigen test result.

オーストラリア政府保健省HP　２０２１年２月１２日

COVID-19 information for the maritime industry

What is Australia doing?

Foreign travellers from all countries cannot enter Australia. Australian citizens and permanent residents (and their immediate family) and New Zealand nationals who live in Australia can travel to Australia.

All travellers entering Australia must quarantine in the state or territory in which they disembark.

Australian citizens and permanent residents cannot travel overseas.

International maritime crew can apply for an exemption to these restrictions.

Australia also has pre-departure testing and mask wearing requirements for international arrivals by air. Check the Department of Health's Coronavirus (COVID-19) advice for international travellers for more details.

Crew disembarking commercial vessels must quarantine unless exempt. This fact sheet outlines the quarantine requirements.

Any maritime crew exemptions to mandatory quarantine do not apply to oil rig personnel or cruise ship crew.

オーストラリア政府農業水資源環境省HP

Fact sheet: Information for non-commercial vessels (this includes leisure boats, yachts and superyachts)

This fact sheet provides information for non-commercial vessels, including leisure boats, yachts and superyachts, arriving in Australian territory from an overseas location. It also applies to non-commercial vessels that have been in contact with an international vessel.

Information for international travellers can be found on the Coronavirus (COVID-19) advice for international travellers page of the Department of Health's website.

What are the requirements for non-commercial vessels arriving into Australia?

Department of Agriculture, Water and the Environment (DAWE) biosecurity officers inspect all non-commercial vessels including leisure boats, yachts and superyachts, at the first port of arrival in Australian territory. This process also applies to any non-commercial vessels which have been in contact with an international vessel.

All crew and passengers must:

- **Not** disembark from their vessel until they are directed by a DAWE biosecurity officer
- **Not** load or unload goods until they are directed by a DAWE biosecurity officer
- Wear Personal Protective Equipment (PPE - face mask)* when performing essential vessel functions at the port
- Stay more than 1.5m away from and decrease time spent with others, such as port staff and government officers.
- Practise good hand hygiene and good sneeze/cough hygiene:
    - Wash hands often with soap and water, or use alcohol-based hand sanitiser, before and after eating as well as after attending the toilet.
    - Cough and sneeze into the elbow or a clean tissue, dispose of the tissue and use alcohol-based hand sanitiser.
- Wear PPE* in public spaces on-board the vessel when others are on-board.
- Report if they have or had in the past 14 days any symptoms of fever (37.5ºC or above), cough, sore throat, tiredness, shortness of breath, night sweats, chills, loss of smell or loss of taste.
- Follow the directions of the state or territory health department and any directions given by the DAWE biosecurity officer or human biosecurity officer
- Be aware of the relevant state or territory quarantine rules before arriving into the first port in Australian territory
- Be aware of state and territory rules, restrictions for domestic travel and travelling between domestic ports.

*If needed, DAWE biosecurity officers can provide face masks to crew and passengers.

What should non-commercial vessels do if a crew or passenger is sick?

Non-commercial vessels must report any crew or passengers who have been sick in the past 14 days to DAWE. This includes cold or flu-like symptoms. Reports can be made either through the Maritime Arrivals Reporting System (MARS) or to Australian Border Force officials or DAWE on arrival. Further reporting details are located on the DAWE website.

Do any maritime quarantine exemptions apply to non-commercial vessels?

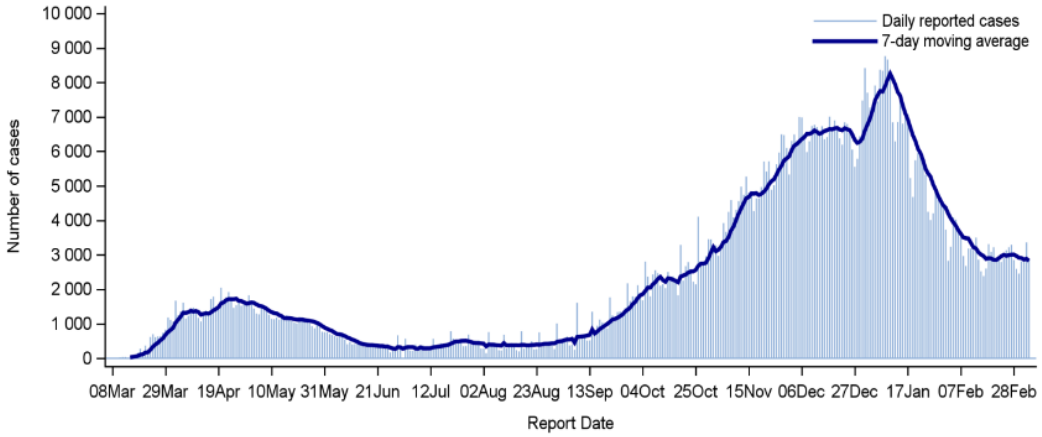
There are no blanket exemptions (e.g. maritime crew exemptions for commercial vessels) to mandatory quarantine for crew or passengers entering Australia on a non-commercial vessel. Crew or passengers requiring an individual exemption should contact the relevant state or territory prior to arrival.

8. カナダ

カナダにおける抗原検査、抗体検査について

カナダでは 2020 年 4 月から 5 月にかけて感染が拡大し、その後一旦落ち着きを見せていたが、2020 年 10 月から再び感染が拡大した。(1)（下図　カナダ公衆衛生庁 HP より)。

Figure 1. Daily number of reported COVID-19 cases in Canada (and 7-day moving average), as of 06 March 2021 (N= 884 630)



カナダではコロナウイルスの診断に核酸検査を用いるのが標準的となっている（2，3)。陸路、空路ともに検疫で抗原検査はしていない（4)。

今後は抗原検査も含め検査方法を拡大していく方針（5)。マニトバ州で行われたコロナウイルスの検査拡大を目的とした試験で抗原検査が用いられた（6)。

また、市中の感染状況を調査するために抗体検査が用いられた（7)。

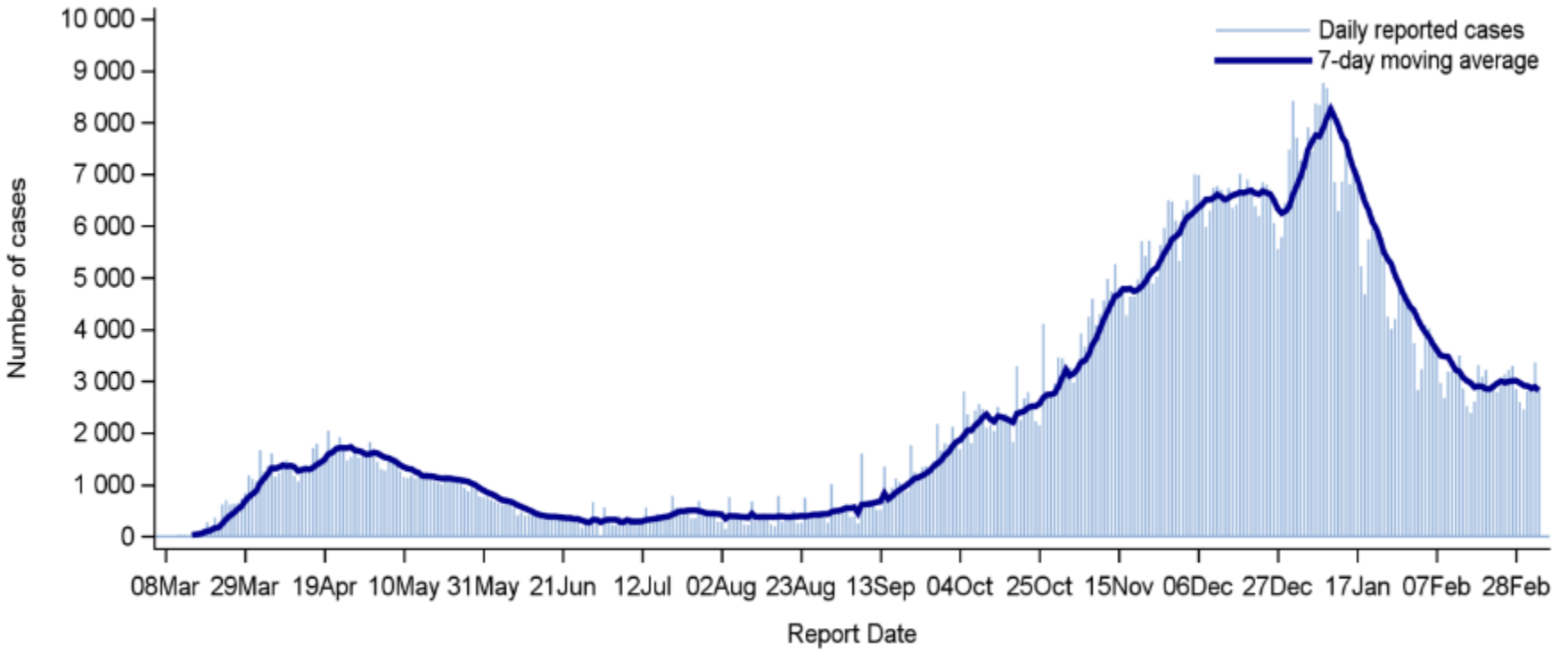
リファレンス

1. https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-weekly-epi-update-20210312-en.pdf
2. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/national-case-definition.html
3. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/testing/diagnosing.html
4. https://www.canada.ca/en/public-health/news/2021/02/government-of-canada-expands-restrictions-to-international-travel-by-land-and-air.html
5. https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/symptoms/testing/increased-supply.html
6. https://news.gov.mb.ca/news/index.html?item=50078&posted=2020-12-17
7. https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5339#a3

カナダにおける新型コロナウイルスの感染者数とその内訳

カナダ公衆衛生庁HP　２０２１年３月１２日

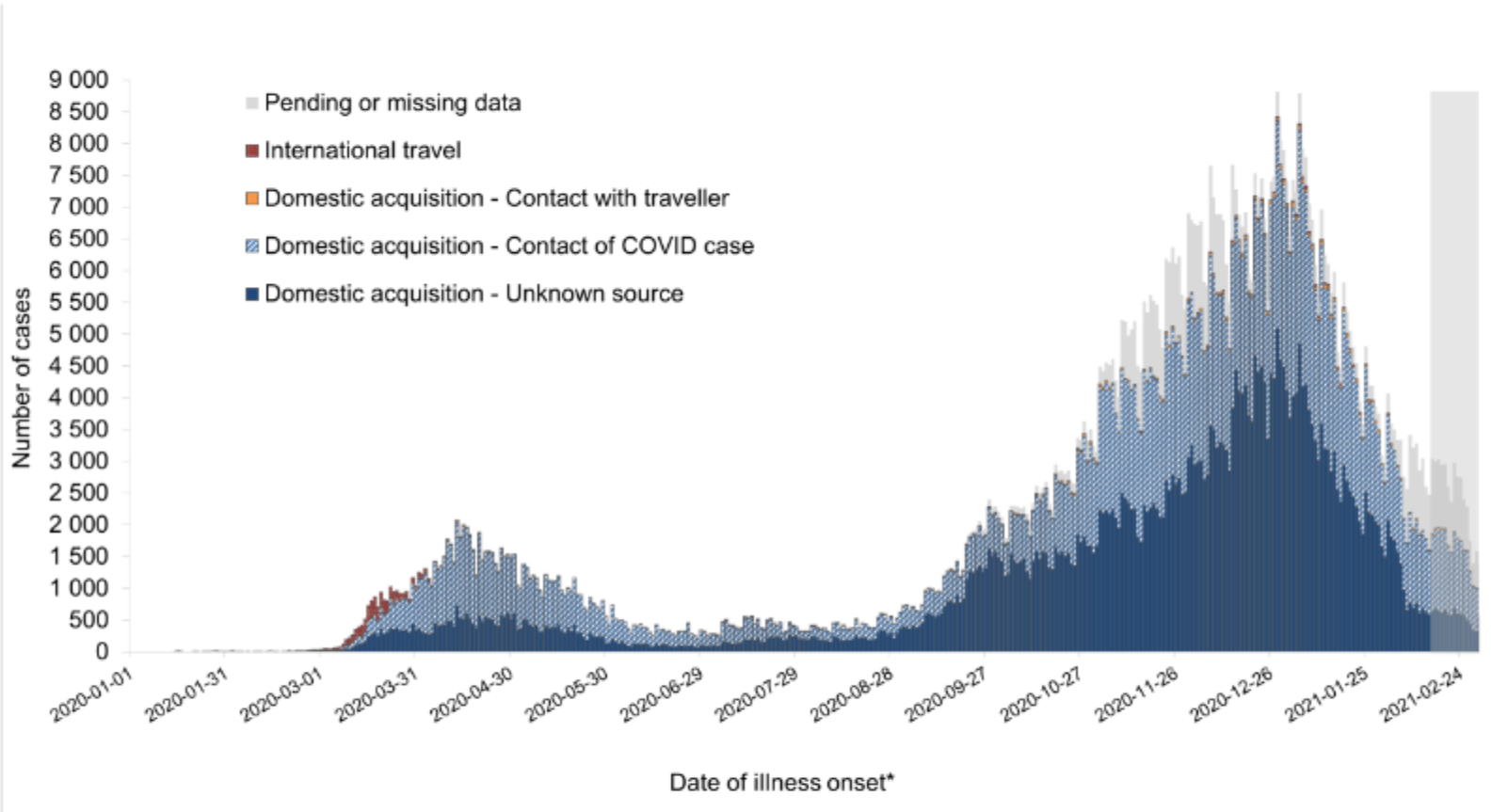
Figure 1. Daily number of reported COVID-19 cases in Canada (and 7-day moving average), as of 06 March 2021 (N= 884 630)



Source: Provincial and Territorial MOH websites as of 06 March 2021

Note: The 7-day moving average is a trend indicator that captures the arithmetic mean of the daily reported cases over the previous seven days. The moving average helps smooth out day-to-day variability in reporting, filtering out the "noise" of short-term fluctuations. Fluctuations can be attributed to retrospective data, non-reporting on the weekends or provinces or territories reporting cases at a reduced frequency. Spikes in cases may be due to regular reporting variations (e.g. lower reporting on weekends or holidays), or periodic reporting of previous cases by provinces and territories.

Figure 4. Number of reported COVID-19 cases in Canada, by date of illness onset and exposure category as of 06 March 2021 (n=878 646)



Source: Detailed case information received by PHAC from provinces and territories

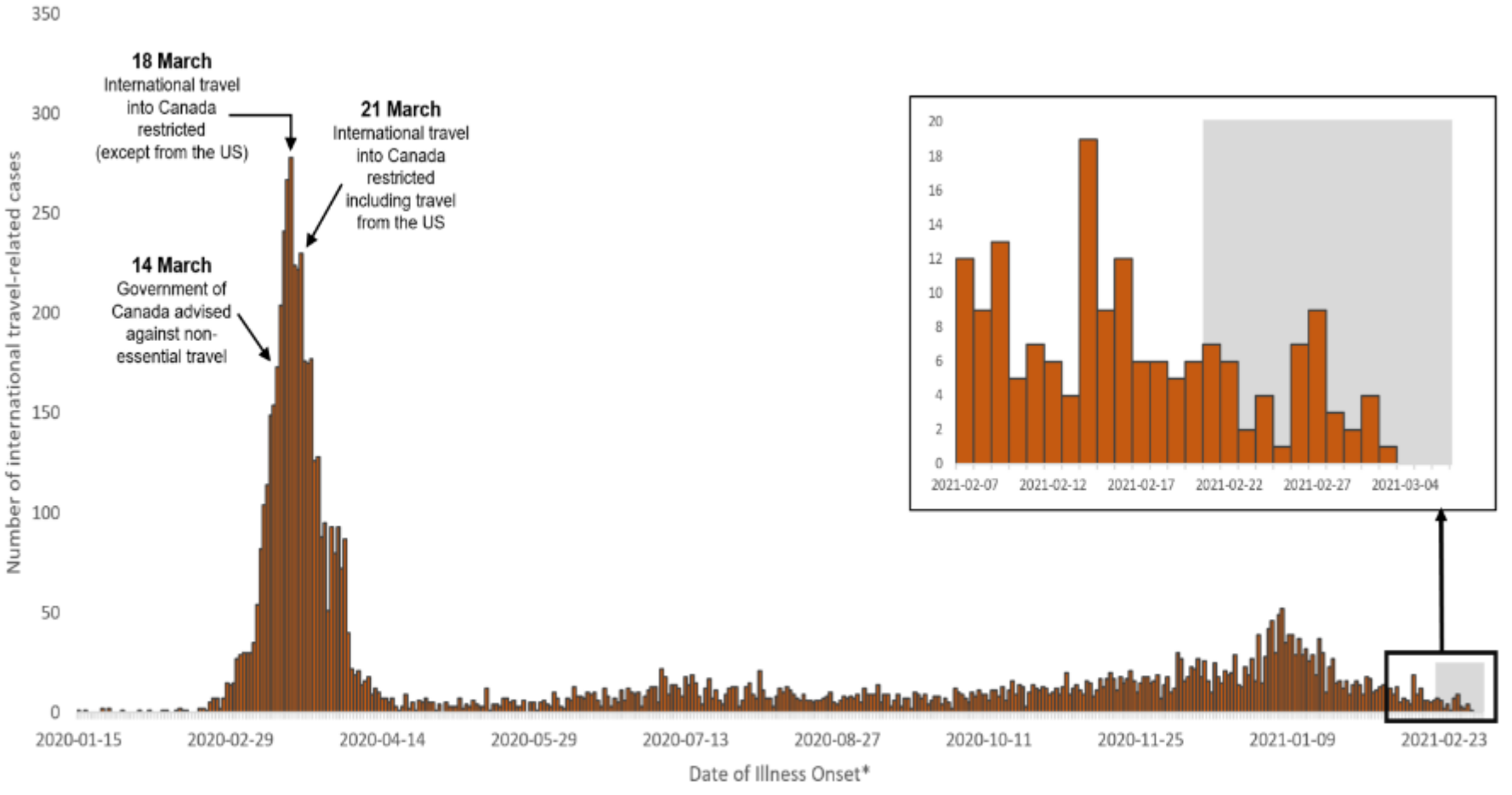
* The earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

Note: The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally. There is missing information for exposure variables from several provinces and territories.

カナダにおける新型コロナウイルスの感染者数とその内訳

カナダ公衆衛生庁HP　２０２１年３月１２日

Figure 5. Number of international travel-related COVID-19 cases in Canada, by date of illness onset[a] (n= 8 062) as of 06 March 2021



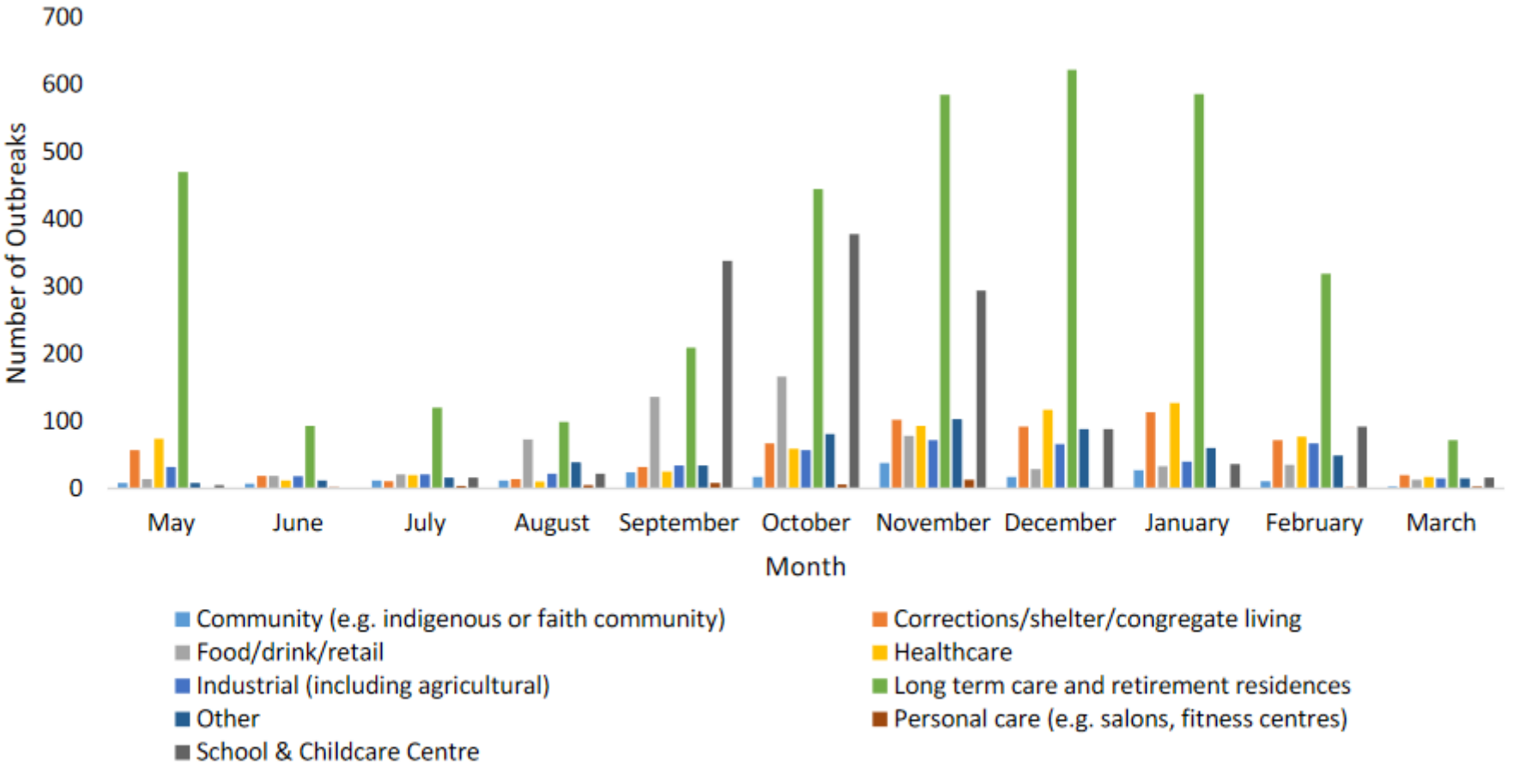
Source: Detailed case information received by PHAC from provinces and territories

* The earliest of the following dates were used as an estimate: Onset date, Specimen Collection Date, Laboratory Testing Date, Date Reported to Province or Territory, or Date Reported to PHAC.

Note: The shaded area represents a period of time (lag time) where it is expected that cases have occurred but have not yet been reported nationally.

Note: This is an underestimate of the total number of cases among returning travellers as exposure history are not available for all cases and not all jurisdictions have consistently reported exposure history to PHAC throughout the COVID-19 pandemic.

Figure 6. Number of new outbreaks by setting as of 06 March 2021



Source: Publicly reported outbreak data, including Provincial and Territorial websites, as of 06 March 2021

Note: Schools with only one case, or those for which information on number of cases is unknown, have been excluded

National surveillance case definitions for COVID-19

Confirmed case

A person with confirmation of infection with SARS-CoV-2 documented by:

- The detection of at least 1 specific gene target by a validated laboratory-based nucleic acid amplification test (NAAT) assay (e.g. real-time PCR or nucleic acid sequencing) performed at a community, hospital, or reference laboratory (the National Microbiology Laboratory or a provincial public health laboratory)
  or
- The detection of at least 1 specific gene target by a validated point-of-care (POC) NAAT that has been deemed acceptable to provide a final result (i.e. does not require confirmatory testing)
  or
- Seroconversion or diagnostic rise (at least 4-fold or greater from baseline) in viral specific antibody titre in serum or plasma using a validated laboratory-based serological assay for SARS-CoV-2

See Laboratory comments for further details.

カナダ公衆衛生庁HP　２０２１年３月５日

Tests to find out if you currently have COVID-19 (diagnostic test)

Tests such as molecular polymerase chain reaction (or PCR) tests detect the virus itself and diagnose COVID-19. If you're being tested for a possible current case of COVID-19, you'll receive one of these tests.

How samples are collected

There are different ways samples can be collected to test for COVID-19. Samples can be collected through a:

- nose swab
- throat swab
- saliva sample

How samples are tested to detect the virus

For laboratory-based testing, such as molecular PCR:

- samples are sent to a laboratory for analysis
- results are generally provided in 1 to 3 days

For point-of-care testing:

- sample collection and testing is done at the time and place of care, such as a hospital or doctor's office
- results are provided while you wait

Point-of-care technology can only test a limited number of samples in a single machine. Because of this, it's used in places where it's needed most, including:

- rural, remote and isolated communities
- specific high-risk settings where it's important to have fast test results without having to send samples to a laboratory

A positive laboratory-based or point-of-care test means that you currently have COVID-19.

カナダ入国時の検疫について

カナダ公衆衛生庁HP　２０２１年２月１２日

For travellers arriving to Canada by land, as of February 15, 2021, all travellers, with some exceptions, will be required to provide proof of a negative COVID-19 molecular test result taken in the United States within 72 hours of pre-arrival, or a positive test taken 14 to 90 days prior to arrival. In addition, **as of February 22, 2021,** travellers entering Canada at the land border will be required to take a COVID-19 molecular test on arrival as well as toward the end of their 14-day quarantine.

All travellers arriving to Canada by air, as of February 22, 2021, with some exceptions, will be required to take a COVID-19 molecular test when they arrive in Canada before exiting the airport, and another toward the end of their 14-day quarantine period. With limited exceptions, air travellers, will also be required to reserve, prior to departure to Canada, a 3-night stay in a government-authorized hotel. Travellers will be able to book their government-authorized stay starting February 18, 2021. These new measures are in addition to existing mandatory pre-boarding and health requirements for air travellers.

カナダでの検査方法の拡大について

カナダ公衆衛生庁HP　２０２１年３月１２日

Increasing testing options

Health Canada reviews testing devices to assess their safety, effectiveness and quality before they're authorized for sale in Canada. For a test to be authorized by Health Canada, it must be submitted for review by the manufacturer. To date, Health Canada has authorized over 50 different COVID-19 tests. We also continue to expedite the review of COVID-19 tests, including new testing options.

Health Canada is currently prioritizing the review of:

- tests that can be used at point-of-care to provide rapid diagnostic or monitoring results, including antigen tests
- saliva tests (tests that use spit as the sample instead of a sample from the nose or throat)

Health Canada has received a number of antigen test applications that are under priority review. Antigen tests detect specific proteins on the surface of the virus and provide rapid results.

A small number of saliva tests have been submitted to Health Canada and are under priority review. Health Canada hasn't authorized any tests for use with saliva at this time.

Health Canada will expedite the review of any new testing technologies submitted by manufacturers, including at-home test kits (also known as "self-testing"). For at-home test kits, the manufacturer must provide data to show the test is safe and effective for Canadians to use without health care professional supervision.

In all cases, companies must provide evidence that the test is accurate and reliable before Health Canada will authorize it. Health Canada has provided guidance to manufacturers on the authorization requirements for different types of tests such as antibody tests and antigen tests.

マニトバ州HP　２０２０年１２月１７日

News Release - Manitoba

December 17, 2020

Français

COVID-19 ASYMPTOMATIC SURVEILLANCE TESTING INTRODUCED IN THREE PERSONAL CARE HOMES

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Pilot Project to Test Effectiveness for Broad Application in Personal Care Homes, Enhancing Protection for Residents, Staff: Friesen

Public health officials are introducing rapid testing for asymptomatic personal care home staff working in three licensed personal care homes across the province as part of a pilot project around testing in long-term care facilities, Health, Seniors and Active Living Minister Cameron Friesen announced today.

Backgrounder
Background Information

“Protecting the health of our most vulnerable Manitobans is a top priority. Since the spring, we have introduced many precautions to screen staff and residents within our personal care homes, and to isolate and test anyone who shows symptoms or might have been exposed to COVID-19,” said Friesen. “This pilot project will expand the asymptomatic testing that is already underway in personal care homes by testing staff who do not have any symptoms and is the first step in plans for an expansion of this work to other sites in the weeks ahead.”

Asymptomatic testing is a tool already used in personal care homes that have confirmed cases and/or outbreaks of COVID-19. When a positive case of COVID-19 is identified, all residents and staff who are identified as contacts are tested, whether or not they have symptoms.

The pilot will implement broader asymptomatic surveillance testing (testing where there are no symptoms and no known exposure) for staff working in the selected facilities. Staff will be asked to participate on a voluntary basis, with testing performed once a week.

The pilot project will use Abbott Panbio COVID-19 rapid antigen test, which provides a result in approximately 20 minutes. Staff at the participating sites will be trained to perform the test using the equipment. Results received as ‘positive’ will be reported to public health as probable cases and will be confirmed by a lab-based test.

The three sites chosen for the pilot project are Donwood Manor and Deer Lodge Centre in Winnipeg and Country Meadows Personal Care Home in Neepawa in the Prairie Mountain Health region.

“These sites were chosen because of the size of their workforce and their proximity to laboratory testing sites, which will be used to confirm probably positive test results,” said Friesen. “The pilot project will help us establish the most appropriate application of this expanded sentinel testing as well as training and deployment processes that will support broader availability if the pilot proves successful.”

The minister noted the project will also allow officials to test the effectiveness of the new rapid testing equipment to better understand how it can be deployed and used in other settings.

カナダにおける抗原検査の利用例

マニトバ州HP　２０２０年１２月１７日

Testing is expected to begin on Dec. 21 and will be conducted for four weeks at each site, the minister added. Following analysis of the results, it is expected the project will be expanded to other licensed personal care homes in the weeks ahead, he added.

Other ways Manitoba is keeping PCHs safe include:
• enhancing monitoring of PCH operators;
• enacting a rapid response team ready to provide around the clock, quick assessment and treatment of residents;
• deploying the Community IV Program (CIVP) to provide hydration to residents; and
• arranging for workers from Canadian Red Cross to provide companionship, redirection and general assistance to health-care workers.

For up-to-date information on COVID-19, visit www.manitoba.ca/COVID19.

カナダにおける抗体検査の利用例

カナダ統計局HP　２０２０年１１月４日

Canadian COVID-19 Antibody and Health Survey (CCAHS)

Detailed information for November 2020 to March 2021

Status: Active

Frequency: One Time

Record number: 5339

The Canadian COVID-19 Antibody and Health Survey (CCAHS), is collecting key information relevant to the COVID-19 pandemic to learn as much as possible about the virus, how it affects overall health, how it spreads, and whether Canadians are developing antibodies against it.

Data release - Scheduled for spring 2021

- Questionnaire(s) and reporting guide(s)
- Description
- Data sources and methodology
- Data accuracy

Description

The Canadian COVID-19 Antibody and Health Survey will collect information in two parts. The first part is an electronic questionnaire about general health and exposure to COVID-19. The second part is an at-home finger-prick blood test, which is sent to a lab to determine the presence of COVID-19 antibodies.

The data will be used to:
- estimate how many Canadians test positive for antibodies even if they have never had symptoms of COVID-19
- better understand the social distancing behaviours of Canadians and their general health during the pandemic.

This important information will help evaluate the extent of the health status associated with the COVID-19 pandemic such as the prevalence of infection even for people who have never had symptoms, among a representative sample of Canadians. Through the integration with health and social administrative data, the survey will also provide a platform to explore emerging public health issues, including the impact of COVID-19 on health and social well-being. It also aims to shed light on immune responses to SARS-CoV-2 in a diversity of communities, age brackets, populations, and occupational groups across the nation.

Reference period: Varies according to the question (e.g. in the past six months, since March 1, 2020, in the past 20 years, etc.).

Collection period: November 2020 to March 2021

Subjects

- Diseases and health conditions
- Health
- Lifestyle and social conditions

カナダにおける抗体検査の利用例

カナダ統計局HP　２０２０年１１月４日

Data sources and methodology

Target population

The target population for the survey is persons 1 year of age and older living in the 10 provinces or three territorial capitals.

The observed population excludes: persons living in the three territories outside of the capitals; persons living on reserves and other Aboriginal settlements in the provinces; full-time members of the Canadian Forces; the institutionalized population and residents of certain remote regions.

Instrument design

The content for the survey was developed by Statistics Canada's Centre for Population Health Data, with input from the COVID-19 Immunity Task Force (CITF) and in consultation with Health Canada and the Public Health Agency of Canada.

The survey takes place in two parts: an electronic questionnaire about general health and exposure to COVID-19. The second part is an at-home finger-prick blood test, which is sent to a lab to determine the presence of COVID-19 antibodies.

The questionnaire and blood sample collection underwent testing in the form of interviews in both of Canada's official languages, conducted by Statistics Canada's Questionnaire Design Resource Centre. The goal of the testing was to test the questionnaire content and to evaluate the effectiveness of the instructions for self-administering the blood sample.

Sampling

This is a sample survey with a cross-sectional design.

Frame
Dwelling Universe File (DUF) is used to select dwellings for persons 25 and over. Multiple vintages of the Canadian Child Benefit (CCB) and Census 2016 are used to identify persons 1 to 24 years old. Their contact information is then updated where possible using Canada Revenue Agency (CRA) databases.

Sample design
It is a stratified random sample of respondents with two components: a targeted respondent sample and a household sample.

Sampling unit
The following sampling units are used in order to have accurate information on dwellings.

Dwelling Universe File (DUF)
Canadian Child Benefit File (CCB)
Census 2016
CRA databases for contact information

カナダにおける抗体検査の利用例

カナダ統計局HP　２０２０年１１月４日

Given the heterogeneity of COVID-19 in the population, particularly by geography, sub-provincial strata were created and the sample was allocated across these strata.

In the provinces, 27 strata were created from first subdividing each province into CMA and non-CMA areas. The CMAs of St. John's, Halifax, Saint John, Montréal, Québec, Toronto, Ottawa, Hamilton, Winnipeg, Regina, Saskatoon, Calgary, Edmonton and Vancouver form their own strata. From Ontario, Québec and British Columbia there are three additional strata of aggregated remaining CMA areas. Finally, there are 10 non-CMA regions, one for each province. In addition to these 27 strata, there are three territories for a total of 30 strata.

Stratification method

Typically, the population size of a stratum contributes to the sample size determination, where larger strata get more sample. This is then balanced by the need to ensure all strata receive sufficient sample to produce estimates. Increasing the sample in larger populations and increasing the sample in populations with more heterogeneity leads to more precise results at the national level. In this context, this means increasing the sample in large CMAs and strata with more COVID-19 confirmed cases leads to increased precision in the national estimates. Statistical sample allocation formulae were adapted to fit this specific situation, where the specific population size and proportion of confirmed COVID-19 cases for all strata were used in the allocation. Strata sample sizes were determined by a formula that favors larger population sizes and higher proportions of COVID confirmed cases. The formula was then balanced to ensure sufficient sample was allocated to smaller strata with fewer cases. The results provide a sample allocation that will facilitate analysis for the hardest hit and larger strata with the added benefit of yielding more precise results nationally. Weighting that incorporates the sampling design will ensure that the final weighted sample is representative of the population.

Sampling and sub-sampling

Age-group definition:

The age groups defined in the proposal are quite broad being defined as <25, 25-64 and 65+, but analysis is not limited to these broad groups. In order to ensure a sufficient sample size of children and youth, sampling for those aged <25 will be done directly from administrative files. The administrative data source provides good coverage of children as young as 6 months of age. Finer age groups, such as 5 year groupings within this youngest cohort, will be considered at sampling to ensure all ages are well represented in the raw national sample.

For those aged 25+, the administrative files available have reduced coverage and dwellings will be selected instead. Within each household, one individual aged 25+ will be selected based on specific instructions within the letter they receive (or provided by the interviewer if they respond by phone). The instructions will use the age of household members to determine who is selected, and will vary from one household to another. For some households, the oldest member is selected, others the second oldest, or the youngest, etc. These letters are randomly assigned to the selected dwellings ensuring that the selected individual from within the dwelling is random. Unlike with the sample of those aged <25, the sampling by specific fine age groupings is not controlled as there is no prior knowledge of the selected dwelling's household composition. However, this method randomly selects individuals of all ages (25+) and given the proposed sample sizes analysis can be conducted at much finer age groups for aggregated geographies. Weighting of the sample will also be performed for these finer age groups to ensure representativeness.

カナダにおける抗体検査の利用例

カナダ統計局HP　２０２０年１１月４日

This comprehensive sample will provide nationally representative estimates as well as facilitating more granular estimation.

People under the age of 25 will be selected from administrative files at Statistics Canada. If the selected respondent is under the age of 15, their guardian will be the contact. For those aged 25 and over, dwellings with a mailing address will be randomly selected, and one person from within the dwelling will be selected at random to participate. There will be strict instructions to ensure the selected individual does not choose a different person in the household.

A sample size of 48,000 people is proposed with the hypotheses that a 45% response rate will be achieved and that the current SARS-CoV-2 immunity prevalence is 2-3%. This should yield reliable estimates at the provincial and territorial level for three age groups (<25, 25-64 and 65 and over) by sex. It should also yield reliable national level estimates for at least three ethno-cultural groups or by visible minority status.

Data sources

Data collection for this reference period: 2020-11-02 to 2021-03-31

Responding to this survey is voluntary.

Data are collected directly from survey respondents.

1- Collections methods

A) Electronic questionnaire

The only contact with respondents is a letter sent through the mail with the DBS kit. The letter informs people living at the sampled address that a specific person or a randomly selected person has been chosen to participate in the survey. On the letter there is a code which gives access to the online questionnaire. The electronic questionnaire takes on average 20 minutes to complete. Respondents are asked a series of questions covering a wide range of COVID-19 related questions. For respondents aged 14 or younger, the questionnaire is answered by a parent or guardian. Respondents aged 15 and up provide consent and answer questions for themselves.

B) Dried blood spots (DBS) sample

The respondents are asked to provide a small blood sample (via finger prick) to be tested for COVID-19 antibodies. Respondents must prick their finger and place up to 5 blood spots on a test strip.

For respondents aged 1 to 14, a parent or guardian provides consent for the child to participate to the DBS test, to receive the child's results, and to store any leftover samples for future use.

All materials related to the survey (initial letter, questionnaire, DBS instructions, etc.) are available in both official languages.

2- Follow-up methods
A Statistics Canada interviewer may call, email or text the respondent to do follow up if we do not receive the respondent complete questionnaire. Afterword, a tracking system will be implemented in order to flag the DBS cards that have not be sent. Follow up calls will be done by CCAHS staff.

When a respondent reaches the age of 14 years old, they will receive a letter asking for their approval of keeping their DBS in the biobank. In the case of a respondent wanting to remove their sample, they will have to specify it in a letter or send an email to CCAHS team.

3-Languages offered
The questionnaire was developed in both official languages.

4-Average time to complete the survey
The electronic questionnaire takes 20 minutes to complete and the dry blood spot test takes 10 minutes.

View the Questionnaire(s) and reporting guide(s).

Error detection

The metadata will be provided upon release.

Imputation

The metadata will be provided upon release.

Estimation

The metadata will be provided upon release.

Quality evaluation

The metadata will be provided upon release.

Disclosure control

The metadata will be provided upon release.

Revisions and seasonal adjustment

The metadata will be provided upon release.

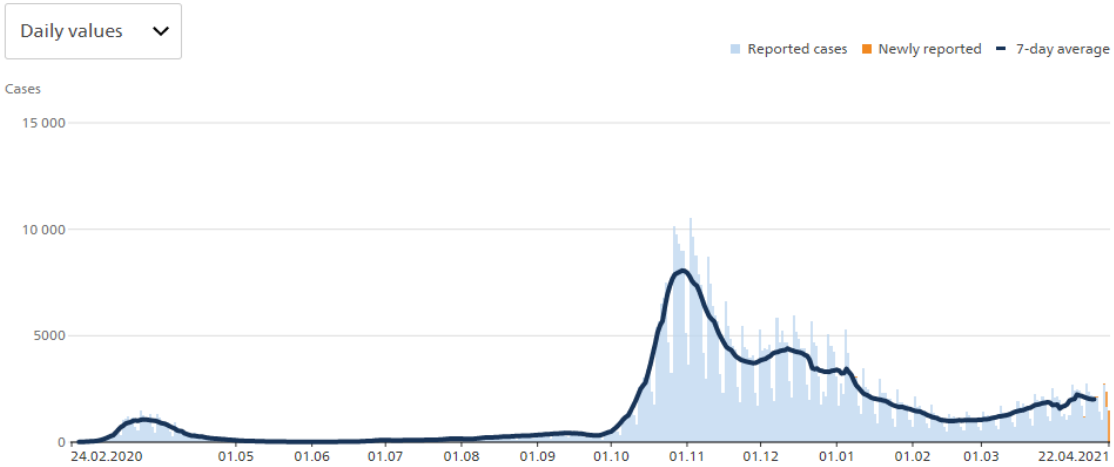
Data accuracy

The metadata will be provided upon release.

9. スイス

スイスにおける抗原検査の利用について

スイスでは 2020 年 3 月から 4 月に感染拡大の第 1 波、2020 年 10 月から 2021 年 1 月に第 2 波が見られた。2021 年 4 月 22 日の時点で累計およそ 64 万件、一日当たり 2 千件程度の感染が報告されている。(1)（下図　スイス連邦内務省保健庁 HP より)。



スイスでは感染拡大の第 2 波が発生したことを受けて 2020 年 11 月 2 日から抗原検査を取り入れている。陽性率は PCR 検査の方が抗原検査よりもやや高い。(2) 2021 年 4 月 8 日からの 2 週間では PCR 検査がおよそ 26 万件、抗原検査がおよそ 11 万件報告されており、陽性率は PCR 検査が 9.6%、抗原検査が 5.8%となっている。(3)

連邦政府は 2021 年 3 月 15 日から検査センターや病院等の指定の施設における抗原検査の費用を全額負担している。PCR 検査に関しては、症状がある、感染者との接触があった、医師や当局から検査するよう指示を受けた等の条件を満たせば政府が費用を負担することになっている。また、無症状の人が抗原検査で陽性となった場合は PCR 検査による確認をとるよう指示している。(4)

スイスでは直近 14 日間の人口 10 万人当たりの新規感染者数がスイスのそれと比べて 60 人以上多い国や地域、変異種が確認されている国や地域をリスクエリアとしている。データが不十分かつ感染リスクが高いと考えられる場合、直近 4 週間で特定の国や地域からの渡航者に感染者が繰り返し見られる場合にもリスクエリアとみなされる。(5) 検疫では直近 10 日間の内にリスクエリアに滞在していた場合は事前の PCR 検査と隔離、リスクエリアに滞在していなくても空路による入国の場合は事前の PCR 検査が義務付けられている。直近 3 ヶ月の間にコロナウイルスに感染していた場合はこれらの義務は免除されるが、ワクチンの接種では免除されない。(6) リスクエリアへの滞在がなく、かつ陸路または水路で入国する場合には検査や隔離の義務はない。また、空路で入国する場合には飛行機搭乗前に抗原検査もしくは PCR 検査による陰性証明の提示が義務付けられている。抗原検査による陰性証明をもって入国した場合には、スイス入国後直ちに検査を受ける必要がある。(7)

リファレンス

1. https://www.covid19.admin.ch/en/epidemiologic/case?detTime=total&detRel=abs
2. https://www.covid19.admin.ch/en/epidemiologic/test?detTime=total&detRel=abs
3. https://www.covid19.admin.ch/en/overview
4. https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/testen.html
5. https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/empfehlungen-fuer-reisende/liste.html
6. https://www.fedlex.admin.ch/eli/cc/2021/61/en
7. https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-

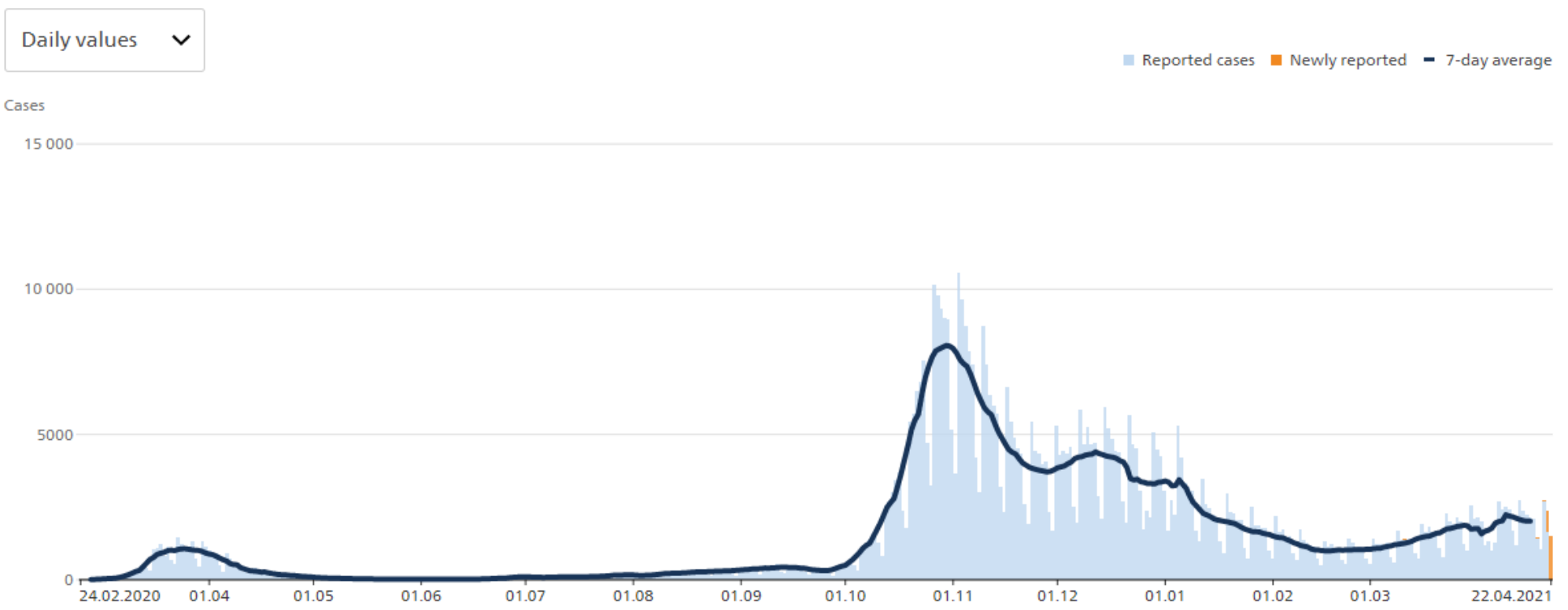
pandemien/aktuelle-ausbrueche-epidemien/novel-cov/empfehlungen-fuer-reisende/quarantaene-einreisende.html

スイスにおける新型コロナウイルスの感染者数とその内訳

スイス連邦政府内務省保健庁HP　２０２１年４月２２日

Development over time

Laboratory-confirmed cases, Switzerland and Liechtenstein,
24.02.2020 to 22.04.2021, Absolute case numbers



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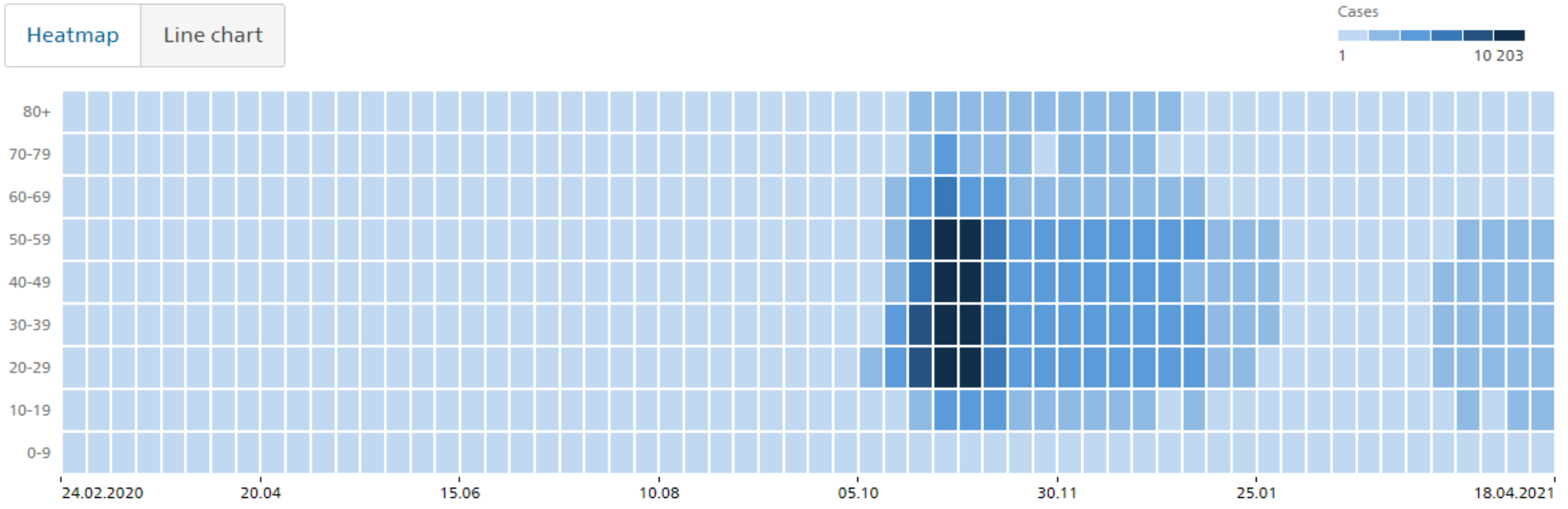
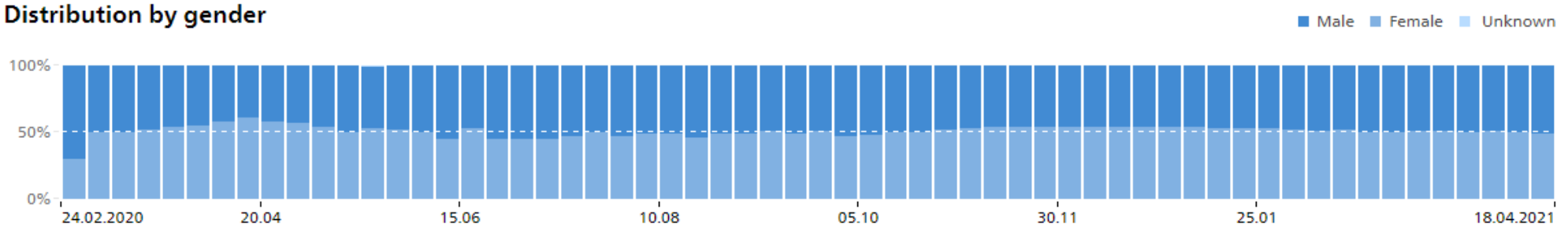
Source: FOPH – Status: 22.04.2021, 07.48h

Distribution by age group



Distribution by gender



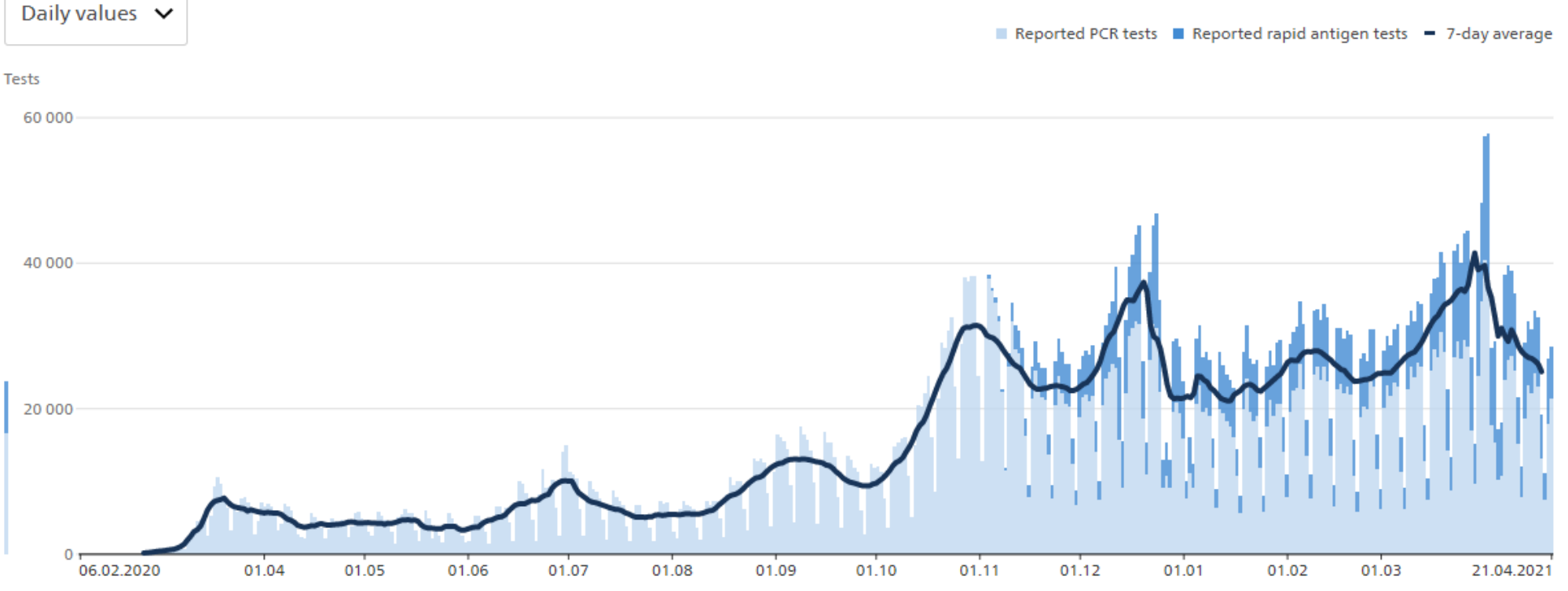
スイスにおける新型コロナウイルスの検査について

スイス連邦政府内務省保健庁HP　２０２１年４月２２日

Development over time: number of tests

Number of tests, Switzerland and Liechtenstein, 06.02.2020 to 21.04.2021,
Absolute case numbers

The graphic shows the number of tests for the selected time frame.
Please note: There is no data available by canton or age group for the laboratory tests conducted before week 21. Rapid antigen tests have only been carried out since 02.11.2020.



Development over time: share of positive tests

Share of positive tests, Switzerland and Liechtenstein, 06.02.2020 to 21.04.2021

The graphic shows the share of positive tests for the selected time frame.
Please note: There is no data available by canton or age group for the laboratory tests conducted before week 21. Rapid antigen tests have only been carried out since 02.11.2020.

Download image　Share

Source: FOPH – Status: 22.04.2021, 07.48h

スイスにおける新型コロナウイルスの検査について

スイス連邦政府内務省保健庁HP　２０２１年４月２２日

Status report, Switzerland and Liechtenstein

Previous 14 days

Tests and share of positive tests

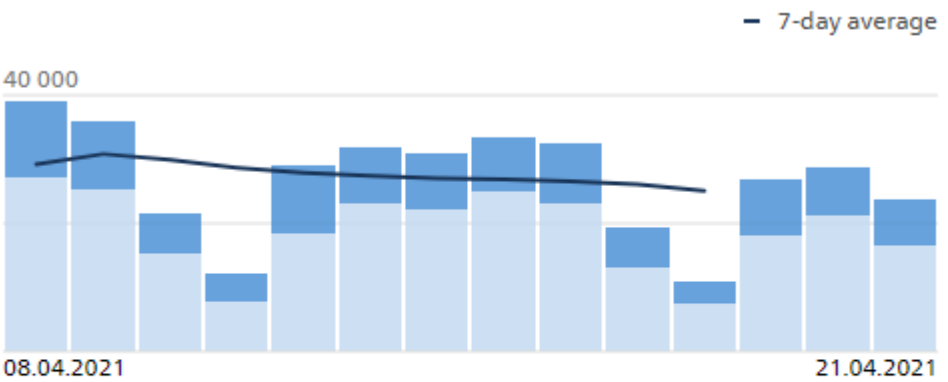
Source: FOPH – Status: 22.04.2021, 07.48h

On the basis of the extended testing strategy, more people without symptoms are being tested (for example in the course of mass testing). The results of such tests do not have to be reported. However, positive results do have to be confirmed with a PCR test. Both negative and positive results of these confirmatory PCR tests have to be reported. This pre-selection may result in an increase in the share of positive PCR tests by an indefinite amount.

The number of positive tests may be higher than the number of newly confirmed cases due to some people being tested more than once.
Please note: There is no data available by canton or age group for the laboratory tests conducted before week 21. Rapid antigen tests have only been carried out since 02.11.2020.

PCR tests detect the SARS-CoV-2 virus's genetic material whereas rapid antigen tests detect specific proteins. Both tests are done with a nose and throat swab.

Difference to previous day	**28 879**
Total since 08.04.2021	**376 176**
PCR tests	**264 097**
Rapid antigen tests	**112 079**
Per 100 000 inhabitants Cumulative PCR and rapid antigen tests	**4351,48**
Share of positive PCR tests	**9,6%**
Share of positive rapid antigen tests	**5,8%**



The graphic shows the number of tests carried out in Switzerland and the Principality of Liechtenstein for the selected time frame.
The line represents the 7-day rolling average (average of previous 3 to subsequent 3 days) of the cumulative PCR and rapid antigen tests.

スイスにおける検査の費用について

スイス連邦政府内務省保健庁HP　２０２１年４月９日

Costs of tests

Since 15 March 2021: The federal government now covers all the costs of rapid tests that you have done at a testing centre, at your doctor's, in a hospital or at a pharmacy. These types of tests are thus also free of charge if you don't have symptoms of the coronavirus.

Still applicable: Whether the federal government pays the costs of PCR tests depends on why you are getting tested:

- The costs of PCR tests **will be covered** if you are getting tested e.g. because you have symptoms, because you received a notification from the SwissCovid app, or because you were ordered to by an authority or doctor.
- The costs of PCR tests **will not be covered** e.g. if you require a negative test result to travel.

スイスにおける検査後の対応について

スイス連邦政府内務省保健庁HP　２０２１年４月９日

Tests without symptoms - what to do after you get your test result

If you have **no symptoms** and the result from a **rapid test, self-test** or **pooled PCR sample is positive, the following applies:**

What to do in the event of a positive test result

Getting a positive result from a rapid test, self-test or pooled sample initially only means that you are suspected to have been infected with coronavirus. You should therefore:

- Get the test result confirmed with a PCR test.
- Go to your doctor, a test centre, a hospital or pharmacy to get the test result confirmed.
- Stay at home until you have received the test result.
- If the result of the individual PCR test is positive: follow the instructions under What to do in the event of a positive test result: Isolation.
- If the result of the PCR test is negative: it is highly likely that you do not have coronavirus. However, it is important that you continue to follow the rules on hygiene and social distancing.

What to do in the event of a negative test result

If the result of the rapid test, self-test or pooled sample is negative, then it is highly likely that you were not contagious at the time of the test. However, this is only a snapshot. **A negative test result does not necessarily mean that you do not have coronavirus. It is therefore important that you follow the rules on hygiene and social distancing.**

スイスにおけるリスクエリアの選定基準

スイス連邦政府内務省保健庁HP　２０２１年４月２０日

Criteria for the list

There is an increased risk of infection with the coronavirus in a country or region if at least one of the following requirements is satisfied:

- **14-day incidence:** In the previous 14 days the number of new infections per 100 000 persons in the country or region concerned is more than 60 higher than in Switzerland, and this number is not due to specific incidents or cases occurring in a narrowly defined geographical area.
- In the country or region concerned, a mutation coronavirus has been proven to exist that carries a higher risk of infection or causes a more severe form of the disease than the strain of the virus that is widespread in Switzerland.
- The available information from the country or region concerned does not allow a reliable assessment to be made of the risk situation, and there are indications that there is an increased risk of transmission in the country or region concerned.
- In the previous four weeks there have been repeated instances of infected persons who have stayed in the country or region concerned entering Switzerland.

Areas bordering Switzerland can be exempted from inclusion despite the incidence. The reason for this is the close economic, social and cultural ties that exist with neighbouring countries – which are also the reason why greater differentiation is made in these cases by looking at the incidence in individual areas.

スイスにおけるリスクエリアのリスト

スイス連邦政府内務省保健庁HP　２０２１年４月２０日

FOPH list of risk countries

List valid for arrivals in Switzerland from 3.5.21

Areas of neighbouring countries

Austria:

- Land Burgenland
- Land Kärnten
- Land Niederösterreich
- Land Oberösterreich
- Land Salzburg
- Land Wien

France:

- Région Bretagne
- Région Centre-Val de Loire
- Région Hauts-de-France
- Région Île de France
- Région Normandie
- Région Nouvelle-Aquitaine
- Région Occitanie
- Région Pays de la Loire
- Région Provence-Alpes-Côte d'Azur

Germany:

- Land Sachsen
- Land Thüringen

Italy:

- Regione Campania
- Regione Emilia Romagna
- Regione Friuli Venezia Giulia
- Regione Puglia
- Regione Toscana

スイスにおけるリスクエリアのリスト

スイス連邦政府内務省保健庁HP　２０２１年４月２０日

Countries and areas*

- Andorra
- Armenia
- **Argentina**
- Bahrain
- Belgium
- Bosnia and Herzegovina
- Brazil
- Bulgaria
- **Cabo Verde**
- Canada
- Chile
- Croatia
- Cyprus
- Czechia
- **Egypt**
- Estonia
- Greece
- Hungary
- Jordan
- Kosovo (Republic of)
- Kuwait
- Lebanon
- Lithuania
- Luxembourg
- **Mexico**
- Montenegro
- Netherlands (Kingdom of the)
- North Macedonia
- Palestinian territory (Occupied)
- Paraguay
- Poland
- **Qatar**
- San Marino
- Serbia
- Seychelles
- Slovenia
- South Africa
- Sweden
- Tanzania
- Turkey
- Ukraine
- Uruguay

*The following applies for all countries that do not share a border with Switzerland: If a country is on the list, this includes all of its areas, islands and overseas territories – even if they are not listed separately.

スイスにおける検疫について１

スイス連邦参事会HP　２０２１年４月２２日

– Art. 7 Requirement to be tested and to quarantine

[1] The following persons must prove that they have undergone a molecular-biological test for Sars-CoV-2 within the previous 72 hours and that the test result was negative:

a. persons entering Switzerland who have at any time in the previous 10 days stayed in a country or region with an increased risk of infection;
b. persons entering Switzerland on an aircraft from a country or region that does not have an increased risk of infection.

[2] Persons under paragraph 1 letter a are required on entry to travel immediately and directly to their home or to other suitable accommodation. They must remain there without leaving at any time for 10 days following their entry (quarantine on entry).

[3] Persons under paragraph 1 who are unable to produce proof of a negative test on entering Switzerland must immediately and at their own expense undergo one of the following tests by arrangement with the responsible cantonal authority:

a. a molecular-biological test for Sars-CoV-2; or
b. a Sars-CoV-2 rapid test.

スイスにおける検疫での検査義務と隔離義務の免除条件

スイス連邦参事会HP　２０２１年４月２２日

Art. 8 Exemptions from the requirement to be tested and to quarantine

[1] The following persons are exempted from the requirement to be tested and to quarantine under Article 7:

a. persons whose work in Switzerland is essential to maintain:
   1. the efficiency of the health service,
   2. public security and order,
   3. the efficiency of institutional beneficiaries as defined in Article 2 paragraph 1 of the Host State Act of 22 June 2007[9],
   4. Switzerland's diplomatic and consular relations;

b. persons who in the course of their professional activities transport passengers or goods across borders;

c. persons who enter Switzerland for compelling professional or medical reasons and whose visit cannot be postponed;

d. persons re-entering Switzerland after staying in a country or region with an increased risk of infection for compelling professional or medical reasons and whose visit could not have been postponed;

e. persons who as transit passengers have stayed less than 24 hours in a country or region with an increased risk of infection;

f. persons who enter Switzerland for the purpose of transiting the country and who intend and are able to travel on directly to another country;

g. persons who re-enter Switzerland after participating in an event in a country or region with an increased risk of infection, provided they prove that their participation and stay took place in compliance with a specific precautionary measures plan; participating in an event includes in particular participating, normally in a professional capacity, in a sporting competition or cultural event, or attending a professional conference;

h. persons who prove that they were infected with Sars-CoV-2 within the three months prior to entering Switzerland and have recovered.

[1bis] The following persons are also exempted from the requirement to be tested under Article 7:

a. children under 12 years of age;

b. persons who can provide a medical certificate to prove that they are unable on medical grounds to provide the nasopharyngeal swab required for the Sars-CoV-2 test.[10]

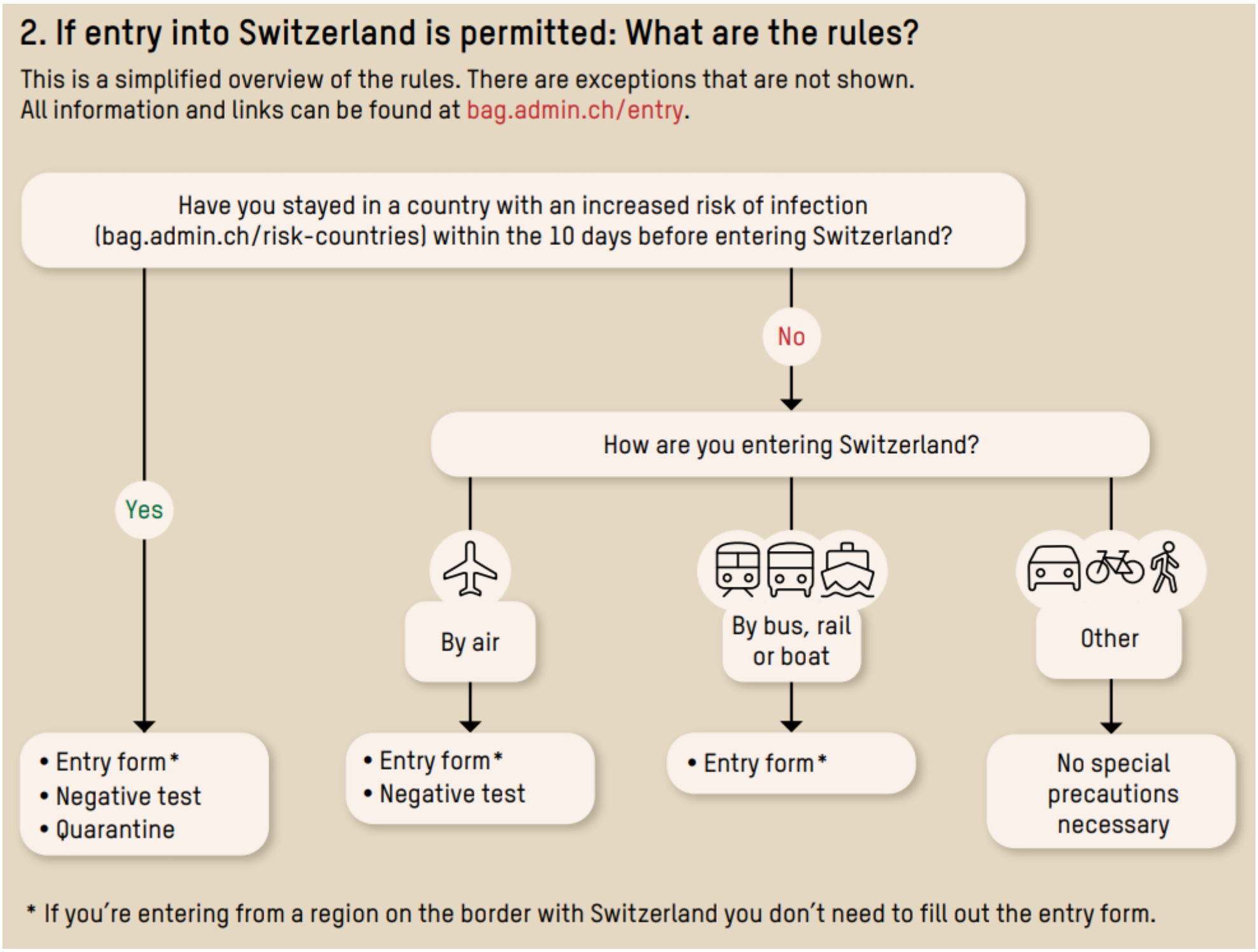
[2] Paragraph 1 does not apply to persons displaying symptoms of COVID-19, unless the person concerned can provide certified medical evidence that the symptoms have a different cause.

[3] In the case of persons under paragraph 1 letter a, their employer shall verify and certify that entering Switzerland is essential.

[4] The competent cantonal authority may in justified cases permit further exceptions from the requirement to be tested and to quarantine or relax certain conditions.

スイスにおける検疫について２

スイス連邦政府内務省保健庁HP　２０２１年４月１６日



スイスにおける検疫について２

スイス連邦政府内務省保健庁HP　２０２１年４月１６日

Rules for entering Switzerland by air

If you enter Switzerland by air, you must be able to show proof of a negative test at two different times: firstly on boarding the departing flight in the foreign country, and secondly at the Swiss airport (when crossing the Swiss border). **Note:** The tests accepted, and the exceptions, will be different at the two controls.

1. Boarding control: The airlines systematically check your negative coronavirus test result prior to boarding. The results of the following tests are permissible for this control:

- A PCR test carried out within the last 72 hours
- A rapid antigen test carried out within the last 24 hours

2. Swiss border control: Border control authorities in the airport's transit zone check the negative test result on a random basis. For this control, a result brought from the following test is permissible:

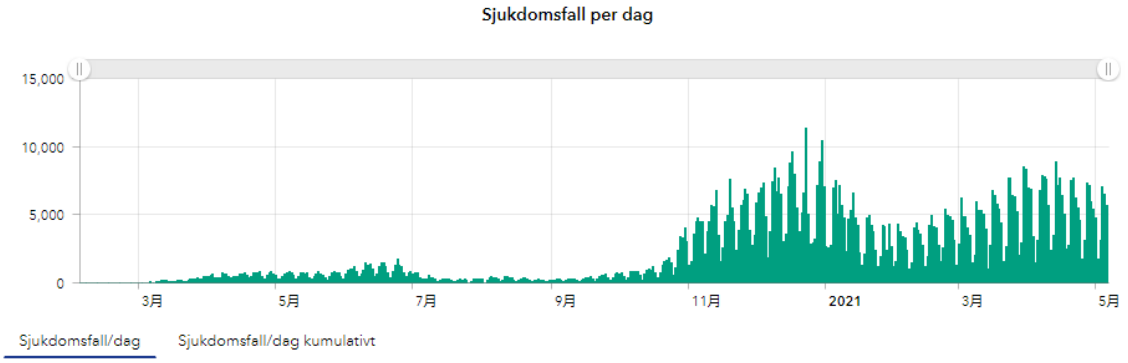
- A PCR test carried out within the last 72 hours

If you don't have a negative PCR test result (for example because you had a rapid antigen test for boarding), you must be tested in Switzerland immediately. Report to the cantonal authority responsible and in consultation with the authority have a PCR or rapid antigen test as quickly as possible. If this test is positive, you must immediately go into isolation.

10. スウェーデン

スウェーデンにおける抗原検査の利用について

スウェーデンでは 2020 年 10 月頃から感染者が増え始め、2020 年 12 月には 1 週間当たり 4 万人を超える新規感染者が確認された。新規感染者の数は 2021 年 2 月にいったん下がったが、その後再び増加している。2021 年 5 月 9 日の時点で累計およそ 100 万件、1 週間当たり 3 万 5 千件程度の感染が報告されている。(1)（下図　スウェーデン公衆衛生局 HP より)。



スウェーデンでは主に PCR 検査が行われており、抗原検査の数は比較的少ない。(2, 3) また、地域によって行われている抗原検査の数に差があり、スコーネやダーラナでは比較的多く行われているが、一方で全く行われていない地域もいくつかある。ストックホルムではそれなりに行われている。(3)

検疫での対応はスウェーデン国民とそれ以外で異なる。外国籍の渡航者に対してはスウェーデン入国前 48 時間以内の PCR 検査または抗原検査による事前検査が義務付けられているが、スウェーデン国民に対しては事前検査の義務はない。(4) ワクチンの接種や抗体の保持によって検査義務が免除されることはない。また、外国籍の人の EU、アイスランド、リヒテンシュタイン、スイスを除く国からの入国は原則禁止となっているが、スウェーデン国民や EEA を含む特定の国の住民は入国制限の対象外となる。(5) 入国後は検査や自己隔離を推奨している。(6)

リファレンス

1. https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa
2. https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/statistik-och-analyser/antalet-testade-for-covid-19/
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4. https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/if-you-are-planning-to-travel/negative-covid-19-test-required-for-entry-into-sweden/
5. https://www.government.se/articles/2020/04/questions-and-answers-about-the-entry-ban-to-sweden/
6. https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/if-you-are-planning-to-travel/recommendations-for-those-travelling/

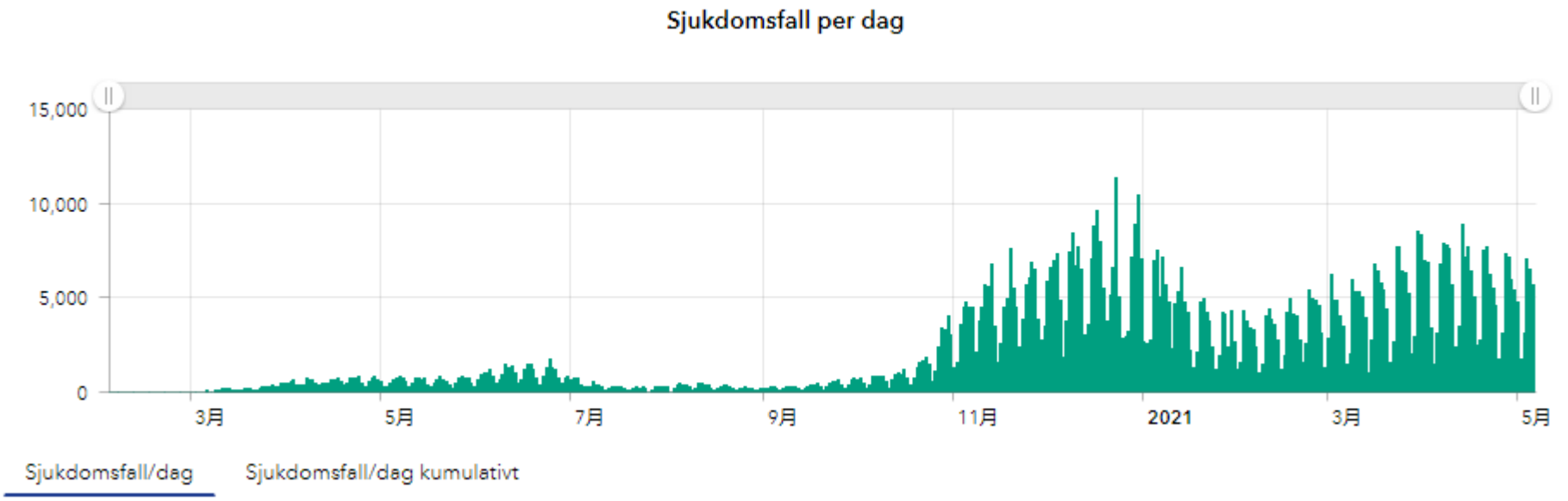
スウェーデンにおける新型コロナウイルスの感染者数について

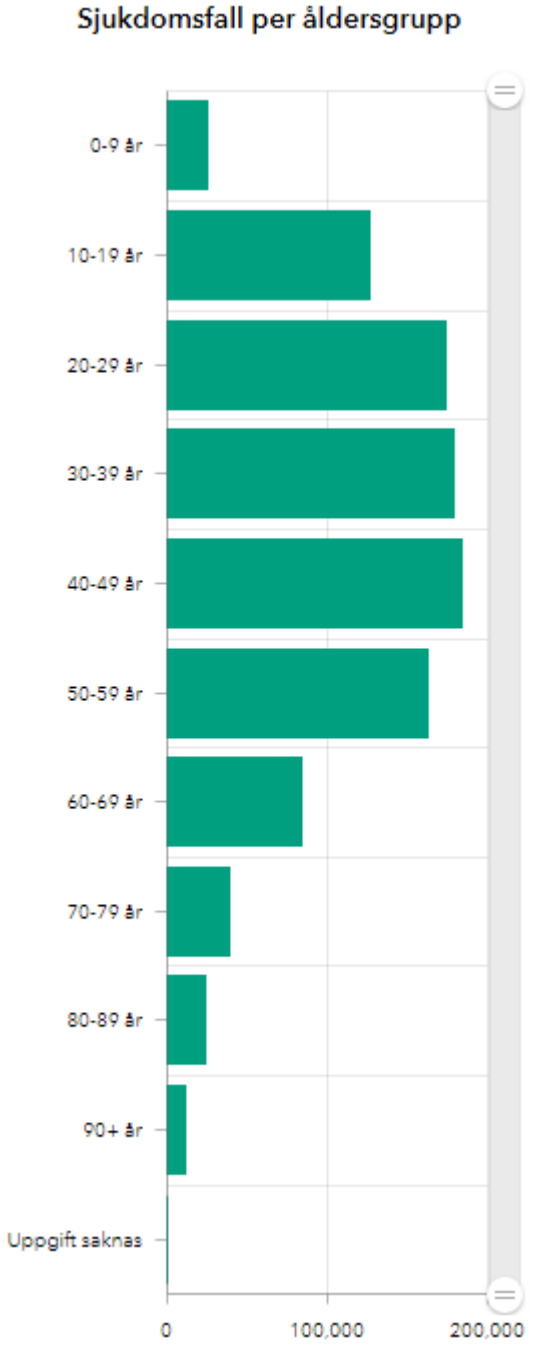
スウェーデン公衆衛生局HP　２０２１年５月９日

Sjukdomsfall

1,007,792

Kvinnor: 514,667 | Män: 493,125





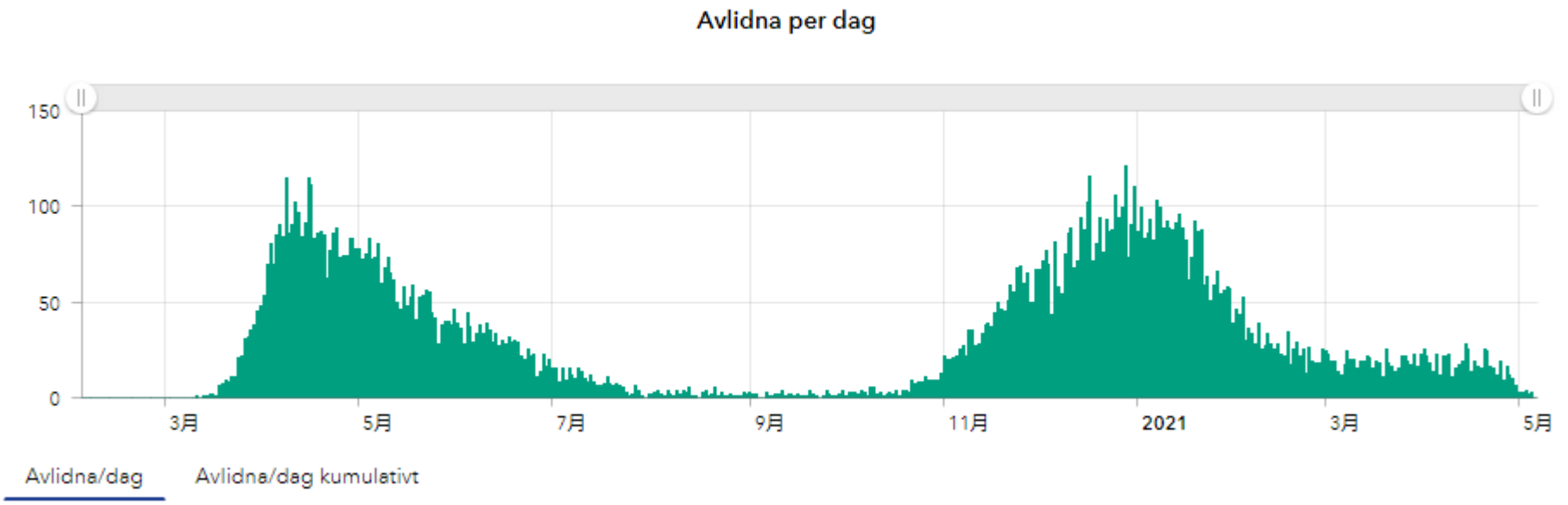
スウェーデンにおける新型コロナウイルスの死者数について

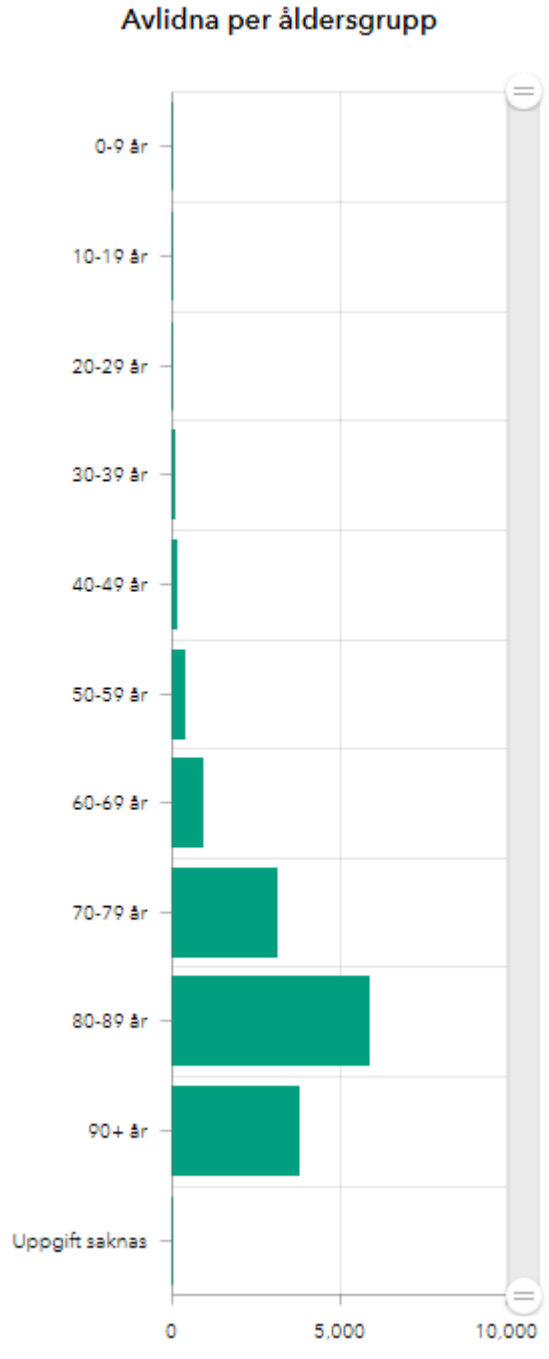
スウェーデン公衆衛生局HP　２０２１年５月９日

Avlidna

14,173

Kvinnor: 6,470 | Män: 7,703





スウェーデンにおけるPCR検査の実施数について

スウェーデン公衆衛生局HP　２０２１年５月５日

The purpose is to follow and report how many unique individuals have been tested with nucleic acid detection (PCR test) and antibody detection in the current week. Here you can read more about what the different test types mean. The results are compiled both at national and regional level on this website. The results of the PCR testing divided into age groups are also presented in our weekly reports which you can find here .

The number of tested individuals and completed tests per week in Sweden

Table 1. Number of individuals tested and number of tests performed in the last 5 weeks in Sweden, divided into the test types nucleic acid detection and antibody detection.

Week	Nucleic acid detection Tested individuals	Nucleic acid detection Tests performed	Antibody detection Tested individuals	Antibody detection Tests performed
Week 17	336 138	345 625	3 587	3 648
Week 16	316 107	326 450	3 977	4 037
Week 15	330 502	340 603	3 751	3 785
Week 14	304 741	312 611	5 426	5 464
Week 13	316 261	324 823	18 874	18 905

スウェーデンにおけるPCR検査の実施数について

スウェーデン公衆衛生局HP　２０２１年５月５日

The number of individuals tested with nucleic acid detection last week

Region	Nucleic acid detection	Of which positive	Of which negative	Of which not assessable
Blekinge	5 358	565	4 747	46
Dalarna	10 287	1 032	9 148	107
Gotland	1 511	87	1 422	2
Gävleborg	9 267	828	8 361	78
Halland	11 615	853	10 659	103
Jämtland / Härjedalen	6 903	481	6 384	38
Jönköping	9 847	1 201	8 591	55
Kalmar	10 350	1 210	9 072	68
Kronoberg	6 587	1 042	5,486	59
Norrbotten	6 352	926	5 408	18
Skåne	41 292	3 941	37 141	210
Stockholm	69 473	8 501	60 470	502
Sörmland	11 390	1 025	10 299	66
Uppsala	14 511	1 445	12 934	132
Värmland	8 890	812	8 018	60
Västerbotten	12 829	701	12 063	65
Västernorrland	9 077	1 288	7 730	59
Västmanland	9 575	766	8 726	83
Västra Götaland	52 387	5 170	47 000	217
Örebro	11 066	1 209	9 850	7
Östergötland	13 689	2 238	11 451	0
Others	3 882	0	3 876	6
The kingdom	336 138	35 321	298 836	1 981

スウェーデンにおける抗原検査の実施数について

スウェーデン公衆衛生局HP　２０２１年３月４日

The number of antigen tests performed in Sweden

Region	Week 1	Week 2	Week 3	Week 4	Total week 1-4
Blekinge	111	135	109	83	438
Dalarna	982	1 229	3 291	5 111	10 613
Gotland	0	0	0	0	0
Gävleborg	270	259	251	297	1 077
Halland	0	7	7	120	134
Jämtland / Härjedalen	917	983	1 194	1 026	4 120
Jönköping	0	0	0	56	56
Kalmar	11	116	305	486	918
Kronoberg	438	741	430	183	1 792
Norrbotten	493	729	893	883	2 998
Skåne	7 058	7 748	8 286	7 473	30 565
Stockholm	315	521	942	1 029	2 807
Sörmland	-	-	-	-	810
Uppsala	0	0	0	0	0
Värmland	0	0	0	0	0
Västerbotten	292	260	632	583	1 767
Västernorrland	0	0	0	0	0
Västmanland	212	313	1 027	1 694	3 246
Västra Götaland	2 787	3 686	3 637	516	10 626
Örebro	0	0	0	0	0
Östergötland	0	0	0	0	0
Total for the period	-	-	-	-	71 967

スウェーデンにおける抗原検査の実施数について

スウェーデン公衆衛生局HP　２０２１年３月４日

Region	Week 5	Week 6	Week 7	Week 8	Total week 5-8
Blekinge	113	116	118	89	436
Dalarna	4 755	4 860	4 669	4 821	19 105
Gotland	0	0	0	0	0
Gävleborg	284	251	273	299	1 107
Halland	593	1 640	-	1 353	3 586
Jämtland / Härjedalen	951	921	1 075	990	3 937
Jönköping	116	249	379	403	1 147
Kalmar	661	621	656	652	2 590
Kronoberg	180	214	186	80	660
Norrbotten	1 129	1 324	1 211	1 313	4 977
Skåne	7 297	7 339	9 921	8 433	32 990
Stockholm	1 159	1 662	2 212	2 462	7 495
Sörmland	-	-	-	-	1 020
Uppsala	0	0	0	0	0
Värmland	0	0	48	83	131
Västerbotten	668	755	929	1 399	3 751
Västernorrland	199	527	730	834	2 290
Västmanland	1 749	1 684	1 666	1 454	6 553
Västra Götaland	-	-	-	-	-
Örebro	0	35	59	82	176
Östergötland	0	0	0	0	0
Total for the period	-	-	-	-	91 951

スウェーデン公衆衛生局HP　２０２１年２月２５日

Negative COVID-19 test required for entry into Sweden

The Government has decided that foreign nationals will have to present a negative COVID-19 test result before they are permitted to enter Sweden. The traveller must be able to present a certificate at the border showing a negative test result. The test must have been conducted a maximum of 48 hours prior to arrival.

The following types of tests for COVID-19 are approved: Antigen tests, PCR tests, LAMP tests and TMA tests. Antigen tests exist in the form of rapid tests for ongoing COVID-19 infection.

For the certificate to be valid, the following information must be included:

- Name of the person tested
- Time the test was conducted
- Test type: Antigen test, PCR test, LAMP test, or TMA test.
- Test result
- Name, telephone number and address to the issuer of the certificate, or to the laboratory that conducted the test.

The information must be clearly stated in Swedish, English, Norwegian, Danish or French.

スウェーデンにおける検疫について２

スウェーデン王国政府HP　２０２１年４月１日

The Government has decided to require a negative COVID-19-test result upon entry into Sweden. What applies for entry from EEA states or from Andorra, Monaco, San Marino, Switzerland or the Vatican City? −

It means that a foreign citizen travelling from certain countries and/or who belongs to a category exempted from the entry ban (see above) must, upon entry into Sweden, be able to present a certificate showing a negative result for ongoing COVID-19 infection from a test conducted within 48 hours* prior to arrival. This test requirement applies with certain exemptions.

Swedish citizens are not subject to entry bans or required to present a negative COVID-19 test result.

The Government has decided to require a negative test result upon entry into Sweden. What applies for entry from countries outside the EU/EEA – 'third countries' (i.e. all other countries)? −

It means that a foreign citizen who is covered by an exemption from the entry ban must, upon entry into Sweden, be able to present a certificate showing a negative result for ongoing COVID-19 infection from a test conducted within 48 hours prior to arrival. You must therefore be covered by one of the exemptions to enter Sweden; otherwise you cannot enter, even if you can present a negative COVID-19 test result. The test requirement does not apply to Swedish citizens.

Will people who have been vaccinated be exempt from the test requirement? −

No, there is no special exemption from either the entry ban or the negative test requirement for people who can show that they have been vaccinated against COVID-19 or have antibodies to the COVID-19 virus. These people must also present a certificate showing a negative result for COVID-19 infection from a test conducted within 48 hours prior to arrival.

スウェーデンにおける入国制限について

スウェーデン王国政府HP　２０２１年４月１日

What does the travel ban on travel from EAA states and certain other states mean?

This is a temporary ban on foreign citizens who cannot present a negative COVID-19 test result upon arrival in Sweden entering the country from an EEA state or from Andorra, Monaco, San Marino, Switzerland or the Vatican City.

The entry ban does not apply to Swedish citizens. There are also exemptions from the entry ban and test requirement for various categories of travellers.

What does the entry ban to travel from third countries mean?

It means a temporarily ban for non-essential travel to Sweden from all countries except EU Member States, Iceland, Liechtenstein and Switzerland.

The entry ban applies to all foreign citizens attempting to enter Sweden from these countries. The entry ban does not apply to Swedish citizens.

Who is exempt from the entry ban from countries outside the EU/EEA – 'third countries' (i.e. all other countries)?

The entry ban does not apply to people who:

- are an EEA citizen or a citizen of Andorra, Monaco, San Marino, Switzerland or the Vatican City;
- have long-term resident status in Sweden or another EU Member State;
- have a residence permit in Sweden or another EEA state, Andorra, Monaco, San Marino, Switzerland or the Vatican City;
- have a national visa for Sweden or a national visa valid longer than three months in another EEA State, Andorra, Monaco, San Marino, Switzerland or the Vatican City;
- have close family ties as specified in Chapter 3a, Section 2, first paragraph, or Chapter 5, Section 3, first paragraph, points 1–4, or Section 3a of the Aliens Act (2005:716) to a person covered by any of the above points or to a Swedish citizen, for example a spouse, cohabiting partner, civil partner or child under the age of 21;
- are a citizen of the United Kingdom or a family member of such a citizen, provided that they are covered by Article 10 of the Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community (OJ L 29, 31.1.2020, p.7), i.e. UK citizens who are holding or have applied for residence status, or
- live in Australia, New Zealand, Rwanda, Singapore, South Korea, or Thailand. (This list of countries is continually being revised at EU level and has been changed multiple times.)

入国後の検査と隔離の推奨について

スウェーデン公衆衛生局HP　２０２１年３月５日

Recommendations

The following rules apply for Swedish citizens or foreign nationals included in the group who are exempt from the requirement for a negative test upon entry to Sweden and who have not been tested before arrival:

- Get tested as soon as possible after arrival. You will then need to take a second test on day 5 (does not apply for people born in 2014 or later).
- Self-quarantine and avoid close contact with others for seven days. You must do this even if you have not tested positive for COVID-19.

The following rules apply for Swedish citizens or foreign nationals included in the group who are exempt from the requirement for a negative test before entering Sweden and who have been tested before arrival:

- Get tested on day 5 following your arrival (does not apply to people born in 2014 or later).
- Self-quarantine and avoid close contact with others for seven days. You must do this even if you have not tested positive for COVID-19.

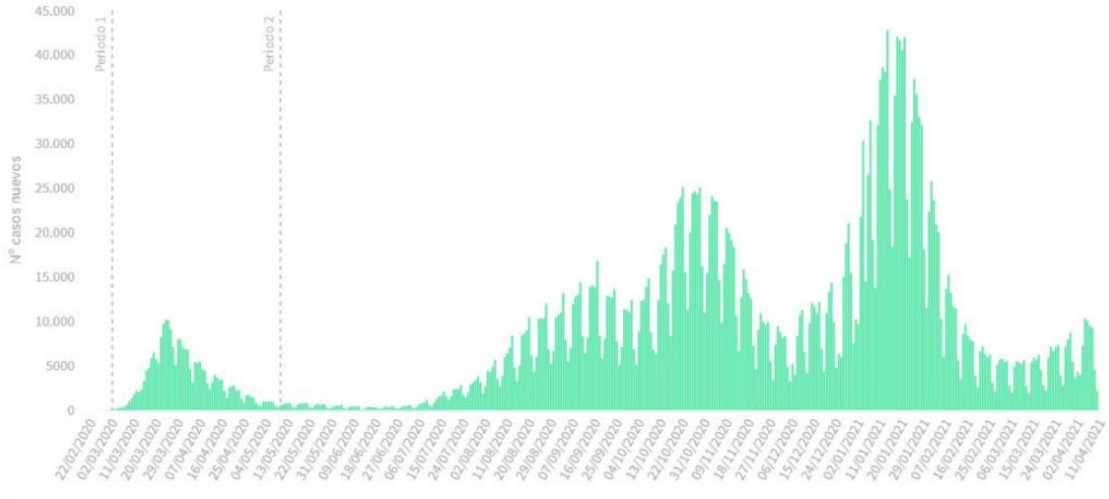
The following rules apply for foreign nationals who are not included in the groups exempt from the requirement for a negative test before entering Sweden:

- You must provide proof of a negative COVID-19 test on entry to Sweden (in Swedish).
- Get tested on day 5 following your arrival (does not apply to people born in 2014 or later).
- Self-quarantine and avoid close contact with others for seven days. You must do this even if you have not tested positive for COVID-19.

11. スペイン

スペインにおける抗原検査の利用について

スペインでは 2020 年 3 月から 4 月に感染拡大の第 1 波、2020 年 8 月から 11 月に第 2 波、そして 2021 年 1 月に第 3 波が見られた。2021 年 4 月 12 日の時点で累計およそ 337 万件、一週間当たり 5 万件程度の感染が報告されている。(1)（下図　スペイン保健省 HP より)。



抗原検査をどの程度取り入れているかは自治体によって差がある。多くの自治体では PCR 検査が抗原検査の倍程度行われているが、マドリードでは抗原検査の数の方が多くなっている。(1)

2020 年 11 月にマドリードは政府に対し薬局で抗原検査を行えるように要求し、認められた。(2) これを受けて、2021 年 2 月 1 日から薬局での抗原検査を開始している。抗原検査をする際には症状のある人や濃厚接触者などリスクの高い人に限ることとしている。(3)

スペインではリスク地域を基本的に欧州連合の定める基準に従って定めている。(4) 検疫では、リスク地域から空路又は海路で入国する渡航者に対し事前に PCR 検査を受けて陰性証明を取得し入国時に提出することを義務付けている。陸路での入国に対しては義務付けていない。また、ワクチンの接種によって事前検査の義務が免除されることはない。感染から回復して PCR 検査が陽性となってしまう場合には、回復したことを示す書類を PCR 検査の結果と合わせて提出することとしている。(5)

リファレンス

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スペインにおける新型コロナウイルスの感染者数について

スペイン保健省HP　２０２１年４月１２日

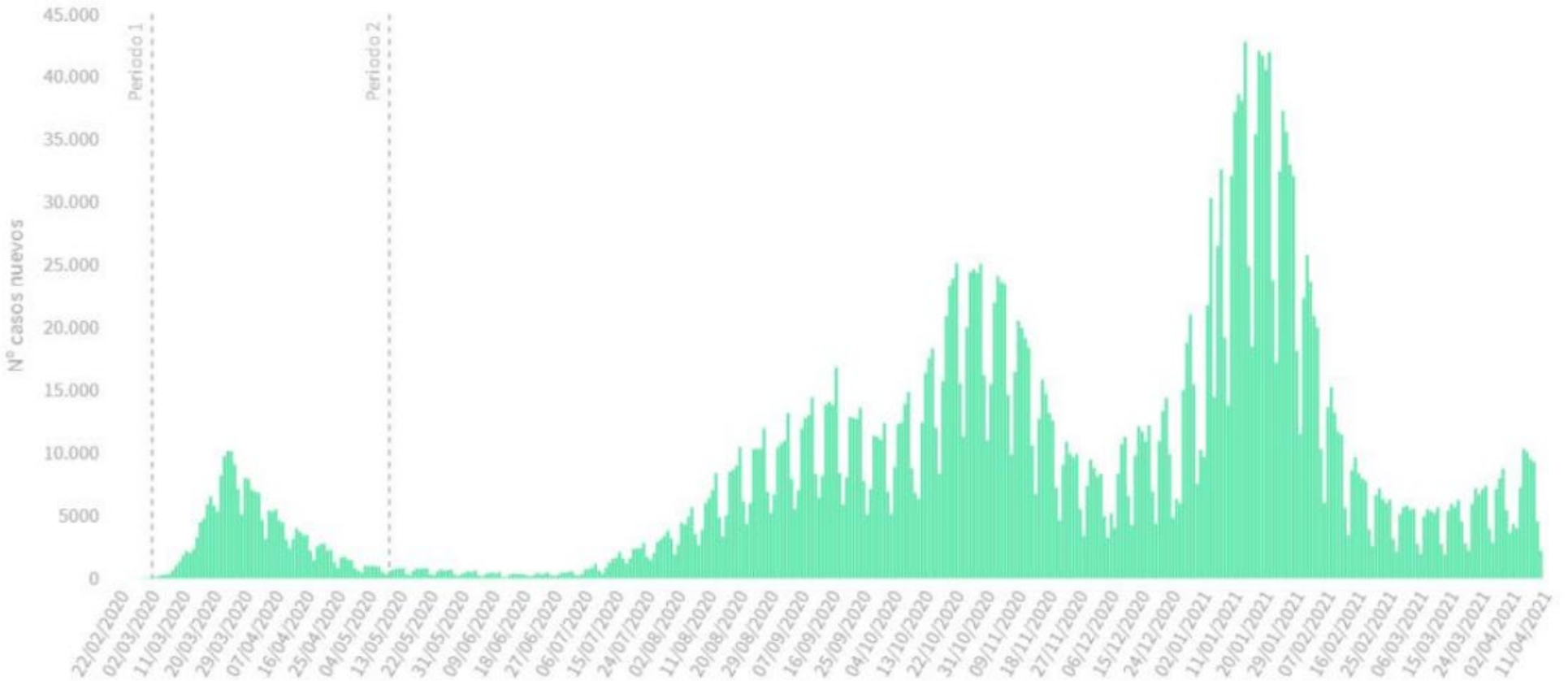
Tabla 1. Casos de COVID-19 confirmados totales, diagnosticados el día previo y diagnosticados o con fecha de inicio de síntomas en los últimos 14 y 7 días a 12.04.2021

CCAA	Casos totales	Casos diagnosticados el día previo	Casos diagnosticados en los últimos 14 días		Casos diagnosticados en los últimos 7 días		Casos diagnosticados con fecha de inicio de síntomas en los últimos 14d.		Casos diagnosticados con fecha de inicio de síntomas en los últimos 7d.	
			Nº	IA*	Nº	IA*	Nº	IA*	Nº	IA*
Andalucía	523.865	134	19.060	225,18	11.549	136,44	7.769	91,78	2.182	25,78
Aragón	113.436	114	2.905	218,52	1.837	138,18	1.725	129,76	621	46,71
Asturias	48.652	101	1.662	163,14	849	83,33	134	13,15	86	8,44
Baleares	58.298	19	672	57,36	337	28,77	539	46,01	237	20,23
Canarias	49.418	196	2.925	134,42	1.597	73,39	1.443	66,32	553	25,41
Cantabria	26.888	88	939	161,09	522	89,55	483	82,86	210	36,03
Castilla La Mancha	178.873	4	3.231	157,98	1.717	83,95	1.682	82,24	564	27,58
Castilla y León	216.720	184	4.710	196,67	2.595	108,35	2.825	117,96	1.118	46,68
Cataluña	552.395	61	17.686	227,31	9.035	116,12	10.063	129,34	3.666	47,12
Ceuta	5.489	25	420	498,80	229	271,97	272	323,03	97	115,20
C. Valenciana	387.530	74	1.838	36,34	907	17,93	844	16,69	211	4,17
Extremadura	72.341	71	1.437	135,06	727	68,33	589	55,36	197	18,52
Galicia	118.376	42	2.037	75,39	1.090	40,34	1.028	38,05	391	14,47
Madrid	644.587	373	22.808	336,41	13.494	199,03	8.524	125,72	2.458	36,25
Melilla	8.254	12	468	537,46	274	314,67	279	320,41	102	117,14
Murcia	109.395	22	1.024	67,76	514	34,01	567	37,52	196	12,97
Navarra	56.771	197	2.811	425,14	1.566	236,84	1.760	266,18	734	111,01
País Vasco	170.488	472	7.116	320,47	4.044	182,12	41	1,85	7	0,32
La Rioja	28.480	23	677	211,62	359	112,22	394	123,16	144	45,01
ESPAÑA	**3.370.256**	**2.212**	**94.426**	**199,00**	**53.242**	**112,20**	**40.961**	**86,32**	**13.774**	**29,03**

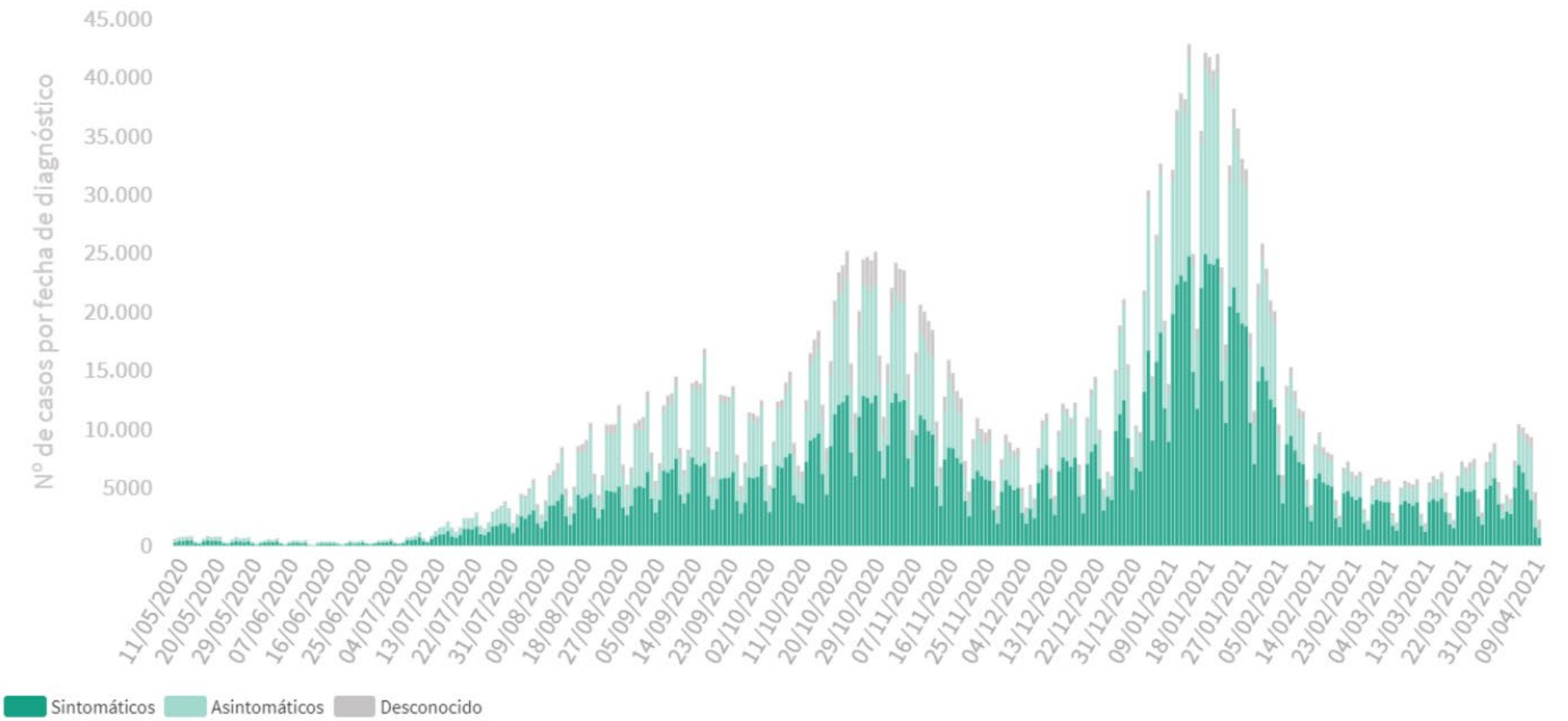
** IA: Incidencia acumulada (casos diagnosticados/100.000 habitantes). Se utiliza como denominador para el cálculo de la IA las cifras oficiales de población del INE del padrón municipal a 01.01.2020*

スペインにおける新型コロナウイルスの感染者数について

スペイン保健省HP　２０２１年４月１２日



Casos nuevos diarios con infección activa



スペインの各地域における新型コロナウイルスの検査数について

スペイン保健省HP　２０２１年４月１２日

Tabla 4. Total de Pruebas diagnósticas realizadas (Datos provisionales con información actualizada a 12.04.2021)

	Del 02.04.2021 al 08.04.2021					Procesadas el 09.04.2021				
CCAA	**PCR**	**Test de antígeno**	**Total de pruebas**	**Tasa por 100.000 hab.**	**Positividad**	**PCR**	**Test de antígeno**	**Total de pruebas**	**Tasa por 100.000 hab.**	**Positividad**
Andalucía	62.850	40.900	103.750	1.233,03	10,89%	12.180	5.354	17.534	208,38	12,32%
Aragón	10.544	4.399	14.943	1.132,65	12,60%	1.425	775	2.200	166,76	8,95%
Asturias	20.044	1.243	21.287	2.081,25	4,91%	3.418	222	3.640	355,89	5,00%
Baleares	13.848	11.740	25.588	2.226,09	2,15%	1.879	1.201	3.080	267,95	2,60%
Canarias	20.079	10.133	30.212	1.403,00	5,13%	3.143	1.434	4.577	212,55	5,22%
Cantabria	9.272	444	9.716	1.672,06	5,56%	1.721	71	1.792	308,39	5,52%
Castilla La Mancha	12.814	6.032	18.846	927,07	10,07%	2.620	1.356	3.976	195,59	8,55%
Castilla y León	20.582	14.349	34.931	1.455,73	8,30%	3.399	2.524	5.923	246,84	8,75%
Cataluña	92.099	39.323	131.422	1.712,29	8,03%	25.106	7.616	32.722	426,33	6,28%
Ceuta	268	2.076	2.344	2.764,90	12,33%	85	354	439	517,83	9,57%
C. Valenciana	24.761	6.567	31.328	626,09	3,57%	3.320	979	4.299	85,92	4,68%
Extremadura	13.996	7.514	21.510	2.014,59	4,17%	2.078	1.245	3.323	311,23	4,72%
Galicia	36.735	12.194	48.929	1.812,52	2,48%	6.459	2.045	8.504	315,02	2,56%
Madrid	63.686	64.591	128.277	1.925,10	10,91%	12.064	13.767	25.831	387,66	10,12%
Melilla	413	1.002	1.415	1.636,08	12,44%	-	-	-	-	-
Murcia	6.871	4.345	11.216	750,79	5,12%	921	754	1.675	112,12	3,58%
Navarra	10.176	7.269	17.445	2.666,56	9,33%	1.659	1.005	2.664	407,21	8,63%
País Vasco	31.644	15.103	46.747	2.117,38	8,95%	5.392	3.033	8.425	381,61	10,50%
La Rioja	2.273	1.963	4.236	1.337,13	8,71%	284	308	592	186,87	11,32%
ESPAÑA	**452.955**	**251.187**	**704.142**	**1.497,34**	**8,05%**	**87.153**	**44.043**	**131.196**	**278,98**	**7,89%**

マドリードにおける抗原検査の利用について１

テレビシオン　エスパニョーラHP　２０２０年１２月１５日

原文

El vicepresidente de la Comunidad de Madrid, Ignacio Aguado, ha confirmado que el Ministerio de Sanidad y la Agencia Española del Medicamento han **aceptado su petición de realizar tests rápidos de antígenos en las farmacias** para detectar infecciones de coronavirus.

El plan de Madrid para hacer test en farmacias

Este noviembre, al anunciar la petición desde la Comunidad de Madrid al Ministerio de Sanidad, el consejero del ramo, Enrique Ruiz Escudero, indicó que **su plan para hacer test de COVID-19 en las farmacias** contemplaba la posibilidad de realizar las pruebas durante el horario comercial con un circuito específico o tras el cierre al público.

Además, solo podrían hacer test los **farmacéuticos titulares, adjuntos, regentes o sustitutos acreditados** por el Colegio Oficial de Farmacéuticos, "tras superar los cursos de actualización de conocimientos".

翻訳

The vice president of the Community of Madrid , Ignacio Aguado, has confirmed that the Ministry of Health and the Spanish Medicines Agency have **accepted his request to carry out rapid antigen tests in pharmacies** to detect coronavirus infections .

Madrid's plan to test in pharmacies

This November, when announcing the request from the Community of Madrid to the Ministry of Health, the counselor of the sector, Enrique Ruiz Escudero, indicated that **his plan to test for COVID-19 in pharmacies** contemplated the possibility of carrying out tests during hours commercial with a specific circuit or after closing to the public.

Furthermore, only regular **pharmacists, deputies, regents or substitutes accredited** by the Official College of Pharmacists could take the test , "after passing the knowledge update courses".

マドリードにおける抗原検査の利用について２

テレビシオン　エスパニョーラHP　２０２１年１月２１日

原文

Las **farmacias y las clínicas dentales de la Comunidad de Madrid podrán realizar test de antígenos** de coronavirus a partir de la semana del 1 de febrero, según ha adelantado este jueves la presidenta regional, Isabel Díaz Ayuso.

Tests para población seleccionada de acuerdo los criterios fijados por Salud Pública

Una orden publicada este jueves en el Boletín Oficial de la Comunidad de Madrid (Bocam) especifica que **las pruebas en farmacias se harán "seleccionando exclusivamente" a la población** en función de criterios establecidos por la Dirección General de Salud Pública de la Comunidad.

Así, se podrán realizar **las pruebas a personas con criterios clínicos o epidemiológicos de COVID-19**, personas sintomáticas, los contactos estrechos de casos confirmados asintomáticos y las personas asintomáticas en entornos de elevada transmisión y riesgo epidemiológico.

翻訳

The **pharmacies and dental clinics in Madrid may carry antigen test** of coronavirus from the week of Feb. 1, according to advance Thursday the regional president, Isabel Diaz Ayuso.

Tests for selected population according to the criteria set by Public Health

An order published this Thursday in the Official Gazette of the Community of Madrid (Bocam) specifies that **tests in pharmacies will be done "exclusively selecting" the population** based on criteria established by the General Directorate of Public Health of the Community.

Thus, **tests** can be performed **on people with clinical or epidemiological criteria for COVID-19** , symptomatic people, close contacts of confirmed asymptomatic cases and asymptomatic people in settings with high transmission and epidemiological risk.

スペインにおけるリスクエリアについて

スペイン保健省HP　２０２１年４月１２日

List of countries and areas from which a negative diagnostic test for active SARS-CoV-2 infection will be required from passengers before entering Spain.

VALIDITY: This list will come into force at 12:00am (midnight) on April 12th, 2021 and will be valid until 12:00am (midnight) on April 25th, 2021:

Countries and areas in the European Union / European Economic Area

Inclusion criteria: dark red, red, orange and grey risk areas, based on the combined indicators according to Council Recommendation 2020/1475

Country
Austria
Belgium
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Germany
Greece
Hungary
Iceland
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
The Netherlands
Norway (except the Trøndelag region)
Poland
Portugal
Romania
Slovakia
Slovenia
Sweden

スペインにおけるリスクエリアについて

スペイン保健省HP　２０２１年４月１２日

Third countries and risk areas

Inclusion criteria: All third countries (including Switzerland), except those countries included in the Annex of Order INT/657/2020, of July 17, which modifies the criteria for the application of a temporary restriction of non-essential travel from third countries to the European Union and Schengen associated countries for reasons of public order and public health due to the health crisis caused by COVID-19 and further updates.

All third countries and areas are included, except the following:

Excepted countries and states
Australia
China
New Zealand
Rwanda
Singapore
South Korea
Thailand

Special Administrative Regions of the People's Republic of China (excepted)
Special Administrative Region of Hong Kong
Special Administrative Region of Macao

スペインにおける検疫について

スペイン保健省HP　２０２１年４月１２日

1. **Which travellers will be required to submit/present a negative AIDT?**

   It will be required to all passengers coming from a high-risk country or area (*referred to the country/area where their journey started in*) with a Spanish port or airport as their final destination, regardless their nationality or usual residence. **From December 10, 2020, children under 6 years of age are not subject to the obligation to submit/present a negative AIDT** (Resolution of December 9, 2020, of the General Directorate of Public Health).

2. **What is an Active Infection Diagnostic Test (AIDT)?**

   An AIDT is a diagnostic test performed on an individual to detect the presence of active infection by SARS-CoV-2.

3. **Which AIDT will I be required to submit/present upon arrival in Spain?**

   The required SARS-CoV-2 AIDT will be the **PCR (COVID-19 RT-PCR)** and other molecular viral RNA detection techniques with equivalent reliability for the detection of SARS-CoV-2. In this regard, **Transcription-Mediated Amplification (TMA) and Reverse Transcriptase Loop-Mediated Isothermal Amplification (RT-LAMP) tests are also accepted.** Other diagnostic tests such as rapid serology tests, rapid antigen detection tests or high performance serological tests (ELISA, CLIA, ECLIA) will not be admissible, as long as their harmonized use is not accepted across the European Union.

4. **How long in advance should I have my AIDT done?**

   The AIDT should be carried out within 72 hours prior to your arrival in Spain.

10. **If I come to Spain by road or train must I go through Health Controls or present an AIDT upon arrival?**

    Health controls at points of entry apply to all travellers coming to Spain by air or sea, not by land.

スペインにおける検疫について

スペイン保健省HP　２０２１年４月１２日

13. If I am vaccinated against COVID19, do I have to present a AIDT upon my arrival in Spain?

Yes. At the present time and taking into account the available scientific evidence, the fact of having received vaccination against COVID-19 does not exempt from the presentation of the AIDT.

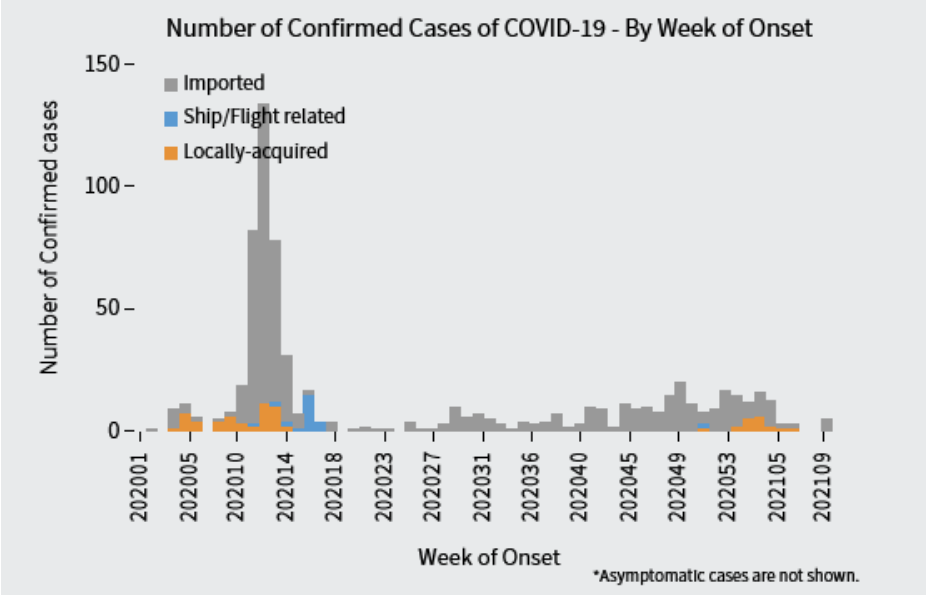
27. I have a persistently positive PCR after having recovered from COVID-19. Can I travel to Spain?

You can travel to Spain with a persistently positive PCR after having recovered from COVID-19, as long as the medical services consider the disease as resolved. To do this, you must provide the following documents:
- Certificate of the PCR result, carried out in the 72 hours prior to your arrival
- Medical report in which it is determined that the SARS-CoV-2 disease is resolved, although a positive PCR persists. This report must be written in Spanish or English and must contain the following sentence:

12. 台湾

台湾における抗原検査、抗体検査について

台湾では 2020 年 3 月に海外からの渡航者を中心に新型コロナウイルスの感染が見られたが、その後確認された新規感染者の数は急速に減少している（1）（下図　台湾衛生福利部疾病管制署 HP より）。



台湾ではコロナウイルスの診断に核酸検査を用いるのが標準となっている（2）。空港検疫では抗原検査をしていない。

また、必要に応じて PCR 検査と並行して抗体検査を行っている（3，4）。

リファレンス

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台湾における新型コロナウイルス感染者数とその内訳

台湾衛生福利部疾病管制署HP　２０２１年３月１０日

COVID-19 (2019-nCoV)　　Global　Taiwan

Total Cases

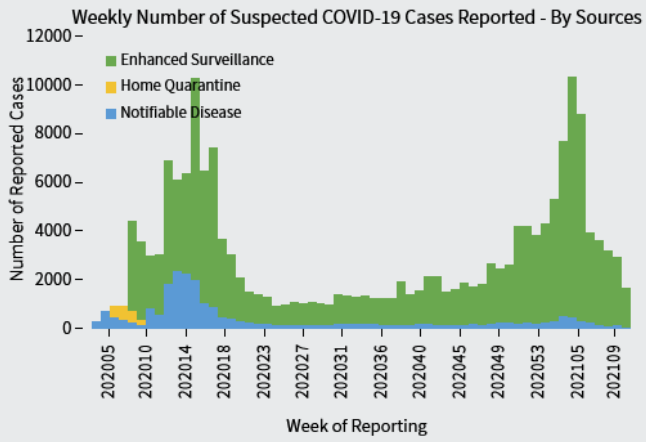
Reported	Excluded	Confirmed	Deaths	Recovered
179,243	177,322	978	10	936

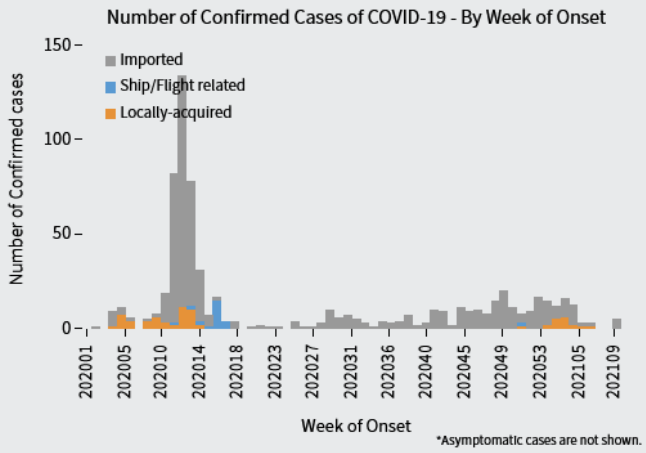
New Cases from Yesterday

Reported	Excluded	Confirmed
358	880	1

Total Tests Conducted

Tests
444,634





Total Tests Conducted

Tests	Persons Tested
444,634	390,920

Updated:2021/3/8

Note

1. Sources include: reported suspected COVID-19 cases (from 2020/1/15), sentinel laboratory surveillance (from January 2020), outbreak surveillance (from October 2019), test-negative for severe complicated influenza cases (since October 2019) and self-paid SARS-CoV-2 testings (since 2020/4/20)
2. The statistics of SARS-CoV-2 tests is updated weekly.

台湾における新型コロナウイルスへの対応方針

台湾衛生福利部疾病管制署HP　２０２０年７月９日

Prevention and Control of COVID-19 in Taiwan

I.Operational Structure

1. On January 2, 2020, the response team of Taiwan CDC was set up to respond to the mystery pneumonia epidemic in Wuhan, China.
2. On January 20, 2020, level 3 of the Central Epidemic Command Center (CECC) was established to integrate resources of the administration, the academic, medical, and private sectors to fight against the 2019 novel coronavirus (COVID-19). Dr. Jih-Haw Chou, the Director-General of the Taiwan Centers for Disease Control (Taiwan CDC) served as the commander
3. On January 23, 2020, level 2 of the CECC was established due to the fact that the first case of COVID-19 was confirmed on January 21, 2020. Dr. Shih-Chung Chen, the Minister of Health and Welfare served as the commander to coordinate and mobilize resources from a cross-ministry perspective, including the ministries of interior, transportation, foreign affairs, economics, labor, education, environment, etc. as well as private stakeholders to fight against COVID-19.
4. On February 27, 2020, level 1 of the CECC was established due to the global epidemic situation getting worse. Dr. Shih-Chung Chen, the Minister of Health and Welfare was appointed by the Premier as the commander to coordinate and mobilize resources from across ministries and private stakeholders to fight against COVID-19.

II.Legislation

1. The Communicable Disease Control Act was stipulated in Taiwan to prevent and control infectious diseases. Furthermore, if any infectious diseases cause great impacts on national security, social economy and human health or impose heavy burden on our healthcare system, the Enforcement Rules of Disaster Prevention and Protection Act can apply to the above-mentioned affairs and related matters.
2. According to the Communicable Disease Control Act, Taiwan CDC classified COVID-19 as a Category 5 communicable disease on January 15, 2020, to strengthen surveillance and containment of COVID-19. It helped urge the public and medical facilities to take notice of the disease and take necessary precautionary measures to decrease risk of transmission.
3. In addition, a Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens was adopted on February 25, 2020, to respond to the coming crisis.

III.Prevention Strategies

- On December 31, 2019, when we were notified of mystery pneumonia cases in Wuhan, China, we began to implement relevant prevention strategies, including surveillance and laboratory diagnosis, border control, control of community transmission, medical system response and preparedness, stockpile and allocation of Personal Protective Equipment (PPE) and other medical supplies, as well as health education and disinformation management.
- **Surveillance and Laboratory Diagnosis:**

1. We began to identify people who developed fever, cough or other acute respiratory symptoms and who had a past 14-day travel history or close contact with the above mentioned people. They are all required to report to the health authorities and provide a laboratory specimen for further laboratory diagnosis.
2. The scope of surveillance has been expanded according to the developments of epidemic situation. Reporting requirements for COVID-19 was updated based on the latest findings on the disease. Starting April, patients with pneumonia and persons with fever/respiratory symptoms, abnormal sense of smell or diarrhea and with history of travel, contact or cluster should be reported to health officials and be subject to specimen collection for further laboratory diagnosis. Additionally, the community surveillance system has been implemented since February 16. Thus, suspected cases who do not meet the disease reporting criteria can be screened and tested through the above-mentioned surveillance system.
3. The standard diagnostic method is using nucleic acid tests, a molecular biology technique for testing. In order to have specimens tested quickly, we have improved our laboratory diagnosis capacities from 12 laboratories for 520 cases per day to nearly 50 laboratories for around 6,000 cases per day.

台湾における新型コロナウイルスへの対応方針

台湾衛生福利部疾病管制署HP　２０２０年７月９日

- **Border Control:**

1. Since 2003, standard operating procedures have been implemented at Taiwan's airports including reinforcing fever screening of arriving passengers, screening suspected cases through inquiring about their history of travel, occupation, contact, cluster and conducting health assessments.
2. From December 31, 2019 to January 23, 2020, Taiwan implemented onboard quarantine inspection of direct flights from Wuhan, China, and promoted related prevention measures among other travelers.
3. Since February 7, arriving passengers from China, Hong Kong and Macao (including those transiting through these areas) have been required to fill out a "Novel Coronavirus Health Declaration and Home Quarantine Notice" and be under home quarantine for 14 days. Since February 11, arriving passengers have been required to fill out the novel coronavirus health declaration form. Who should be placed in home quarantine is subject to change based on the epidemic situations in other countries. Starting from March 19, foreign nationals have been prohibited from entering Taiwan, and home quarantine measures have been expanded to include arriving passengers from all countries in response to global epidemic developments. In order to stop the spread of COVID-19 through air transport, the transit of airline passengers through Taiwan has been suspended starting from March 24 to decrease the cross-border movement of people and to reduce the risk of disease transmission.
4. Since February 16, 2020, travelers with mobile phone numbers provided by telecom operators in Taiwan have been able to use a Health Declaration and Home Quarantine E-System (Entry Quarantine System) by scanning the QR Code while waiting at the check-in counter. Travelers can complete the health declaration form online while waiting for their flights or upon entry. The health declaration pass will be sent to travelers' mobile phone via SMS upon arrival in Taiwan. After that, travelers will get faster immigration clearance by showing the health declaration pass. Therefore, travelers can complete health declaration and get faster immigration clearance with 4 simple steps: scan the QR Code, fill out the form, get a health declaration pass via SMS, and show the pass on their mobile phones.

- **Control of Community Transmission:**

1. People who had contact with confirmed cases will be isolated at home for 14 days. Local health agencies will contact people in home isolation to check their health twice a day. If they develop symptoms, health agencies will place them in the hospital in isolation.
2. In collaboration with telecom companies, we have launched an electronic security monitoring system to identify the location of people in home quarantine or isolation by detecting mobile phone signal connecting to the cell tower. If the system detects a person leaving a designated quarantine site, causing the phone signal to move away from the nearest cell tower, the person and the civil affair bureau worker responsible for the person will receive a notification via SMS. The responsible worker and the police will check the person's location immediately. Violators not following the regulations will be fined or forcibly placed to prevent possible spread of disease.
3. During the 14-day period of home quarantine or home isolation measures, individuals may not go outside. Therefore, on March 1, central and local governments worked closely to implement plans for providing services for home quarantined/isolated individuals. Each local government has set up centers for COVID-19 consultation and support services, the measure of daily follow-up calls as well as standard procedures for related services and assistance to people for transport arrangements, medical care arrangements and household services, including settlement planning for people without a residence, meal delivery, garbage collection and consultation
4. Due to the increased number of individuals under home quarantine, the Tourism Bureau has implemented a subsidy plan for hotels which collaborated with the government to provide rooms for people subject to home quarantine. Each hotel offering rooms for those subject to home quarantine can receive a subsidy of NT$1,000 per room per day from April 1 to July 31.
5. During the early stage of the global COVID-19 outbreak, schools in Taiwan had delayed opening for two weeks after which there was no large scale of school closure. In order to protect students from COVID-19 infection, the Ministry of Education has announced rules for the suspension of classes, prepared and allocated medical supplies to the schools. In addition, schools are required to monitor students' health conditions, maintain environmental disinfection, and follow up on the activities which teachers and students have participated in. As of now, only one school has been closed for 14 days due to two confirmed cases.
6. Social distancing measures were announced on April 1 to encourage the general public, in phases, to maintain social etiquette and observe social distancing and thereby reduce the risk of community transmission of COVID-19, which continues to spread across the globe. Other related guidelines and recommendations, including those for mass transportation, enterprises, large-scale public gatherings, large commercial sites, community management, and establishment and management of quarantine hotels, were also issued.

台湾における新型コロナウイルスへの対応方針

台湾衛生福利部疾病管制署HP　２０２０年７月９日

■ Medical System Response and Preparedness

1. Taiwan CDC established the “Communicable Disease Control Medical Network” (CDCMN) after the SARS outbreak in 2003. The CDCMN identified 6 districts in Taiwan, and under the network, one response hospital in each district and county/city was designated to be responsible for isolation of the patients with Emerging Infectious Diseases (EID). The government would provide subsides to the response hospitals to supply their isolation facilities and provide training courses. In addition, the local government was allowed to designate appropriate hospitals located in the county/city as the isolation hospitals. As of now, 134 response and isolation hospitals have been designated in Taiwan.
2. During the COVID-19 pandemic, 161 medical facilities were designated for collecting specimens. Of which, 134 response and isolation hospitals have been designated for treatment of confirmed mild cases of COVID-19 while 52 regional hospitals or medical centers have been designated for treatment of severe cases.
3. According to the nosocomial control guidelines, hospitals are subject to identify two separate entries for emergency and hospitalized patients. Medical staffers are required to take care patients by a separate area and group. COVID-19 patients have been settled on the specific ward or area to avoid nosocomial infection.

■ Stockpile and Allocation of PPE and Other Medical Supplies

1. Lesson learned from SARS, we had accumulated a pre-stockpile of N95 respirators, surgical masks and protective gowns for medical and public health personals in response to the emergency crisis according to the Communicable Disease Control Act.
2. In order to ensure enough medical masks for medical workers working on the frontlines to protect themselves, the government has also implemented a ban on the export of medical masks from January 24 to May 31, 2020. In addition, government funds and military personnel have been used to increase mask production as well as to assist manufacturers in acquiring equipment to boost capacity.
3. The increased production of medical masks has been distributed not only to the frontline healthcare workers but also the general public for personal protective measures. Therefore, the government has helped allocate a mask to every citizen through purchase at pharmacies by using their National Health Insurance cards. Furthermore, an online ordering mechanism for a name-based rationing system has been set up for people who are unable to buy from the pharmacies. Members of the public can order masks online, pay by credit card/ATM transfer and get the masks from convenient stores, such as 7-11 or FamilyMart. Due to the increased mask production, every citizen is able to purchase more masks now. From April 9, adults are eligible for 9 masks, and 10 child-size face masks are allowed for children every 14 days.
4. Supply the public with 75 percent alcohol and arrange for the alcohol to be sold at National Health Insurance (NHI)-contracted pharmacies, convenience stores, supermarkets, and hypermarkets.
5. Continue to prepare the stockpile of PPE, including isolation/protective gowns and N95 respirators, for medical and public health personnel to protect them from COVID-19 infection.

■ Health Education and Fighting Disinformation

1. The CECC has conducted daily press briefings chaired by the commander to release COVID-19 related information to the public. Mass media such as Television, leaflets, posters and radio as well as social media such as Facebook, Line and Twitter have also been extensively used for public education. These announcements included when and where to wear a mask, the importance of hand-washing and the danger of hoarding masks, to prevent them from becoming unavailable to frontline health workers.
2. Taiwan CDC has also collaborated with the National Police Agency, the National Communication Commission and the Bureau of Investigation to fight disinformation which might interrupt or affect our response measures to COVID-19.

台湾における新型コロナウイルスへの対応方針

台湾衛生福利部疾病管制署HP　２０２０年７月９日

- **Loosening Epidemic Prevention Measures**

1. We are planning to gradually start international commercial exchanges with persons who wish to enter Taiwan for humanitarian reasons or essential business activities, whereas necessary quarantine and management measures are still imposed. Entry and quarantine measures for foreign nationals have been updated as below:
   - (1)Foreign nationals may apply to enter Taiwan for reasons other than tourism and regular social visits.
   - (2)Hong Kong and Macao residents may apply to enter Taiwan for special humanitarian reasons or emergency situations; to fulfill contractual obligations; as part of internal transfers within multinational enterprises; when they are the spouse or child of an R.O.C. national and possess an R.O.C. Resident Certificate; for commercial and trade exchanges; or when they hold an R.O.C. Resident Certificate related to employment, investment, or entrepreneurship.
   - (3)Foreign nationals and Hong Kong and Macao residents who have received permission to enter Taiwan, when checking in with the airline for the flight to Taiwan, must present an English-language certificate of a negative COVID-19 RT-PCR test taken within three days of boarding (except Alien Resident Certificate holders). They must also undergo a 14-day home quarantine period and observe other relevant epidemic prevention measures upon entry into the country.
   - (4)From June 25, transit passengers are allowed at Taiwan Taoyuan International Airport with thorough route and monitoring measures in place to prevent coronavirus spread. However, related restrictions are put into place to minimize the risk of infection posed by transit passengers:
     - i.Transit flights from or to China where COVID-19 continues to spread are excluded from the plan;
     - ii.Transit passengers are required to fly with the same airline (only Taiwan's China Airlines and Eva Air and Hong Kong's Cathay Pacific are included in the transit plan, and the list of airline companies permitted will be reviewed based on the pandemic situation and implementation of the project.);
     - iii.Transit passengers are required to leave Taiwan within eight hours.
   - (5)From June 22, short-term business travelers are allowed entry and can apply for shortened home quarantine periods if such travelers meet all the conditions listed below:
     - i.Those who are allowed entry according to the announcements of the CECC;
     - ii.Those whose duration of stay doesn't exceed three months;
     - iii.Business travelers who enter the country for business activities, such as goods inspection, after-sale services, technical assistance and training, and contract signing;
     - iv.Those who arrive from low- and middle low-risk countries/regions announced by the CECC and have no history of travel to other countries in the last 14 days before boarding the flight to Taiwan. Those from low-risk countries/regions may apply for taking a COVID-19 test on the 5th day of their stay while those from middle low-risk countries/regions may apply for taking a COVID-19 test on the 7th day of their stay. If the result is negative, they will be allowed to practice self-health management.

2. Considering the low risk of community transmission in Taiwan, we are gradually loosening certain restrictions as below:
   - (1)Adjustment to mask distribution policy: Starting from June 1, masks not requisitioned by the government will be open for domestic purchase or export. The current quota (9 masks per 14 days for adults and 10 masks per 14 days for children) under the name-based rationing system will remain in place to ensure universal access to masks for every citizen and to stabilize the price of masks.
   - (2)Restrictions on visits to hospitals and long-term care facilities were eased, allowing each patient to have two visitors once per day and allowing each resident of long-term care facilities to have at most three visitors (children included) once per day, respectively.
   - (3)New lifestyle movement for disease prevention: the CECC started to ease restrictions on domestic activities or gatherings in phases in May. For instance, applications for the lodging sites in national parks can be accepted from May 7th, and each regular season game of Chinese Professional Baseball League (CPBL) can be attended by at most 1,000 spectators from May 8th.
   - (4)As Taiwan continues to record no new indigenous cases, which indicates no community transmission in the country, we have expanded the scale of loosening epidemic control measures. However, we still urge the general public to observe personal preventive precautions. More specifically, the general public should follow personal precautions but it would not be necessary to impose restrictions on the number of people allowed in a place when they eat out or attend social activities.

台湾における新型コロナウイルスへの対応方針

台湾衛生福利部疾病管制署HP　２０２０年７月９日

Ⅳ.International Collaboration

1. Although Taiwan is not a member of the WHO, as a responsible member of the international community, Taiwan CDC has reported confirmed cases of COVID-19 to the WHO. Taiwan has also shared information on the epidemic situation, travel and contact histories of patients, border control measures with other countries, such as Japan, Republic of Korea, Singapore, Malaysia, the Philippines, the United States, Canada, Italy, France, Switzerland, Germany, the United Kingdom, Belgium and the Netherlands through the IHR mechanism.
2. As globalization spurs the speed and frequency of the spread of infectious diseases more than ever before, a crisis anywhere may easily and soon become a problem everywhere. Taiwan will continue to collaborate with other countries in fighting against COVID-19. However, we have only been participating in a few activities organized by the WHO, such as attending the Global Research and Innovation Forum online and several clinical and infectious control teleconferences. At these kinds of events, we were unable to fully elaborate on how we have responded to the COVID-19 epidemic with the international experts in person. We will be able to contribute more and share our experience with WHO members and international professionals if Taiwan could participate in the WHA and COVID-19 related technical meetings of the WHO.

Updated on 2020/7/9

UpdateTime 2020/7/9

台湾での抗体検査の具体例１

Focus Taiwan HP　２０２１年２月１７日

Society

CORONAVIRUS/Taoyuan hospital employees test negative for COVID-19, antibodies

02/17/2021 06:50 PM

Taipei, Feb. 17 (CNA) All employees and contract workers at Taoyuan General Hospital -- the epicenter of a COVID-19 cluster infection -- have tested negative for the disease and its antibodies, the Central Epidemic Command Center (CECC) said Wednesday.

A total of 2,690 employees and contract workers at the hospital received polymerase chain reaction (PCR) tests, while 2,441 were tested for COVID-19 antibodies in early February, all of which came back negative, the CECC said.

Some of the hospital workers only received PCR tests and not antibody tests because they worked in a separate building and did not come into contact with any of the COVID-19 cases, according to CECC spokesman Chuang Jen-hsiang (莊人祥).

From mid-January to early February, 21 people linked to the hospital in Taoyuan were confirmed to have been infected with COVID-19 -- two doctors, four nurses, one migrant caregiver, eight relatives of two of the nurses, two hospital patients, three relatives of the two patients and a contact of one of the patients.

One of the patients died on Jan. 29 and two others are still in intensive care units and on respirators, said CECC advisor Chang Shan-chwen (張上淳).

Eight of the patients have recovered and have been discharged, Chang added.

Also on Wednesday, the CECC said that it will begin promoting the use of a contact tracing app among employees at the hosptial.

Lo Yi-chun (羅一鈞), deputy chief of the CECC's medical response division, said that when cases first started occurring at the Taoyuan hospital, it was difficult to track with whom the infected doctors and nurses had been in contact.

台湾での抗体検査の具体例１

Focus Taiwan HP　２０２１年２月１７日

The CECC has decided, therefore, to develop a contact tracing app and is encouraging those working at the Taoyuan hospital to download the app, which notifies users if they have been in close contact with a confirmed COVID-19 case.

The app does not distribute information to any third party, and if hospital workers decide to uninstall the app after using it for a while, all of their information will be deleted as well, Lo said.

The CECC will not require employees at the hospital to download the app, unless another cluster infection emerges there, Lo said.

(By Chang Ming-hsuan, Wu Hsin-yun and Chiang Yi-ching)
Enditem/J

Focus Taiwan HP　２０２１年３月７日

Society

CORONAVIRUS/Taiwan reports two new imported COVID-19 cases

03/07/2021 03:48 PM

Taipei, March 7 (CNA) Taiwan on Sunday confirmed two new imported cases of COVID-19, one each from India and the Philippines, according to the Central Epidemic Command Center (CECC).

The case from India is a man in his 30s who traveled to Taiwan for business on Feb. 18, CECC spokesperson Chuang Jen-hsiang (莊人祥) said at a press briefing.

The man stayed at a hotel during quarantine, after which he took a self-paid COVID-19 test at a hospital, and he was confirmed Sunday to have the disease, Chuang said.

The CECC has identified 26 contacts in that case, but those persons will only be required to follow self-health management protocols, as they were adequately protected during their encounters with the man, Chuang said.

The other case reported Sunday was a woman from the Philippines who came to Taiwan on March 5 to work, according to Chuang.

She was tested for COVID-19 at the airport because she had a fever, and her results came back positive on Sunday, Chuang said.

At the briefing, Chuang also said that a Taiwanese man who had tested positive for COVID-19 in Vietnam after traveling there on Feb. 19, was unlikely to have been infected in Taiwan.

The man had tested negative prior to traveling to the southeast Asian country, and again on the day after his arrival there, Chuang said, adding that the positive test was recorded on March 4.

The CECC has tested four contacts in Taiwan, all of whom had negative polymerase chain reaction (PCR) and antibody test results, Chuang said.

台湾での抗体検査の具体例２

Focus Taiwan HP　２０２１年３月７日

To date, Taiwan has recorded 969 cases of COVID-19, 853 of which have been classified as imported. Of the total, 932 patients have recovered, 10 have died, and 27 are in hospital, according to CECC statistics as of Sunday.

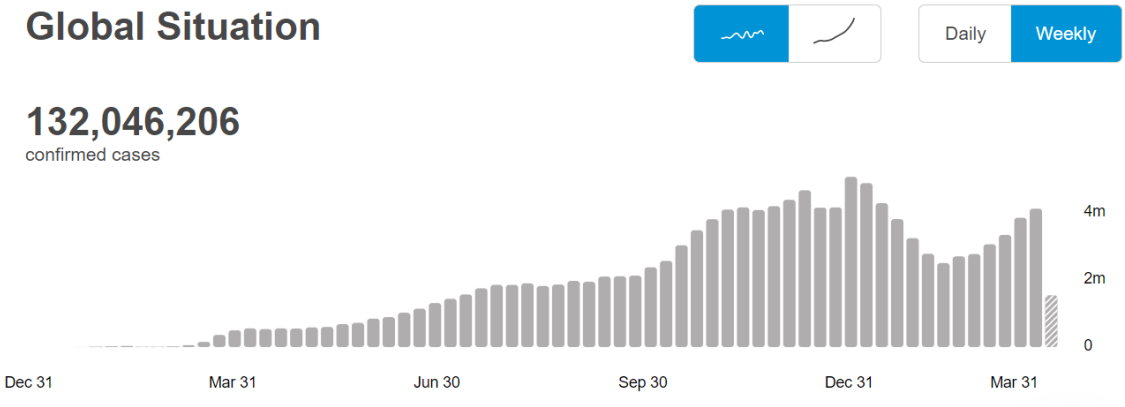
Globally, COVID-19 has infected over 116.4 million people in 193 countries and regions, with more than 2.5 million fatalities, CECC data shows.

(By Chiang Yi-ching)
Enditem/pc

13. 世界保健機構

世界保健機関の抗原検査および検疫に対する方針について

新型コロナウイルスの新規感染者数は 2020 年 4 月頃から徐々に増え、2021 年 1 月には 1 週間当たり 500 万件に達した。2021 年 4 月 7 日の時点で累計およそ 1 億 3200 万件、一週間当たり 400 万件程度の感染が報告されている。(1)（下図　世界保健機関 HP より)。



感染の拡大に伴い、世界保健機関は検査の充実を目的とした抗原検査の利用を呼びかけた。(2) 抗原検査での陽性判定に加え、新型コロナウイルス特有の症状や感染者との接触等の状況証拠がある場合には感染が確認されたと認められる。(3)

抗原検査の精度は PCR 検査に劣るため、罹患率等の条件を考慮して適切なケースで利用することや可能ならば PCR 検査で確認をとることを推奨している。(4) 特に、空港や国境での検疫には推奨しないとしている。

検疫において、ワクチン接種や過去の感染によって検疫を免除すべきかどうかという議論があるが、世界保健機関はワクチンや抗体の有効性に関するデータや研究が不十分であることやワクチンの供給には限界があることから特に免除すべきではないとの考えを示している。(5, 6, 7)

リファレンス

1. https://covid19.who.int/
2. https://www.who.int/publications/i/item/WHO-WHE-2021.02
3. https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2
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世界全体における新型コロナウイルスの感染者数と死者数

世界保健機関HP　２０２１年４月８日

434,920
new cases

132,485,386
confirmed cases

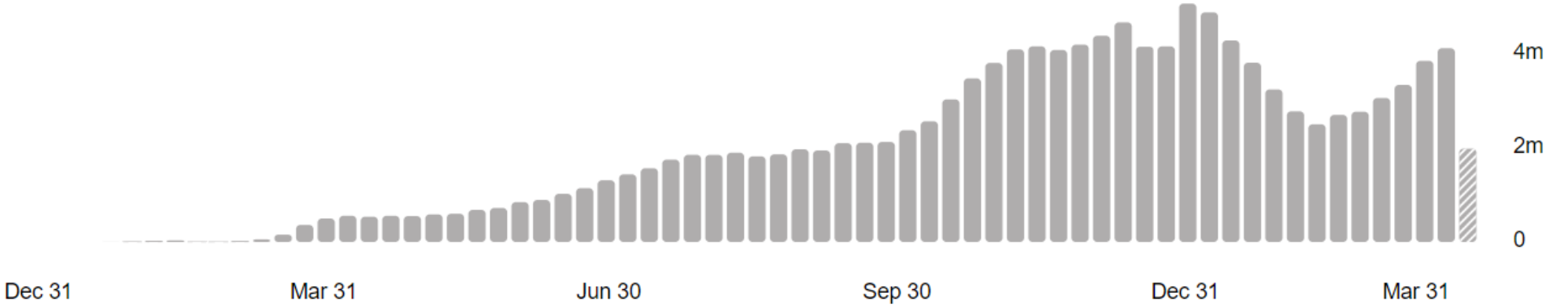
2,875,672
deaths

604,032,357
vaccine doses administered

Global Situation

Daily　Weekly

132,485,386
confirmed cases



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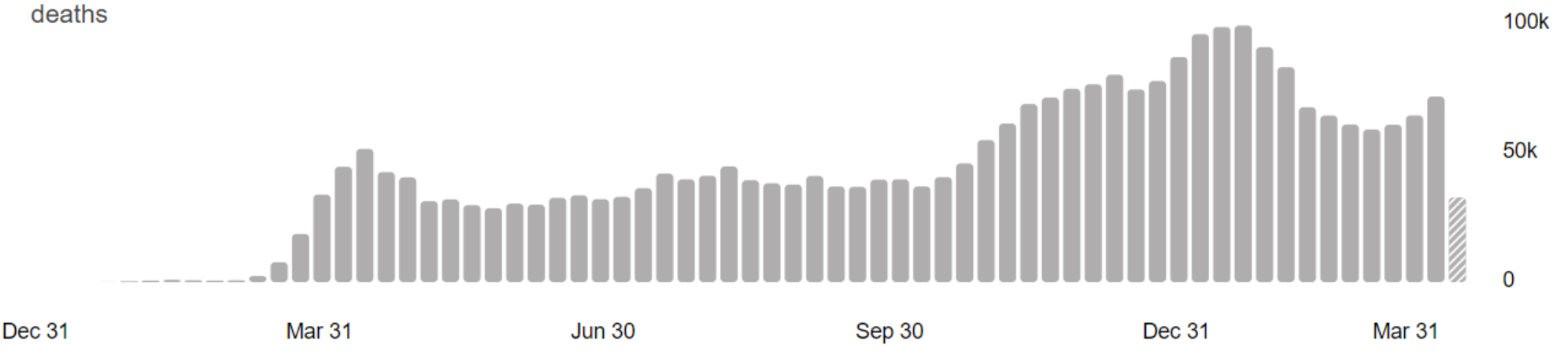


Source: World Health Organization

Data may be incomplete for the current day or week.

地域別の感染者数

世界保健機関HP　２０２１年４月８日

Situation by WHO Region

Daily | Weekly | Cases | Deaths

Americas — 57,262,736 confirmed

Europe — 46,460,190 confirmed

South-East Asia — 15,707,774 confirmed

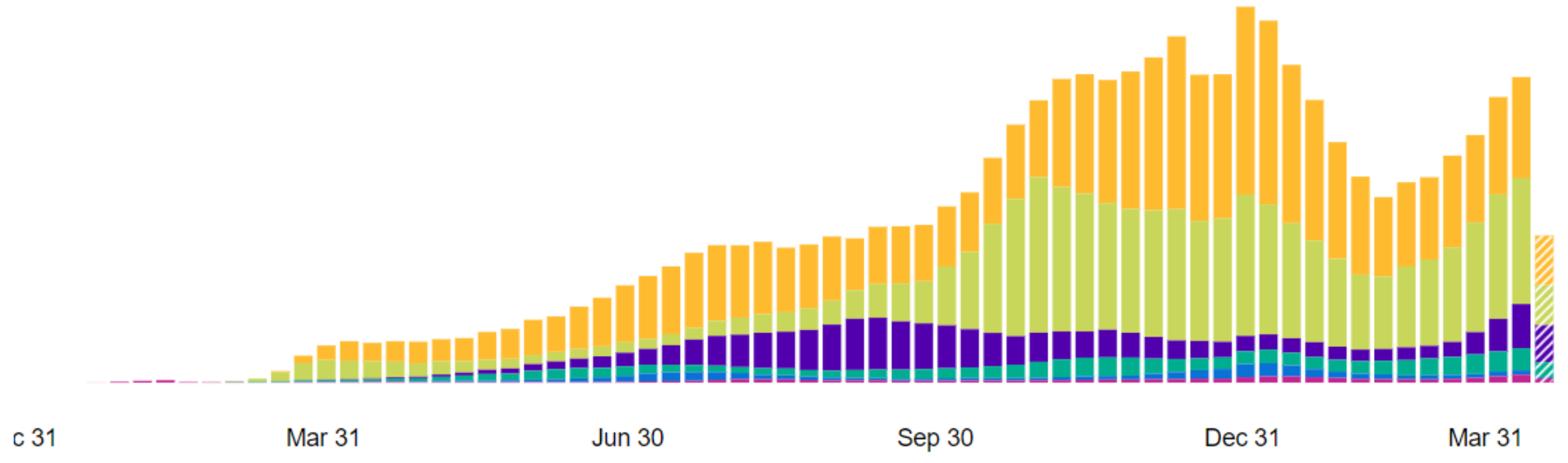
Eastern Mediterranean — 7,893,983 confirmed

Africa — 3,137,631 confirmed

Western Pacific — 2,022,327 confirmed

Source: World Health Organization

Data may be incomplete for the current day or week.



地域別の感染者数

世界保健機関HP　２０２１年４月８日

Americas

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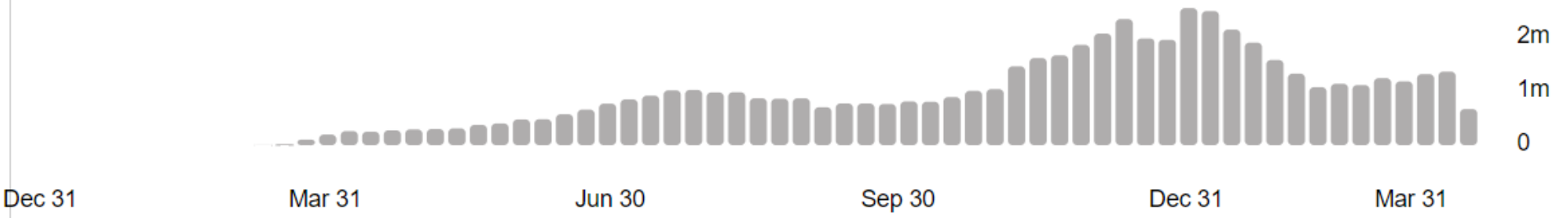
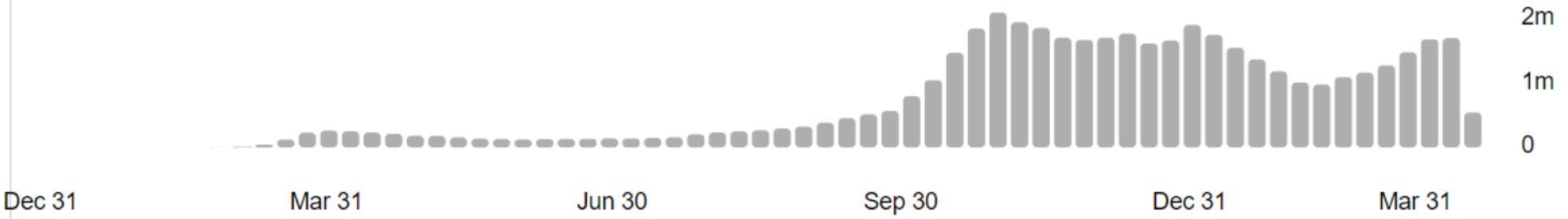
confirmed cases



Europe

46,460,190
confirmed cases



South-East Asia

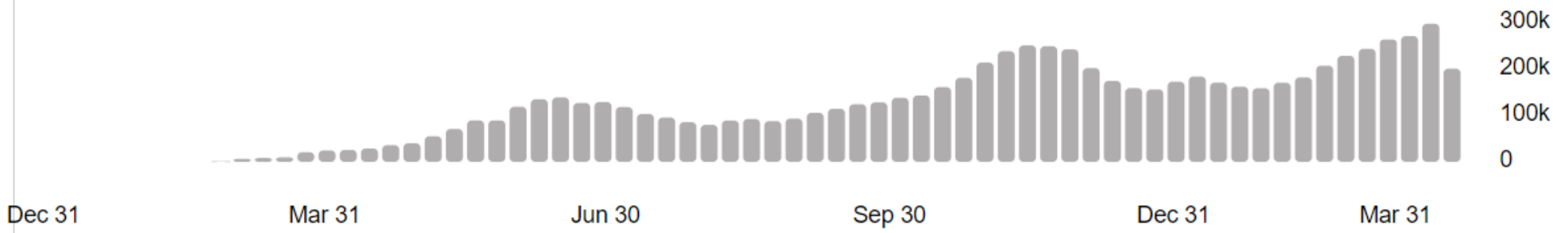
15,707,774
confirmed cases

地域別の感染者数

世界保健機関HP　２０２１年４月８日

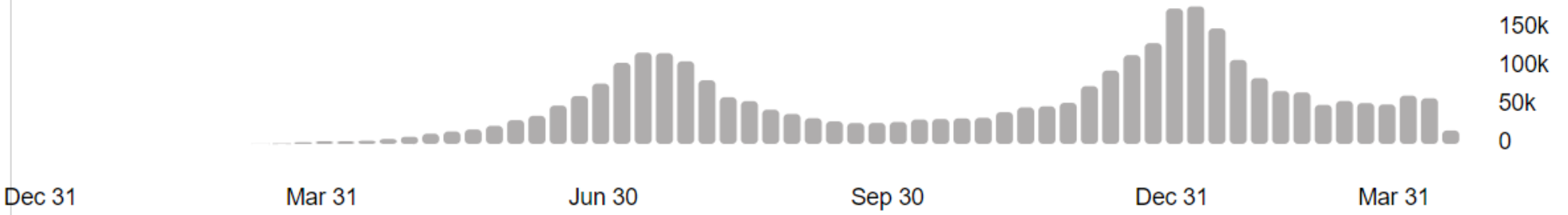
Eastern Mediterranean

7,893,983
confirmed cases



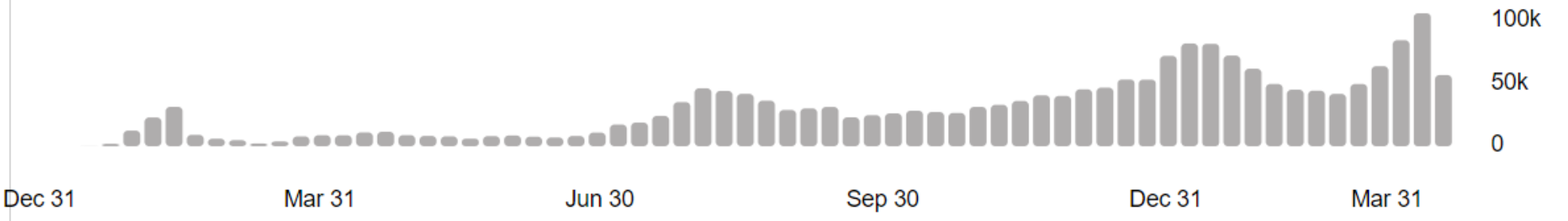
Africa

3,137,631
confirmed cases



Western Pacific

2,022,327
confirmed cases



Source: World Health Organization

新型コロナウイルスの検査方法について

世界保健機関HP　２０２１年２月２４日

Pillar 5: Laboratories and diagnostics

Strategic diagnostic laboratory testing is one of the cornerstones of the management of the COVID-19 pandemic. Testing is critical to detect cases and investigate clusters of cases so that public health actions can rapidly be taken to isolate those infected, quarantine contacts and break chains of transmission.

By the second quarter of 2020 most countries and territories surveyed by WHO had capacity to test for the SARS-CoV-2 virus, leveraging the Global Influenza Surveillance and Response System and building additional capacities within existing global and regional networking initiatives (such as GISRS). In many countries, subnational level capacity is still limited and decentralized testing capacity needs to be strengthened within the framework of national laboratory networks, including in hard-to-reach low-capacity and humanitarian settings. Work is underway to integrate this capacity building into strengthened active and sentinel surveillance systems such as GISRS.

Operational and logistical support for laboratory supply chains should be sustained throughout 2021 and beyond, with scope broadened to include rapid antigen detecting tests (Ag-RDTs). Although PCR tests remain the gold standard for SARS-CoV-2 testing on account of their accuracy, Ag-RDTs are faster, easier to administer, and can supplement PCR testing and boost testing capacity in several settings across all countries.

世界保健機関における新型コロナウイルスの感染確認の基準

世界保健機関HP　２０２０年１２月１６日

WHO COVID-19: Case Definitions

Updated in Public health surveillance for COVID-19, published 16 December 2020

World Health Organization | Case Definitions

Suspected case of SARS-CoV-2 infection

A A person who meets the clinical **AND** epidemiological criteria:

Clinical Criteria:

- Acute onset of fever AND cough; OR
- Acute onset of **ANY THREE OR MORE** of the following signs or symptoms: Fever, cough, general weakness/fatigue[1], headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting[1], diarrhoea, altered mental status.

AND

Epidemiological Criteria:

- Residing or working in an **area with high risk of transmission of virus:** closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons; anytime within the 14 days prior to symptom onset; or
- Residing or travel to an **area with community transmission** anytime within the 14 days prior to symptom onset; or
- Working in **any health care setting**, including within health facilities or within the community; any time within the 14 days prior of symptom onset.

B A patient with **severe acute respiratory illness:**
(SARI: acute respiratory infection with history of fever or measured fever of ≥ 38 C°; and cough; with onset within the last 10 days; and requires hospitalization).

C Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT[2]**

[1] Signs separated with slash (/) are to be counted as one sign.

[2] NAAT is required for confirmation, see Diagnostic testing for SARS-CoV-2

See Antigen detection in the diagnosis of SARS-CoV-2 infection using rapid immunoassays

Probable case of SARS-CoV-2 infection

A A patient who meets **clinical criteria** above **AND** is a **contact of a probable or confirmed case**, or linked to a **COVID-19 cluster[3]**

B A **suspect case with chest imaging** showing findings suggestive of COVID-19 disease[4]

C A person with recent onset of **anosmia** (loss of smell) or **ageusia** (loss of taste) in the absence of any other identified cause.

D **Death**, not otherwise explained, in an adult with **respiratory distress** preceding death AND **was a contact of a probable or confirmed case** or linked to a **COVID-19 cluster[3]**

Confirmed case of SARS-CoV-2 infection

A A person with a positive **Nucleic Acid Amplification Test (NAAT)**

B A person with a **positive SARS-CoV-2 Antigen-RDT AND** meeting either the **probable case definition or suspect criteria A OR B**

C An **asymptomatic person with a positive SARS-CoV-2 Antigen-RDT** who is a **contact of a probable or confirmed** case

[3] A group of symptomatic individuals linked by time, geographic location and common exposures, containing at least **one NAAT-confirmed** case or at least **two** epidemiologically linked, symptomatic (meeting clinical criteria of Suspect case definition A or B) persons with **positive Ag-RDTs** (based on ≥97% specificity of test and desired >99.9% probability of at least one positive result being a true positive)

[4] Typical chest imaging findings suggestive of COVID-19 include the following:

- **Chest radiography**: hazy opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Chest CT**: multiple bilateral ground glass opacities, often rounded in morphology, with peripheral and lower lung distribution
- **Lung ultrasound**: thickened pleural lines, B lines (multifocal, discrete, or confluent), consolidative patterns with or without air bronchograms.

Note: Clinical and public health judgment should be used to determine the need for further investigation in patients who do not strictly meet the clinical or epidemiological criteria. Surveillance case definitions should not be used as the sole basis for guiding clinical management.

WHO reference number: **WHO/2019-nCoV/Surveillance_Case_Definition/2020.2**

World Health Organization

抗原検査を利用する際の注意点について１

世界保健機関HP　２０２０年９月１１日

General recommendations for the use of SARS-CoV-2 Ag-RDTs

2. Appropriate scenarios for use of COVID-19 Ag-RDTs include the following:

i) To respond to suspected outbreaks of COVID-19 in remote settings, institutions and semi-closed communities where NAAT is not immediately available. Positive Ag-RDT results from multiple suspects is highly suggestive of a COVID-19 outbreak and would allow for early implementation of infection control measures. Where possible, all samples giving positive Ag-RDT results (or at least a subset) should be transported to laboratories with NAAT capability for confirmatory testing.

ii) To support outbreak investigations (e.g. in closed or semi-closed groups including schools, care-homes, cruise ships, prisons, work-places and dormitories, etc.) In NAAT-confirmed COVID-19 outbreaks, Ag-RDTs could be used to screen at-risk individuals and rapidly isolate positive cases (and initiate other contact tracing efforts) and prioritize sample collection from RDT-negative individuals for NAAT.

iii) To monitor trends in disease incidence in communities, and particularly among essential workers and health workers during outbreaks or in regions of widespread community transmission where the positive predictive value and negative predictive value of an Ag-RDT result is sufficient to enable effective infection control.[2]

iv) Where there is widespread community transmission, RDTs may be used for early detection and isolation of positive cases in health facilities, COVID-19 testing centres/sites, care homes, prisons, schools, front-line and health-care workers and for contact tracing. Note that the safe management of patients with RDT-negative samples will depend on the RDT performance and the community prevalence of COVID-19 (see annex 1). A negative Ag-RDT result cannot completely exclude an active COVID-19 infection, and, therefore, repeat testing or preferably confirmatory testing (NAAT) should be performed whenever possible (Figure 1), particularly in symptomatic patients.

v) Testing of asymptomatic contacts of cases may be considered even if the Ag-RDT is not specifically authorized for this use, since asymptomatic cases have been demonstrated to have viral loads similar to symptomatic cases (17), though in that situation, a negative Ag-RDT should not remove a contact from quarantine requirements.

4. In situations where confirmatory testing with NAAT is not feasible, any indications that results may be incorrect should raise suspicions about validity. Examples would include patients who are test-positive but have a clinical syndrome not consistent with COVID-19, or patients with a positive test detected in a low-prevalence setting (where the predictive value of a positive test is low and the risk of false-positives high). Other warning signals might include patients who are test-negative but have a classical syndrome, are close contacts of a case or are tested in a high-prevalence setting. In such situations, considerations should be given to repeating the test, especially if there is also any uncertainty about the visual result (faint bands) or adequacy of sampling.

5. Use of Ag-RDTs is not recommended in settings or populations with low expected prevalence of disease (e.g. screening at points of entry, blood donation, elective surgery), especially where confirmatory testing by NAAT is not readily available. Such use will not be possible until there are more data from high-quality studies confirming high specificity (>99%) of one or more of the commercialized Ag-RDT test kits.

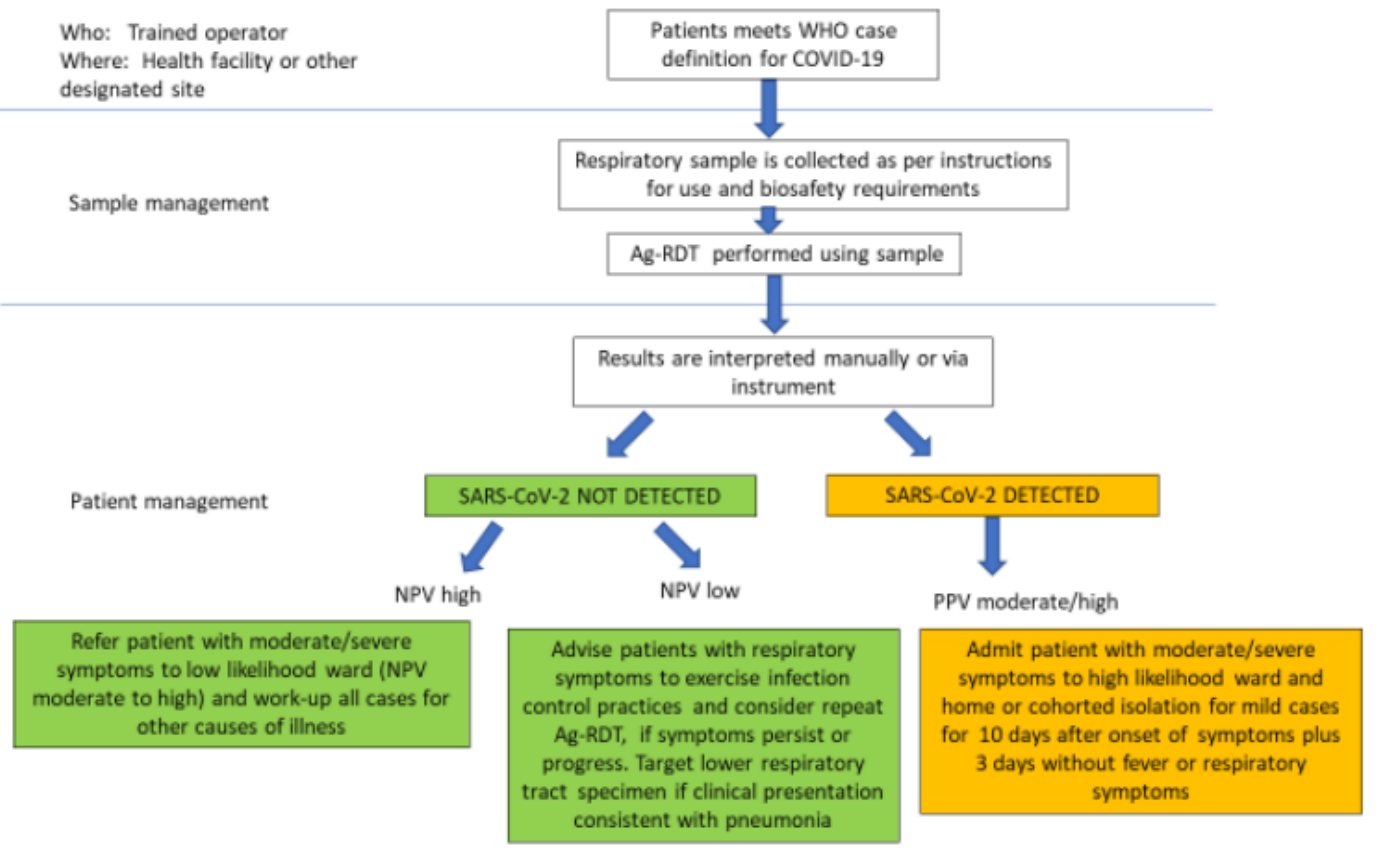
抗原検査を利用する際の注意点について２

世界保健機関HP　２０２０年９月１１日

Roles for antigen detecting RDTs for case management and surveillance for COVID-19

Use of Ag-RDTs can be considered in countries or areas that are experiencing widespread community transmission, where the health system may be over-burdened and where it may not be possible to test all or any suspect cases by NAAT. As with all diagnostic tests, but especially those with sub-optimal sensitivity and/or specificity, to correctly interpret and act on the results of the RDT, the **prevalence of disease (according to the reference standard) must be estimated based on surveillance,** since this determines the positive and negative predictive values (PPV and NPV, respectively) of the RDTs (Annex 1). The proposed process for utilizing an Ag-RDT for COVID-19 case management when there is widespread community transmission is shown in Figure 1. In such a setting, the pre-test probability of COVID-19 disease (the likelihood that the patient has COVID-19 before their results are known, based on epidemiologic and clinical factors) is relatively high, and positive test results have a high predictive value. Likewise, in a setting of community transmission, the predictive value of a negative RDT result may be low, even when there are strong epidemiologic or clinical indicators of COVID-19 exposure or disease.

Figure 1. Flowchart demonstrating the potential use of antigen-based RDTs (that meet minimum performance criteria) in settings of widespread community transmission and where there is no NAAT capacity.



NPV- negative predictive value; PPV – positive predictive value

抗原検査を利用すべきでないケースについて

世界保健機関HP　２０２０年９月１１日

Table 1. Situations where SARS-CoV-2 Ag-RDTs should not be used, based on currently available information

Do not use SARS-CoV-2 Ag-RDTs:	Explanation
In individuals without symptoms unless the person is a contact of a confirmed case	Pre-test probability (the likelihood, before testing, that the patient has the disease based on epidemiology, case contact, clinical findings) is low.
Where there are zero or only sporadic cases	Ag-RDTs are not recommended for routine surveillance purposes or case management in this setting. Positive test results would likely be false positives. Molecular testing is preferred.
Appropriate biosafety and infection prevention and control measures (IPC) are lacking	To safeguard health workers, respiratory sample collection for any test from patients with suspected COVID-19 requires that operators wear gloves, gown, mask and face shield or goggles (19, 22, 23).
Management of the patient does not change based on the result of the test	If test-positive and test-negative patients will be treated the same way because of unknown or low PPV and/or NPV, then there is no benefit to testing.
For airport or border screening at points of entry	Prevalence of COVID-19 will be highly variable among travellers, and it is therefore not possible to determine PPV and NPV of test results. Positive and negative tests would require confirmatory testing to increase PPV and NPV for decision making.
In screening prior to blood donation	A positive RDT result would not necessarily correlate with presence of viremia. Asymptomatic blood donors do not meet the definition of a suspect case (24).

Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers

WHO position

At the present time, it is WHO's position that national authorities and conveyance operators should not introduce requirements of proof of COVID-19 vaccination for international travel as a condition for departure or entry, given that there are still critical unknowns regarding the efficacy of vaccination in reducing transmission. In addition, considering that there is limited availability of vaccines, preferential vaccination of travellers could result in inadequate supplies of vaccines for priority populations considered at high risk of severe COVID-19 disease. WHO also recommends that people who are vaccinated should not be exempt from complying with other travel risk-reduction measures.

Scientific considerations

A number of scientific unknowns remain concerning the effectiveness of COVID-19 vaccines: efficacy in preventing disease and limiting transmission, including for variants of SARS-CoV-2; duration of protection offered by vaccination; timing of booster doses; whether vaccination offers protection against asymptomatic infection; age and population groups that should be prioritized for vaccination, specific contraindications, how long before travel vaccines should be offered; and possible exemption of people who have antibodies against SARS-CoV-2.

Recommendations will evolve as evidence about existing and new COVID-19 vaccines is compiled and on advice from the WHO Strategic Advisory Group of Experts on Immunization (SAGE). To date, WHO has provided recommendations on two vaccines for Emergency Use Listing, the mRNA vaccine BNT162b2 (Pfizer–BioNTech), and the Moderna mRNA-1273 vaccine, following extraordinary meetings of the SAGE on 5 and 25 January 2021.

The interim recommendations provide scientific considerations regarding the effectiveness of these two vaccines against COVID-19 and the population groups and settings in which they are recommended. The recommendations also list current research gaps for efficacy and protection. With respect to the use of these vaccines in international travellers, the SAGE concluded that WHO currently does not recommend COVID-19 vaccination of travellers unless they belong to a high-risk group (including older persons are those with underlying medical conditions) or in epidemiological settings identified in the WHO SAGE Prioritization Roadmap. The group added that with increasing vaccine supply, these recommendations will be revisited.

抗体を持つ渡航者に対する検疫について

世界保健機関HP　２０２０年６月３０日

Coronavirus disease (COVID-19): Travel advice for the general public

Should I get an immunity certificate before travelling?

The use of “immunity certificates” for international travel in the context of COVID-19 is not currently supported by scientific evidence and therefore not recommended by WHO. More evidence is needed to understand the effectiveness of rapid SARS-CoV-2 antibody tests. For more information, please refer to WHO scientific brief “Immunity passports” in the context of COVID-19, which will be updated as new evidence becomes available. Beyond the scientific considerations, there are ethical, legal and human rights aspects related to privacy of personal data, medical confidentiality, potential risk of falsification or engagement in risky behaviour, stigma and discrimination.

世界保健機関HP　２０２０年４月２４日

"Immunity passports" in the context of COVID-19

WHO has published guidance on adjusting public health and social measures for the next phase of the COVID-19 response.[1] Some governments have suggested that the detection of antibodies to the SARS-CoV-2, the virus that causes COVID-19, could serve as the basis for an "immunity passport" or "risk-free certificate" that would enable individuals to travel or to return to work assuming that they are protected against re-infection. There is currently no evidence that people who have recovered from COVID-19 and have antibodies are protected from a second infection.

The measurement of antibodies specific to COVID-19

WHO continues to review the evidence on antibody responses to SARS-CoV-2 infection.[2-17] Most of these studies show that people who have recovered from infection have antibodies to the virus. However, some of these people have very low levels of neutralizing antibodies in their blood,[4] suggesting that cellular immunity may also be critical for recovery. As of 24 April 2020, no study has evaluated whether the presence of antibodies to SARS-CoV-2 confers immunity to subsequent infection by this virus in humans.

Laboratory tests that detect antibodies to SARS-CoV-2 in people, including rapid immunodiagnostic tests, need further validation to determine their accuracy and reliability. Inaccurate immunodiagnostic tests may falsely categorize people in two ways. The first is that they may falsely label people who have been infected as negative, and the second is that people who have not been infected are falsely labelled as positive. Both errors have serious consequences and will affect control efforts. These tests also need to accurately distinguish between past infections from SARS-CoV-2 and those caused by the known set of six human coronaviruses. Four of these viruses cause the common cold and circulate widely. The remaining two are the viruses that cause Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome. People infected by any one of these viruses may produce antibodies that cross-react with antibodies produced in response to infection with SARS-CoV-2.

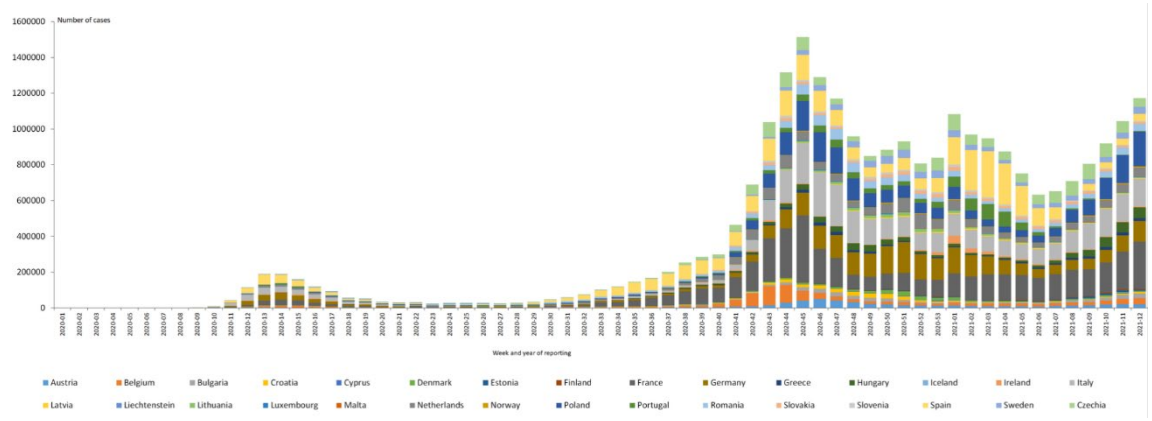
Other considerations

At this point in the pandemic, there is not enough evidence about the effectiveness of antibody-mediated immunity to guarantee the accuracy of an "immunity passport" or "risk-free certificate." People who assume that they are immune to a second infection because they have received a positive test result may ignore public health advice. The use of such certificates may therefore increase the risks of continued transmission. As new evidence becomes available, WHO will update this scientific brief.

14. 欧州連合

欧州連合における抗原検査の利用について

欧州では 2020 年 3 月から 4 月に一度感染が確認された後、2020 年 10 月頃から感染が急速に拡大した。2021 年 4 月日の時点で累計およそ 2640 万件、一週間当たり 120 万件程度の感染が報告されている。(1)（下図　欧州疾病予防管理センターHP より)。



感染の拡大に伴い、欧州疾病予防管理センターは検査の充実のために抗原検査をより取り入れるよう呼びかけた。(2) 罹患率が高いケースに関しては基本的に抗原検査のみで感染の確認となるよう定義が変更された。(3) 一方で罹患率が低いケースでは抗原検査で陽性となった場合でも PCR 検査による確認が推奨されている。

抗原検査をどの程度利用しているかは国によって異なる。オーストリア、ブルガリア、チェコ、スロバキアは比較的抗原検査を利用している。(4, 5, 6, 7) スウェーデンとフランスは PCR 検査の割合が高くなっている。(8, 9, 10) デンマークやスロベニアは PCR 検査と同程度の数の抗原検査を行っているが、PCR 検査による確認を行っている。(11, 12)

欧州連合では過去 14 日間の感染者数と過去 7 日間の陽性率によって各地域のリスクを量る基準を定めており、リスクの高い地域からの渡航者に対しては隔離や検査を行う事を推奨している。(13) しかし、2021 年 4 月 1 日の時点ではリスクの低いグリーンに相当する地域はごく一部に限られている。(14) また、どの地域をリスクエリアとするか、どんな対応をするかについては各国が独自に基準を定めており、必ずしも欧州連合の基準には従っていない。(15-37) 例えば、ドイツでは変異株のリスクが高いエリアを特別なリスクエリアとして定めている。

欧州疾病予防管理センターでは過去 180 日以内にコロナウイルスに感染した人に対し、検疫での検査や隔離の条件を緩めることを検討するのは合理的との考えを示している。(38) ワクチンを接種した人に関しては、変異株に対するデータが十分でないため調査中とのこと。過去に感染した人やワクチンを接種した人に対して検疫の条件を緩めるかどうかは各国が独自に判断している。クロアチア、チェコ、デンマーク、フィンランド、アイスランド、ポーランド、スロベニアは過去の感染やワクチン接種によって検疫の条件を緩めている。(19, 20, 22, 23, 27, 33, 34)

リファレンス

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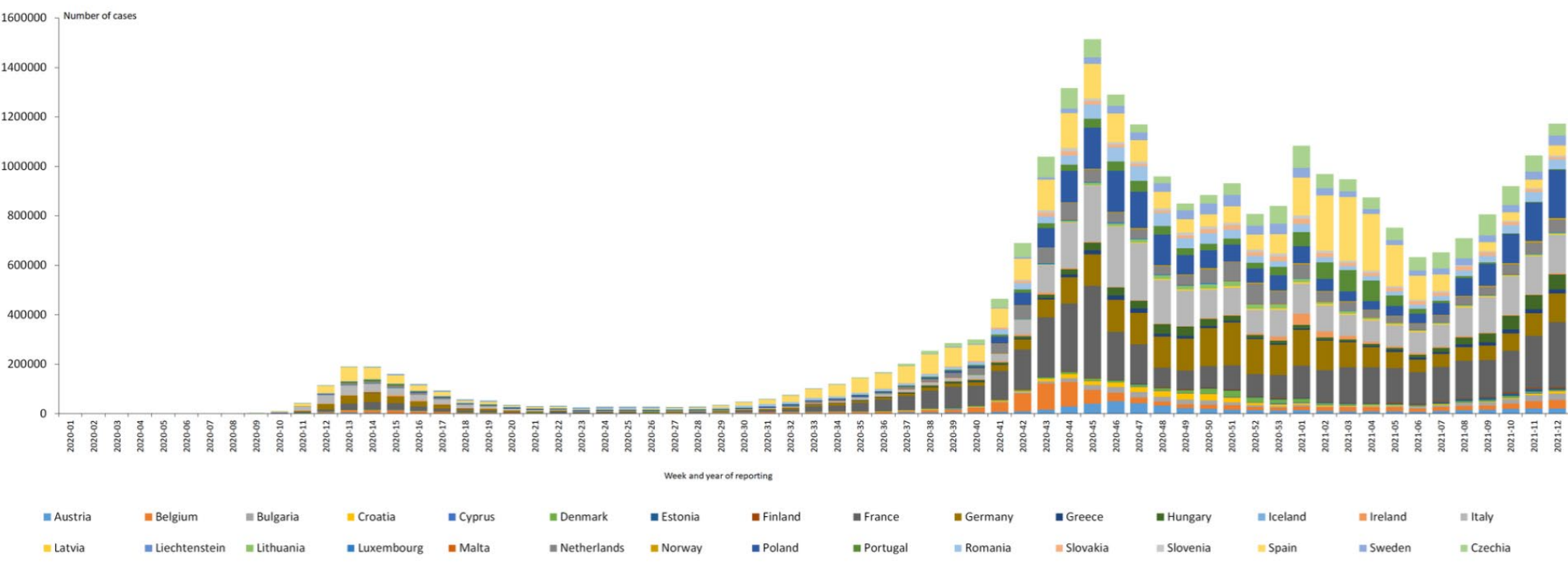
欧州における新型コロナウイルスの感染者数

欧州疾病予防管理センターHP　２０２１年４月１日

Distribution of laboratory-confirmed cases of COVID-19 in the EU/EEA, as of week 12



欧州疾病予防管理センター HP　２０２０年１１月１９日

Background

Timely and accurate COVID-19 testing is an essential part of surveillance, contact tracing, infection prevention and control, and clinical management of COVID-19. ECDC has proposed an objective-driven testing strategy for the EU with specific recommendations by level of virus circulation in the community, taking into account available public health resources and testing capacities [2].

To date, testing for SARS-CoV-2 infection mostly relies on reverse transcription polymerase chain reaction (RT-PCR) performed on a nasopharyngeal specimen. This testing method remains the gold standard for detecting SARS-CoV-2 and is characterised by both high sensitivity and specificity to detect viral ribonucleic acid (RNA). The current EU-level case definition of a confirmed COVID-19 case relies on detection of SARS-CoV-2 RNA in a clinical specimen by RT-PCR [3], however, there are intentions to update the case definition shortly.

Diagnostic laboratories routinely perform RT-PCR tests, which require extraction of viral RNA as well as stationary instrumentation for nucleic acid amplification and detection. Theoretically, the time required to perform the RT-PCR test is a few hours, but in practice specimens often need to be transported from the place of sampling to the laboratory, and additional time then elapses until the specimen is processed. Limited internal laboratory capacity, including trained staff, and high sample volumes, may also contribute to the delayed processing of samples. As a result, the turnaround time can easily increase to several days. Early in the pandemic, most of the testing capacity was reserved to identifying cases in hospitals and high risk-settings. Since then, laboratory capacity has increased, and testing has been extended to comprehensively identify symptomatic cases and contacts of cases, and to perform screening programmes. The current upsurge of COVID-19 cases in Europe, coupled with the usual rise of other respiratory infections during autumn, has led to a dramatic increase in the demand for SARS-CoV-2 tests. The high volume of samples reaching the laboratories could lead to a shortage of reagents and disposables as already reported by some countries, and to a further increase in the turnaround time for RT-PCR tests.

Benefits and challenges of the use of rapid antigen tests

Rapid antigen tests offer multiple operational benefits in comparison to RT-PCR tests for detection of SARS-CoV-2. Rapid antigen tests have been developed as both laboratory-based tests and for near-patient use (point-of-care), and results are usually generated in 10 to 30 minutes after the start of the analysis. Some rapid antigen tests require a laboratory instrument for the analysis, but others do not as the analysis is performed on a handheld cartridge with visual readout (Annex 1). Rapid antigen tests generally offer low-cost testing and relatively simple handling. Due to the timeliness of results, rapid antigen tests can provide added value e.g. in the patient triage process in healthcare settings at admission. In the context of contact tracing, rapid antigen tests can allow for a more rapid identification of infectious contacts.

There are also some operational drawbacks associated with the use of rapid antigen tests. Sampling for detection of SARS-CoV-2 by rapid antigen test relies mostly on nasopharyngeal specimens, as indicated by the manufacturers. As of today, these specimens require professional sampling and the use of personal protective equipment during sampling and processing. Self-sampling is not currently clinically validated for rapid antigen tests. Unlike RT-PCR, rapid antigen tests lack controls for confirmation of appropriate sampling. As many of the rapid antigen tests are processed individually, analysis of large volumes of specimens simultaneously is difficult and multiplex analysis of other respiratory pathogens is, as of today, not possible. An additional drawback with the rapid antigen tests is that the specimens are not necessarily shipped to public health laboratories for further characterisation, such as sequencing.

In contrast to RT-PCR, which amplifies the virus target sequences, rapid antigen tests detect the presence of a viral antigen in the patient's specimen without amplification. As a result, most currently available rapid antigen tests show a lower sensitivity compared to the standard RT-PCR test (Annex 1). However, their specificity is generally reported to be high (Annex 1) [14,15]. Furthermore, rapid antigen tests may be sensitive enough to detect cases with high viral load, i.e. pre-symptomatic and early symptomatic cases (up to five days from symptom onset; or low RT-PCR cycle threshold (Ct) value <25), which likely account for a significant proportion of transmission (Annex 1). Several countries that started to use rapid antigen tests target early detection of COVID-19 cases, i.e. testing individuals with COVID-19-compatible symptoms early after disease onset.

欧州疾病予防管理センター HP　２０２０年１１月１９日

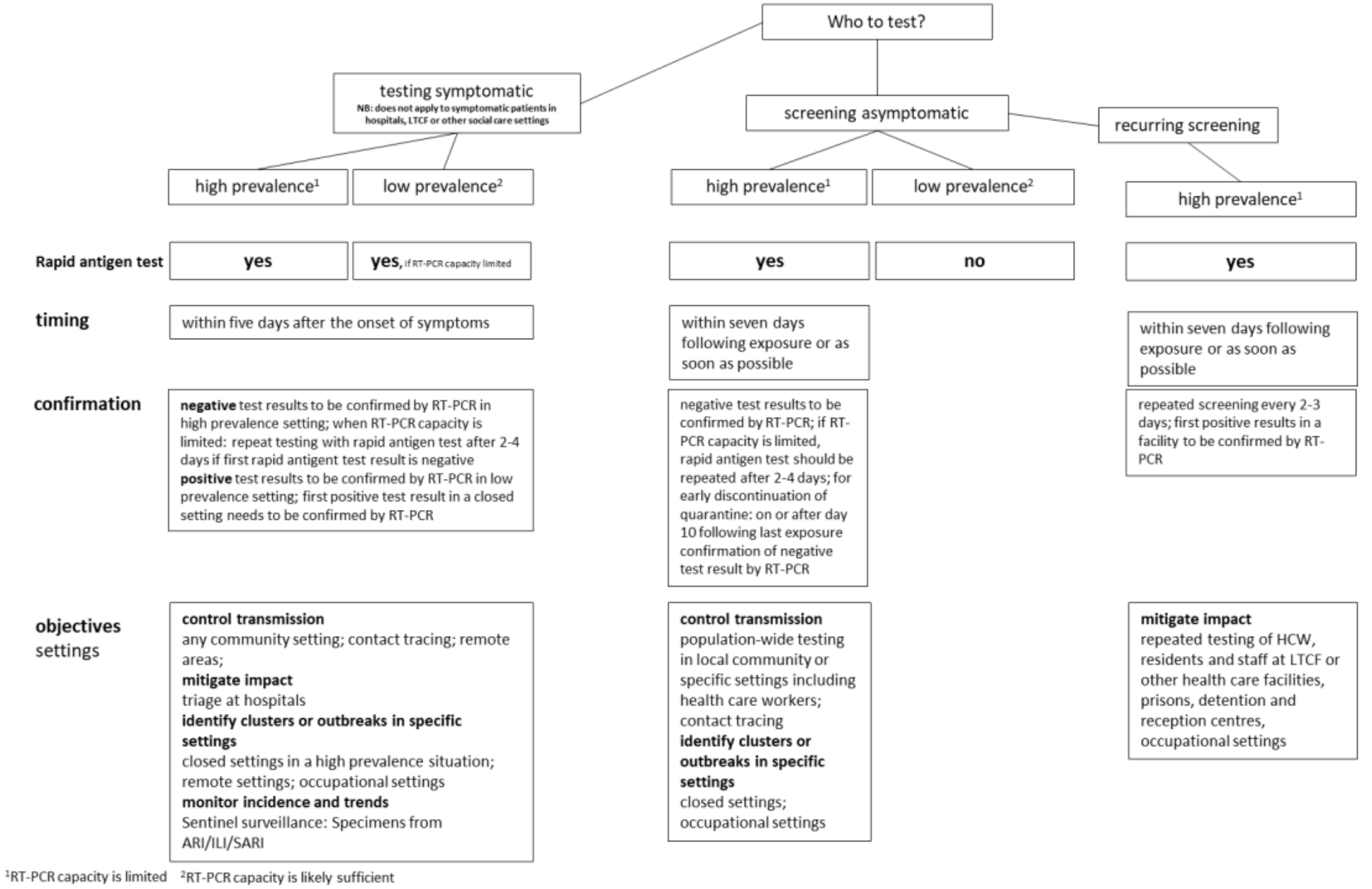
Use of rapid antigen tests by settings

Considerations for the use of rapid antigen tests in settings of low and high infection prevalence and the need for confirmatory testing

In a **high prevalence setting**, rapid antigen tests will have a high PPV (Table 2). In such a situation, a positive result from a rapid antigen test (even with a lower specificity than in RT-PCR tests and thus a higher probability of false positivity) is likely to indicate a true infection and may not require confirmation by RT-PCR. On the other hand, any negative test result should be confirmed by RT-PCR immediately or, in case of unavailability of RT-PCR, with another rapid antigen test a few days later (to allow the viral load to increase in previously false negative result). This is particularly true for asymptomatic cases with a known history of exposure. In any high-risk settings with vulnerable populations only RT-PCR should be used, unless RT-PCR capacity is limited. In vulnerable populations with symptoms, multiplex RT-PCR would be best suited for confirmation to exclude symptoms caused by other respiratory pathogens.

In a **low prevalence setting**, rapid antigen tests will have a high NPV but a low PPV (Table 2). Therefore, if used correctly, rapid antigen tests should be able to rule out a highly infectious case in such a setting. A negative test result may not require confirmation by RT-PCR, whereas a positive test will need immediate sampling for a confirmation by RT-PCR. Recurring testing by rapid antigen test every 2-3 days with the aim to identify infectious cases in a population can partly mitigate the lower sensitivity of the test and can be used in certain settings such as in staff of health care settings.

Figure 1. Flowchart describing objectives and settings when to use rapid antigen tests



欧州における新型コロナウイルスの感染確認の基準について

欧州疾病予防管理センターHP　２０２０年１２月３日

Case definition for coronavirus disease 2019 (COVID-19), as of 3 December 2020

Clinical criteria

Any person with at least one of the following symptoms [1]:

- cough

- fever

- shortness of breath

- sudden onset of anosmia, ageusia or dysgeusia

Diagnostic imaging criteria

Radiological evidence showing lesions compatible with COVID-19

Laboratory criteria [2]

Detection of SARS-CoV-2 nucleic acid or antigen in a clinical specimen [3]

Epidemiological criteria

At least one of the following two epidemiological links:

- close contact [4] with a confirmed COVID-19 case in the 14 days prior to onset of symptoms
- having been a resident or a staff member, in the 14 days prior to onset of symptoms, in a residential institution for vulnerable people where ongoing COVID-19 transmission has been confirmed

Case classification

A. Possible case

Any person meeting the clinical criteria

B. Probable case

Any person meeting the clinical criteria with an epidemiological link

OR

Any person meeting the diagnostic imaging criteria

C. Confirmed case

Any person meeting the laboratory criterion.

オーストリアにおける新型コロナウイルスの検査について

Federal Ministry for Social Affairs, Health, Care and Consumer Protection of Austria HP　２０２１年４月６日

Figures from Austria

state	Bgld.	Ktn.	Lower Austria	Upper Austria	Sbg.	Styria	T	Vbg.	W.	Austria as a whole
Confirmed cases (as of April 6, 2021, 8:00 a.m.)	16,086	34,859	95,190	101,514	45.157	67,671	54,896	25.008	119,473	559.854
Deaths (as of April 5, 2021, 09:30 a.m.)	289	750	1,574	1,622	542	1,873	597	282	1,953	9,482
Recover (as of 04/05/2021, 09:30 a.m.)	14,796	32,353	85,977	95,566	41,386	61,654	52,060	24,574	107,718	516.084
Tests (as of April 5th, 2021, 09:30 a.m.)	1,013,451	1,023,928	5,667,003	3,554,759	1,477,274	2,995,783	2,470,439	1,404,607	5,169,561	24,779,805
Thereof PCR tests (as of April 5, 2021, 09:30 a.m.)	188.113	254,782	1,468,744	628.066	327,327	604.116	740.979	200,919	2,427,382	6,840,428
Of which antigen tests (as of April 5, 2021, 09:30 a.m.)	825.338	769.146	4,198,259	2,926,693	1,149,947	2,391,667	1,729,460	1,206,688	2,724,179	17,939,377

ブルガリアにおける新型コロナウイルスの検査について

ブルガリア政府HP　２０２１年４月６日

Current statistics in Bulgaria

Data for
Laboratory researches

Type	Total	New
RT PCR	1690460	8983
Quick test for antigens	498951	10227
TOTAL	**2189411**	**19210**

Confirmed cases according to
Type of laboratory test

Type	Total	New
By RT PCR	290377	1651
By rapid antigen test	66482	2209
TOTAL	**356859**	**3860**

Confirmed cases under
Areas

Area	Total	New
Благоевград	16248	162
Бургас	23640	86
Варна	25879	251
Велико Търново	7780	103
Видин	2316	30
Враца	8958	69
Габрово	5780	66
Добрич	6147	74
Кърджали	3542	67
Кюстендил	7984	69
Ловеч	4511	80
Монтана	5149	80
Пазарджик	9577	62
Перник	6762	57
Плевен	11836	104
Пловдив	30782	384
Разград	3179	40
Русе	11605	167
Силистра	5144	95
Сливен	9098	64
Смолян	3979	65
София	11104	121
София (столица)	95249	1029
Стара Загора	14750	227
Търговище	3076	40
Хасково	8382	99
Шумен	8470	120
Ямбол	5932	49
TOTAL	**356859**	**3860**

チェコにおける新型コロナウイルスの検査について

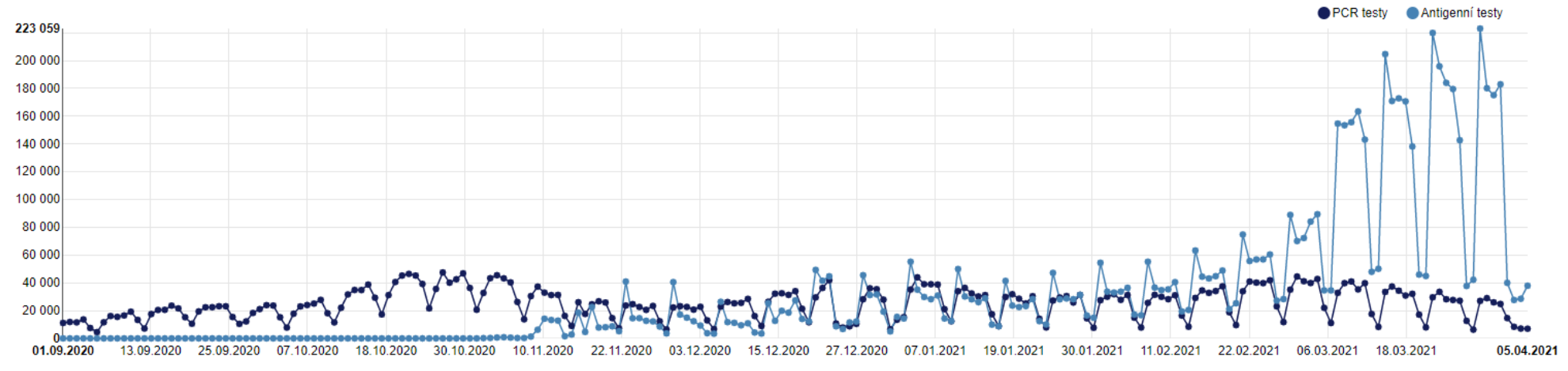
チェコ保健省HP　２０２１年４月６日

Performed PCR tests	Antigenic tests performed
6 325 799	6,933,618
(+ 6 964 for 05.04.)	(+37,940 for 05.04.)
to date: 6. 4. 2021 at 8.09 h	to date: 6. 4. 2021 at 8.09 h

Confirmed cases	Confirmed cases (65+)
1 555 245	245 908
(+ 1 405 for 05.04.)	(+ 274 for 05.04.)
to date: 6. 4. 2021 at 8.09 h	to date: 6. 4. 2021 at 8.09 h

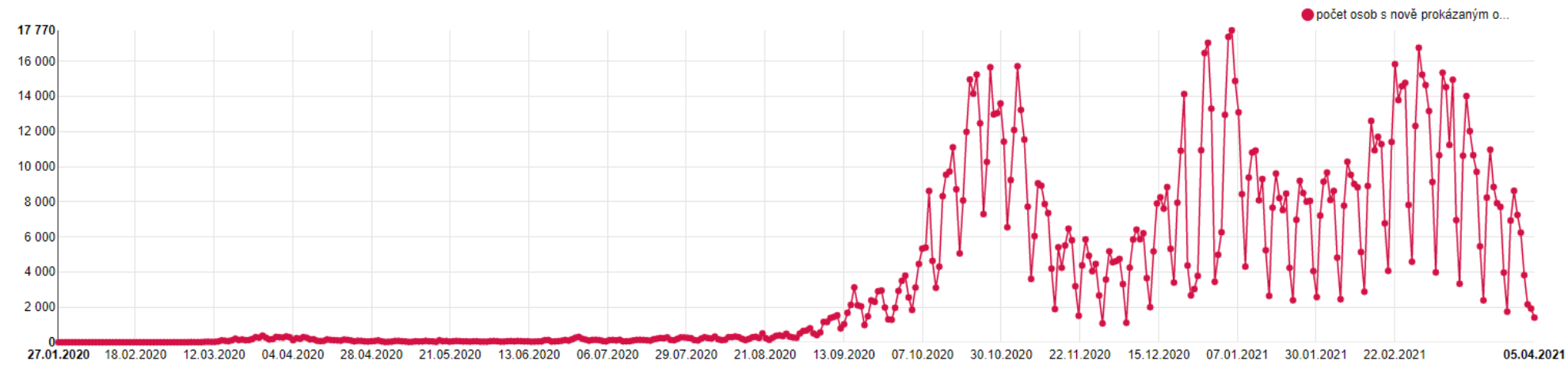
Daily overview of the number of PCR and antigen tests performed

Overview for the last 15 days | Complete overview for the whole period | Tabular overview



Daily overview of the number of people with newly proven COVID disease - 19 according to reports from regional hygienic stations and laboratories

Overview for the last 15 days | Complete overview for the whole period | Tabular overview



スロバキアに新型コロナウイルスの検査について

スロバキア政府HP　２０２１年４月６日

Coronavirus (COVID-19) in the Slovak Republic

Important and up-to-date information about COVID-19 disease and measures taken by the government of the Slovak Republic to limit the spread of the disease.

2 386 011

Total number of PCR tests
Last increase: 1 831

365 400

Total number of lab-confirmed cases (PCR)
Last increase: 158

24 540 364

Total number of antigen tests
Last increase: 1 831

356 496

Total number of lab-confirmed cases (antig.)
Last increase: 158

10 094

Number of COVID-19 associated deaths

Last increase: 69

-

Total number of recovered patients
Last increase: -

755 617

Number of persons vaccinated with the first dose
Last increase: 1 620

263 906

Number of persons vaccinated with the secnd dose
Last increase: 0

The number of tested individuals and completed tests per week in Sweden

Table 1. Number of individuals tested and number of tests performed in the last 5 weeks in Sweden, divided into the test types nucleic acid detection and antibody detection.

Week	Nucleic acid detection Tested individuals	Nucleic acid detection Tests performed	Antibody detection Tested individuals	Antibody detection Tests performed
Week 12	329 080	339 921	20 224	20 264
Week 11	303 385	312 091	17 271	17 374
Week 10	270 763	277 279	20 009	20 039
Week 9	249 015	255 080	21 314	21 381
Week 8	238 618	244 283	21 067	21 121

The number of antigen tests performed in Sweden

The table is updated every four weeks with figures for a new four-week period.

Region	Week 1	Week 2	Week 3	Week 4	Total week 1-4
Total for the period	-	-	-	-	71 967

Region	Week 5	Week 6	Week 7	Week 8	Total week 5-8
Total for the period	-	-	-	-	91 951

ブルターニュ地方における新型コロナウイルスの検査について

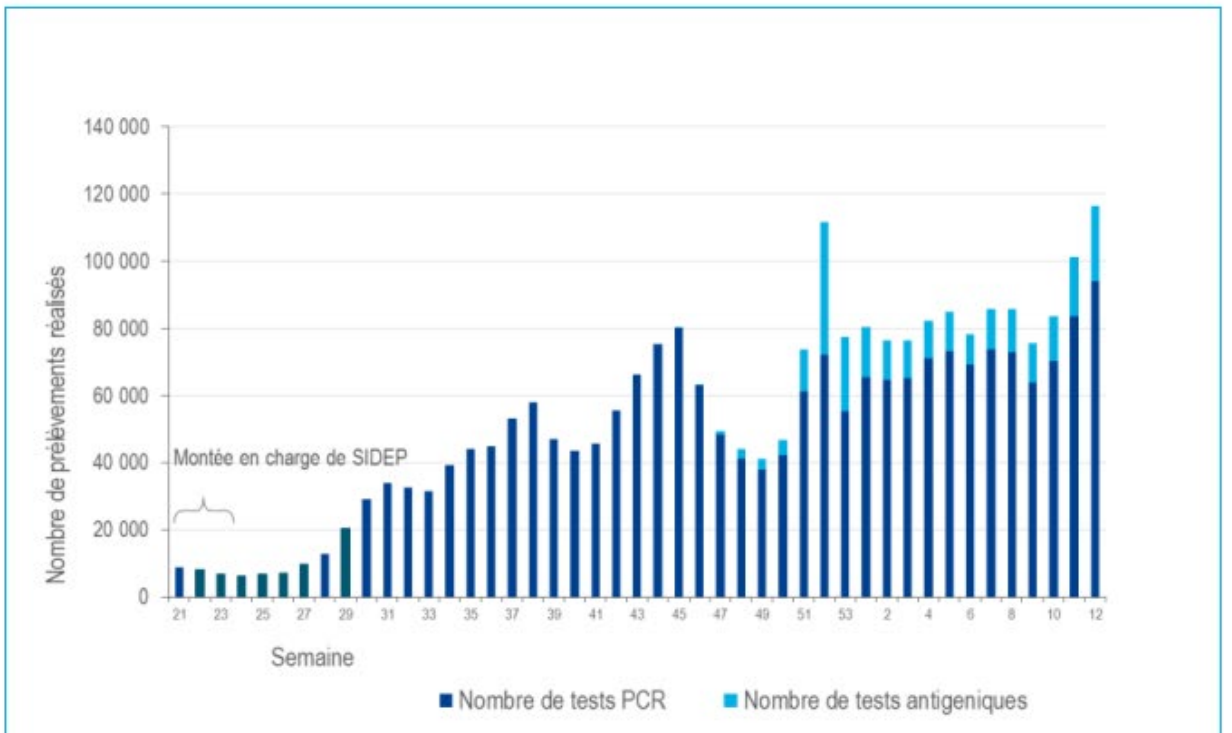
Santé publique France HP　２０２１年３月３１日

COVID-19

- **Virologie** : Augmentation du nombre de prélèvements PCR en semaine 12 depuis 4 semaines consécutives, 94149 tests PCR (+12 ,5% /S11 – données non consolidées). Augmentation des tests antigéniques avec 22226 tests en semaine 11. Augmentation du taux d'incidence et du taux de positivité calculés à partir des tests PCR et tests antigéniques pour la 6ème semaine consécutive. Le taux d'incidence est en augmentation, passant de 164,7/100 000 habitants en S11 à 190,8/100 000 habitants en S12. Le taux de positivité reste identique à la semaine précédente à 5,6%. La part de suspicion de variant dit britannique est de 84,4 % en Bretagne et celle des variants brésilien ou sud-africain, de 3,0%. L'Ille et Vilaine reste le département présentant le taux d'incidence le plus élevé (269,8 /100 000 habitants en S12), subissant une hausse importante tout comme le département des Côtes d'Armor (206,5 / 100 000). Ces hausses épargnent les tranches d'âges les plus âgées, qui sont aussi celles avec la plus grande couverture vaccinale.

Figure 1 - Nombre de prélèvements pour SARS-CoV-2 réalisés dans les laboratoires publics et privés, par date de prélèvement, du 18/05/2020 au 21/03/2021, Bretagne.

(Sources :
- à partir de la semaine 20, SIDEP, dernières données actualisées au 30/03/2021 – 09H46 (exploitation ARS Bretagne))



デンマークにおける新型コロナウイルスの検査について

デンマーク国家保健委員会HP　２０２１年４月４日

Denmark

Updated 4 April at 2 p.m. - Data from 4 April at 12.15 p.m.

	Last 24 hours *	Previous 24 hours **
PCR test[1]	128,920	154,195
Antigen test	88,707	111,045
PCR and antigen test	217,627	265,240
Persons tested first time (PCR) [2a]	5,166	5,922
Confirmed cases (PCR) [3]	600	745
Recovered (PCR) [4]	586	650
Deaths (PCR) [5]	1	4

	Entire pandemic
PCR test[1]	22,771,643
Antigen test	3,708,083
PCR and antigentest	26,479,726
Persons tested (PCR) [2b]	4,598,256
Confirmed cases (PCR) [3]	233,318
Recovered (PCR) [4]	221,590
Deaths (PCR) [5]	2,429
Case fatality rate (PCR)	1.04 %

1) The number of tests shows the total number of PCR tests, that are analyzed. Some people have had multiple tests done per day and some people have been tested several times.

2a) Persons tested via PCR. Persons are included only once - no matter the number of tests. The number of people who have been tested does not include tests where the results are not final or where the test results are inconclusive.
2b) Persons testet for the first time are persons testet for corona for the first time. The number of people who have been tested does not include tests where the results are not final or where the test results are inconclusive.

3) Confirmed cases - the number reflects the number of people who have tested positive via PCR tests.

4) Patients with confirmed COVID-19 illness via PCR tests can be classified as "recovered from COVID-19" 14 days after they have tested positive, at the earliest – meaning that there a delay of at least 14 days regarding this figure. See the definition of "recovered from COVID-19" in Danish in Epidemiologisk trend og fokus af 1. April 2020.

5) Deaths - the statistics on fatalities include deaths recorded within 30 days of the detection of COVID-19 infection in the individual on the basis of PCR tests. COVID-19 is not necessarily the cause of death.

スロベニアにおける新型コロナウイルスの検査について

スロベニア政府HP　２０２１年４月４日

The latest data

Daily tested

2.805
-4.034
PCR: 1.536, HAGT: 1.269

Daily confirmed positive tests

283
-437
All HAGT positive are confirmed by PCR test and only those that are also positive by PCR are included in the statistics.

Daily positive test rate

18,4 %
-7,3 p. p.
PCR only

Hospitalized

557
+22

Intensive care

126
+2

Discharged

23
-2

Deaths

7
0

7-day average number of confirmed infections

1.058
0

14-day incidence

667
-1

The latest data for **4 April 2021** and the difference compared to the previous day are shown. Source: Ministry of Health and National Institute of Public Health

欧州連合の定めるリスクエリアと渡航者への対応について

欧州委員会HP　２０２０年１０月１３日

1. Common criteria

Member States will take the following key criteria into account when considering to restrict free movement in response to the coronavirus pandemic:

- the **notification rate** (the total number of newly notified COVID-19 cases per 100 000 population in the last 14 days at regional level)
- the **test positivity rate** (the percentage of positive tests among all tests for COVID-19 infection carried out during the last week)
- the **testing rate** (the number of tests for COVID-19 infection per 100 000 population carried out during the last week)

2. A common map

Based on data provided by the Member States, the European Centre for Disease Prevention and Control will publish a map of EU Member States, broken down by regions, which will show the risk levels across the regions in Europe using a traffic light system. Regions will be indicated in the colours '**green**', '**orange**', '**red**', '**dark red**' and '**grey**' (if not enough information is available).

This map will also include data from Iceland, Liechtenstein, and Norway.

In this map, an area should be marked in the following colours:

- **green**, if the notification rate is less than 25 and the test positivity rate is less than 4%;
- **orange**, if the notification rate is less than 50 but the test positivity rate is 4% or more, or, if the notification rate ranges from 25 to 150 but the test positivity rate is less than 4%;
- **red**, if the notification rate is 50 or more and the test positivity rate is 4% or more, or if the notification rate is more than 150;
- **dark red**, if the notification rate is 500;
- **grey**, if not sufficient information is available or if the testing rate is 300 or less.

3. A common approach for travellers

In view of the difficult epidemiological situation linked to more infectious coronavirus variants, Member States should **strongly discourage** all non-essential travel to and from 'dark red' and **discourage** all such travel to and from 'red' areas. This difference is due to the different measures applied to such travel, as explained below.

On the basis of the common map, Member States will then decide whether they introduce certain restrictions, such as quarantine or tests, on travellers coming from other areas. Member States have agreed that there will be no restrictions, such as quarantine or testing, on travellers coming from 'green' regions.

Member States that consider it necessary to introduce restrictions to free movement, based on their own decision-making processes, could require persons travelling from an area classified other than 'green' to:

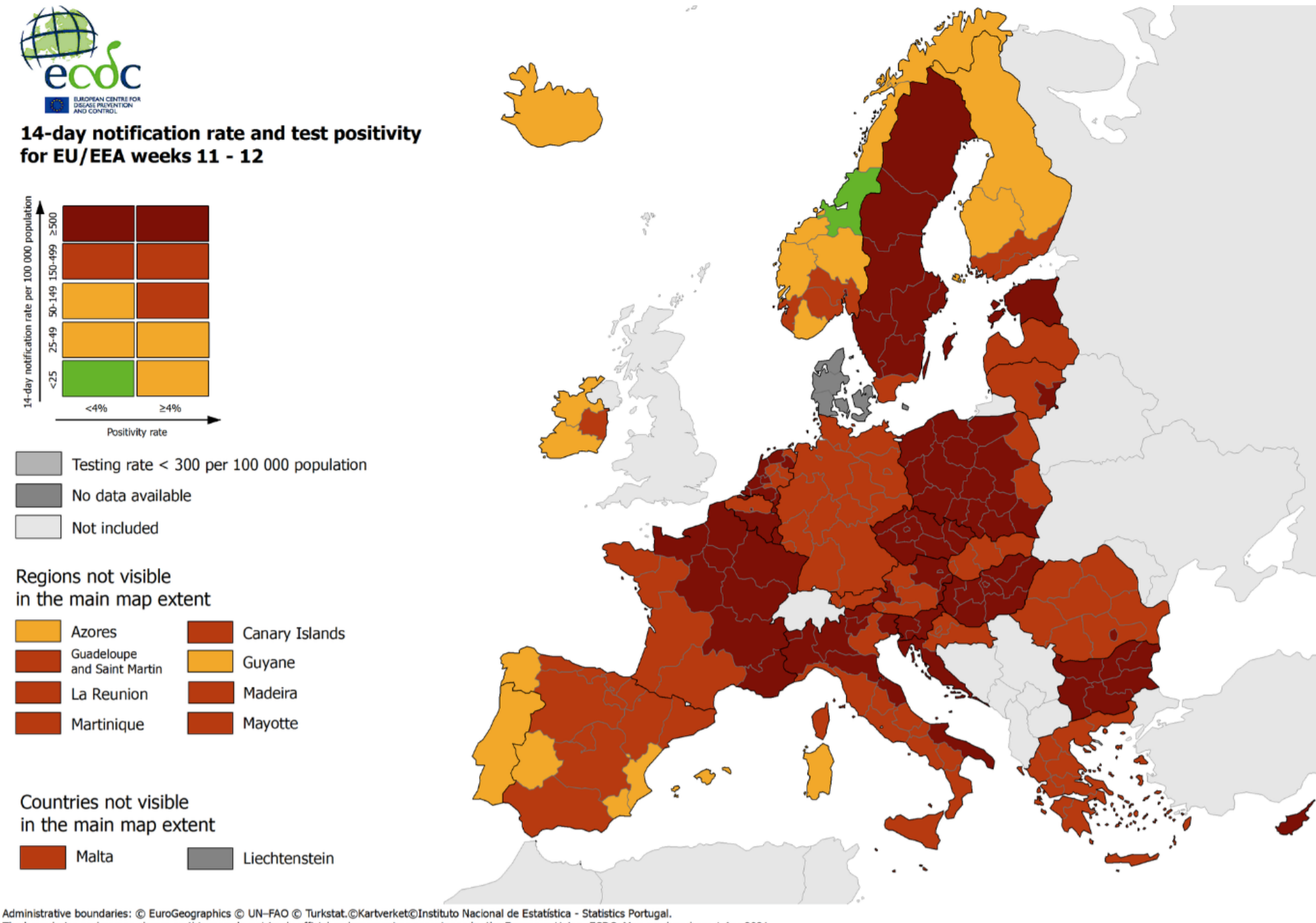
- **undergo quarantine/self-quarantine; and/or**
- **take a test for COVID-19 infection before or after arrival.**

It is up to Member States to decide what measures to apply on people travelling from risk areas to their territories, and whether to require a RT-PCR or rapid antigen test. Member States can also require people entering their territory to submit **passenger locator forms**, in accordance with data protection requirements.

欧州連合の定めるリスクエリアについて

欧州疾病予防管理センターHP　２０２１年４月１日

Combined indicator: 14-day notification rate, testing rate and test positivity, updated 1 April 2021



Administrative boundaries: © EuroGeographics © UN–FAO © Turkstat.©Kartverket©Instituto Nacional de Estatística - Statistics Portugal.
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union. ECDC. Map produced on: 1 Apr 2021

オーストリアにおける検疫について

austria.info HP　２０２１年３月３０日

Requirement 2: Negative COVID Test - Travellers from Risk Areas

People entering Austria from any country except Australia, Iceland, New Zealand, Singapore, South Korea, and the Vatican need to show a negative COVID test (PCR tests no older than 72 hours and antigen tests no older than 48 hours are admissible) **in addition to** committing to self-quarantine (see below). If you are unable to show a test, you are required to get one **within 24 hours** of entering Austria.

Regular cross-border commuters need a negative PCR or antigen test no older than 7 days.

Requirement 3: Quarantine - Travellers from Risk Areas

A **10-day self-quarantine is mandatory** when arriving from a risk area. Currently, **all countries worldwide** except Australia, Iceland, New Zealand, Singapore, South Korea, and the Vatican are considered risk areas.

Exemptions

The **only countries considered safe** are Australia, Iceland, New Zealand, Singapore, South Korea, and the Vatican. When arriving from these countries (and if you have not been in any other countries in the last 10 days), you do not need to quarantine or show a negative COVID test. Like all travellers, you **do need** to obtain pre-travel clearance (fill in the form here).

ベルギーにおける検疫について

ベルギー政府HP

Travelling from and to other countries

What must I do?

If travelling for an essential reason, you must fulfil the following requirements:

1. You must have a negative PCR test that was carried out at the earliest 72 hours before your departure from a red zone to Belgium.

- You can find further information about this in the frequently asked questions – "When should I have a negative test result to travel to Belgium?"
- Exception: if you are not travelling by air, train, bus or boat and will be spending less than 48 hours in Belgium, no PCR test is required.

2. You must be in possession of a completed **sworn statement**. You must carry the sworn statement with you at all times.

- Download the paper form
- Fill in the form online

3. Are you staying in Belgium for more than 48 hours or are you coming to Belgium by air or boat, or by train or bus from a country outside the EU or the Schengen Area? Fill in the Passenger Locator Form at the earliest 48 hours before you arrive in Belgium.

- Based on the answers you give and the colour code of the country you are departing from, the form will work out whether you are regarded as a high-risk contact.
  - Did you receive a text message? If so, you are a high-risk contact. You must quarantine and get yourself tested on day 7 of quarantine. You will receive a code for this by text message.
  - What if you didn't receive a text message? You do not have to quarantine.

4. Are you travelling from the United Kingdom, South Africa or South America? You will need to quarantine for 10 days. Get tested on day 1 and day 7 of quarantine. You will receive a text message.

ベルギーにおけるリスクエリアについて

ベルギー政府HP

- Red colour code: regions or countries where individuals are at a high risk of infection.
- Orange colour code: regions or countries for which a moderately elevated risk of infection has been identified.
- Green colour code: regions or countries for which a low risk of infection has been identified.

For countries in the EU and the Schengen Area

- This list is updated every Sunday and is valid from the Monday immediately following.It is based on the data and criteria communicated by the European Centre for Disease Prevention and Control (ECDC) every Thursday.
- Has the colour code changed to red? In that case, the colour code is valid as from the Wednesday following the Sunday notification.
- All EU and Schengen Area countries have a red colour code, with the exception of:

Country/region	Orange	Green
Austria	Voralberg	/
Denmark	Central Jutland, North Jutland	/
Spain	Galicia, Cantabria, Valencian Community, Baleares, Murcia	/
Finland	North and East Finland, West Finland, Aland	/
France	French Guaiana	/
Ireland	Northern & Western Ireland, Southern Ireland	/
Iceland	/	All
Italy	Sardinia	/
Norway	Innlandet, Northern Norway	Trondelag
Portugal	All with the exception of Madeira (red)	/

As of Wednesday 7 April, the following regions will be given a **red colour code**:

- Norway: Western Norway

San Marino, Vatican City, Monaco and Andorra (which are considered to be countries of the European Union): red

For third countries

- All countries listed in Annex 1 of the EU Council Recommendation on the temporary restriction of non-essential travel to the EU and its possible lifting are given a **green or orange colour code** (You can find more information on this Recommendation here). This list is updated every two weeks by the Council of the EU. Colour code green or orange is assigned by analogy with the criteria used by ECDC for the EU/Schengen countries. As of 28 January 2021, the following countries are on the list:
  - Australia: green
  - New Zealand: green
  - Rwanda: green
  - Singapore: green
  - South Korea: green
  - Thailand: green

China and the special administrative regions of Hong Kong and Macao will not be resumed because the condition of reciprocity has not been met and are therefore coloured red.

- All other third countries are to be given a red colour.

ブルガリアにおける検疫について

ブルガリア政府HP　２０２１年４月６日

- Note that according to an order of the Minister of Health **in avedena temporary ban on entering the territory of the Republic of Bulgaria** of all persons, regardless of their nationality, in all border crossings by air, sea, rail and road. **The ban does not apply**for Bulgarian citizens, citizens of Member States of the European Union (EU), Schengen Parties (including the Republic of San Marino, the Principality of Andorra, the Principality of Monaco and the Vatican City State) and their family members (including persons in actual residence with them); citizens of the United Kingdom of Great Britain and Northern Ireland, the Commonwealth of Australia, Canada, Georgia, Japan, New Zealand, the Republic of Rwanda, the Republic of Korea, the Kingdom of Thailand, the Republic of Tunisia, the Eastern Republic of Uruguay, the United Arab Emirates, Ukraine, the Republic of Northern Macedonia The Republic of Albania, Kosovo, Bosnia and Herzegovina, Montenegro, the Republic of Moldova, Israel, the State of Kuwait, the Republic of Belarus and the Republic of Turkey; persons with permanent status, long-term or long-term residence on the territory of the Republic of Bulgaria and the members of their families; persons holding a Bulgarian long-stay visa type "D", as well as persons holding a residence permit in a Member State of the European Union or in a Schengen country (including the Republic of San Marino, the Principality of Andorra, the Principality of Monaco and the City State Vatican) and members of their families.**The prohibition does not apply to other exceptions specified in the order.**
- **All persons who are allowed to enter the country are admitted to the territory of the Republic of Bulgaria upon submission of a document showing a negative result from a polymerase chain reaction test conducted up to 72 hours before entry into the country to prove COVID-19** , considered by the date of the study entered in the document. The document must contain the names of the person according to the identity document with which he / she is traveling, details of the laboratory that performed the test (name, address or other contact details), date of the test, written in Latin method (PCR) and Negative, allowing interpretation of the document **Exceptions to the requirement to present a PCR test have been introduced in the order.**
- Bulgarian citizens and persons with the status of permanent, long-term or long-term residence on the territory of the Republic of Bulgaria and their family members **who do not present a document showing a negative result** from a polymerase chain reaction **test** conducted up to 72 hours before entering the country of COVID-19 shall **be quarantined for a period of 10 days in the home** or other accommodation where the person has indicated that he will reside, with a prescription issued by the director of the relevant regional health inspectorate or a deputy authorized by him. director. The director of the relevant regional health inspectorate may**revoked the issued order for quarantine of the persons referred to in this point, upon presentation of a document showing a negative result of a study conducted within 24 hours of entry into the country** by the method of polymerase chain reaction for the detection of COVID19. The prescription shall be revoked within 24 hours of the submission of the document showing a negative result of the polymerase chain reaction test for the detection of COVID-19.
- All persons authorized to enter the country and **arriving from countries and territories in Africa shall be quarantined for a period of 10 days** at the home or other accommodation where the person has indicated that he or she will reside, with a prescription. , issued by the director of the respective regional health inspectorate or a deputy director authorized by him. The quarantine of the persons is revoked upon expiration of the term and negative result of a polymerase chain reaction test for the detection of COVID-19 conducted on the 10th day of the quarantine. The result shall be submitted to the director of the regional health inspection or the deputy director authorized by him, who issued the prescription, electronically or through the regional health inspection at the place of quarantine.

クロアチアにおける検疫について

クロアチア内務省HP

- **a negative PCR or rapid antigen test result** for SARS-CoV-2 that is not older than **48 hours** (counting from the time of taking the swab to arriving at the border crossing point) **and,** in the case of a rapid antigen test and a stay longer than 10 days in the Republic of Croatia, **the test must be repeated within ten days from the date of issuing that test;**
- **vaccination certificate for persons who received a second dose of COVID-19 vaccine more than 14 days prior. Exceptionally, in the case of a vaccine received in a single dose, a certificate of receipt of a single dose if the dose was received more than 14 days before crossing the state border;**
- **presentation of a positive PCR or rapid antigen test, confirming that the holder recovered from the SARS-CoV-2 virus infection, which was performed in the previous 180 days, and older than 11 days from the date of arrival at the border crossing point or upon presentation of a certificate of recovery issued by a physician;**
- **or perform PCR testing or rapid antigen testing on SARS-CoV-2 immediately upon arrival in the Republic of Croatia (at their own expense), with the obligation to stay in self-isolation until the arrival of a negative test result. If testing cannot be performed, a measure of self-isolation is determined for a period of ten (10) days.**

チェコにおける検疫について

チェコ内務省HP　２０２１年４月５日

Rules for entry and return to the Czechia (as of 5th April 2021)

after the stay in the country of departure exceeding 12 hours and subsequent stay in the Czechia exceeding 12 hours

MINISTERSTVO VNITRA ČESKÉ REPUBLIKY

For citizens of Czechia, their family members according to the point I.7.e) of the MoH Protective measure, EU+ citizens with a certificate of temporary residence and foreigner with a permanent residence permit

		USING PUBLIC TRANSPORTATION		USING INDIVIDUAL TRANSPORTATION			
	PUBLIC HEALTH PASSENGER LOCATOR FORM	TEST BEFORE THE DEPARTURE	TEST AFTER THE ARRIVAL	TEST BEFORE THE DEPARTURE	TEST AFTER THE ARRIVAL	LIMITATION OF THE FREE MOVEMENT/ SELF-ISOLATION	MOUTH AND NOSE PROTECTION
GREEN COUNTRY	**NO**	**NO**	**NO**	**NO**	**NO**	**ACCORDING TO THE PES[1]**	**ACCORDING TO THE PES[1]**
ORANGE COUNTRY	**YES**	**ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**NO**	**NO**	**ANTIGEN / PCR** (within 5 days after the arrival)	**ACCORDING TO THE PES[1]** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside
RED COUNTRY	**YES**	**ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**PCR** (within 5 days after the arrival)	**NO**	**PCR** (within 5 days after the arrival)	**SELF-ISOLATION UNTIL THE SUBMISSION OF THE NEGATIVE TEST RESULT** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside
DARK RED COUNTRY	**YES**	**ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**PCR** (no sooner than 5th day after the arival)	**ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**PCR** (no sooner than 5th day after the arival)	**SELF-ISOLATION UNTIL THE SUBMISSION OF THE NEGATIVE TEST RESULT (no sooner than 5 days after the arrival)** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside

Rules for entry and return to the Czechia (as of 5th April 2021)

after the stay in the country of departure exceeding 12 hours and subsequent stay in the Czechia exceeding 12 hours

MINISTERSTVO VNITRA ČESKÉ REPUBLIKY

Applies for all foreigners *with an exception of citizens of Czechia, their family members according to the point I.7.e) of the MoH Protective measure, EU+ citizens with a certificate of temporary residence and foreigner with a permanent residence permit*

		USING INDIVIDUAL OR PUBLIC TRANSPORTATION			
	PUBLIC HEALTH PASSENGER LOCATOR FORM	TEST BEFORE THE DEPARTURE	TEST AFTER THE ARRIVAL	LIMITATION OF THE FREE MOVEMENT/ SELF-ISOLATION	MOUTH AND NOSE PROTECTION
GREEN COUNTRY	**NO**	**NO**	**NO**	**ACCORDING TO THE PES[1]**	**ACCORDING TO THE PES[1]**
ORANGE COUNTRY	**YES**	**NEGATIVE ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**NO**	**ACCORDING TO THE PES[1]** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside
RED COUNTRY	**YES**	**NEGATIVE ANTIGEN** (max 24 hours) **or PCR** (max 72 hours before the departure)	**PCR** (within 5 days after the arrival)	**SELF-ISOLATION UNTIL THE SUBMISSION OF THE NEGATIVE TEST RESULT** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside
DARK RED COUNTRY	**YES**	**NEGATIVE PCR** (max 72 hours before the departure)	**PCR** (no sooner than 5th day after the arival)	**SELF-ISOLATION UNTIL THE SUBMISSION OF THE NEGATIVE TEST RESULT (no sooner than 5 days after the arrival)** (employees and students have to submit a negative test result before entering the workplace or school)	**ACCORDING TO THE PES[1]** + 14 days after the arrival obligation to wear a respirator FFP2 outside

チェコにおけるリスクエリアについて

チェコ内務省HP　２０２１年４月５日

Notification of the Ministry of Health issuing a list of countries, or their parts, with a low, medium and high risk of COVID-19 transmission

Countries with a low risk of transmission pursuant to point III. 1 of the Protective Measure,

Commonwealth of Australia

the Republic of Korea

New Zealand

the Republic of Singapore

the Kingdom of Thailand

the Vatican City

Countries with a medium risk of transmission pursuant to point III. 1 of the Protective Measure,

the Republic of Iceland

the Republic of Portugal (with the exception of Madeira)

and

the Balearic Islands

Countries with a high risk of transmission pursuant to point III. 1 of the Protective Measure,

the Kingdom of Denmark

the Republic of Finland

the Republic of Croatia

Ireland

the Principality of Lichtenstein

the Republic of Lithuania

the Republic of Latvia

the Grand Duchy of Luxembourg

the Republic of Malta

the Principality of Monaco

the Kingdom of Norway

the Republic of Austria

Romania

the Hellenic Republic

the Slovak Republic

the Federal Republic of Germany

the Kingdom of Spain (including the Canary Islands)

the Swiss Confederation

and

Madeira

Pursuant to point III. 1 of the Ministry of Health's Protective Measure of 15th March 2021, ref. no. MZDR 20599/2020-63/MIN/KAN all member states of the European Union and third countries, which do not appear in this notification, are considered as countries with a very high risk of COVID-19 transmission.

This Notification is issued with effect from 5th April 2021, 0:00.

デンマーク政府HP　２０２１年２月７日

Mandatory testing and 10-day isolation for persons entering Denmark

Overview of mandatory COVID-19 testing and isolation in connection with entry into Denmark

	Entry by aircraft	Entry via sea or land borders
Test before entry	Presentation of a negative test that is no more than 24 hours old at the time of boarding an aircraft with a destination in Denmark.	Presentation at the border control checkpoint of a negative test that is no more than 24 hours old at the time of entry (only applies for foreigners not resident in Denmark or holding a Danish residence permit).
Test upon arrival	A rapid test must be taken before leaving the airport, with a limited few exemptions.	All entrants must obtain a new rapid test or PCR test no later than 24 hours after entry into Denmark, with a limited few exemptions.
Isolation	All entrants must isolate for 10 days, with a limited few exemptions.	All entrants must isolate for 10 days, with a limited few exemptions.
Breaking isolation	The isolation may be broken after a negative PCR test taken no earlier than on the fourth day after entry.	The isolation may be broken after a negative PCR test taken no earlier than on the fourth day after entry.

→ **The rules generally apply for all travellers.**

Read more about the applicable rules and exemptions at coronasmitte.dk.

Violation of the mandatory testing and isolation rules for persons entering Denmark is a criminal offence
Violation of the rules is punishable by fine. The fine levied will generally amount to DKK 3,500 for first-time offenders and can be increased for repeat offenders.

デンマークにおける検疫について

デンマーク政府HP

Persons previously infected with COVID-19?

If you were previously infected with COVID-19 and are thus unable to present a negative test, instead of taking a test upon arrival or after entry, you must present documentation of a positive COVID-19 test result that is at least 14 days and no more than 12 weeks old.

If you previously have been infected with COVID-19, you are also exempt from the mandatory isolation requirement. This is on the condition that you are able to present documentation of a positive antigen or PCR test for COVID-19, which, at the time of entry into Denmark, is at least 14 days and no more than 12 weeks old.

If you are unable to present documentation of a positive test result in accordance with the above provisions, you must comply with the general rules.

フィンランドにおける検疫とリスクエリアについて

フィンランド保健福祉研究所HP　２０２１年４月６日

All persons arriving in Finland from high-risk countries will be directed to get tested

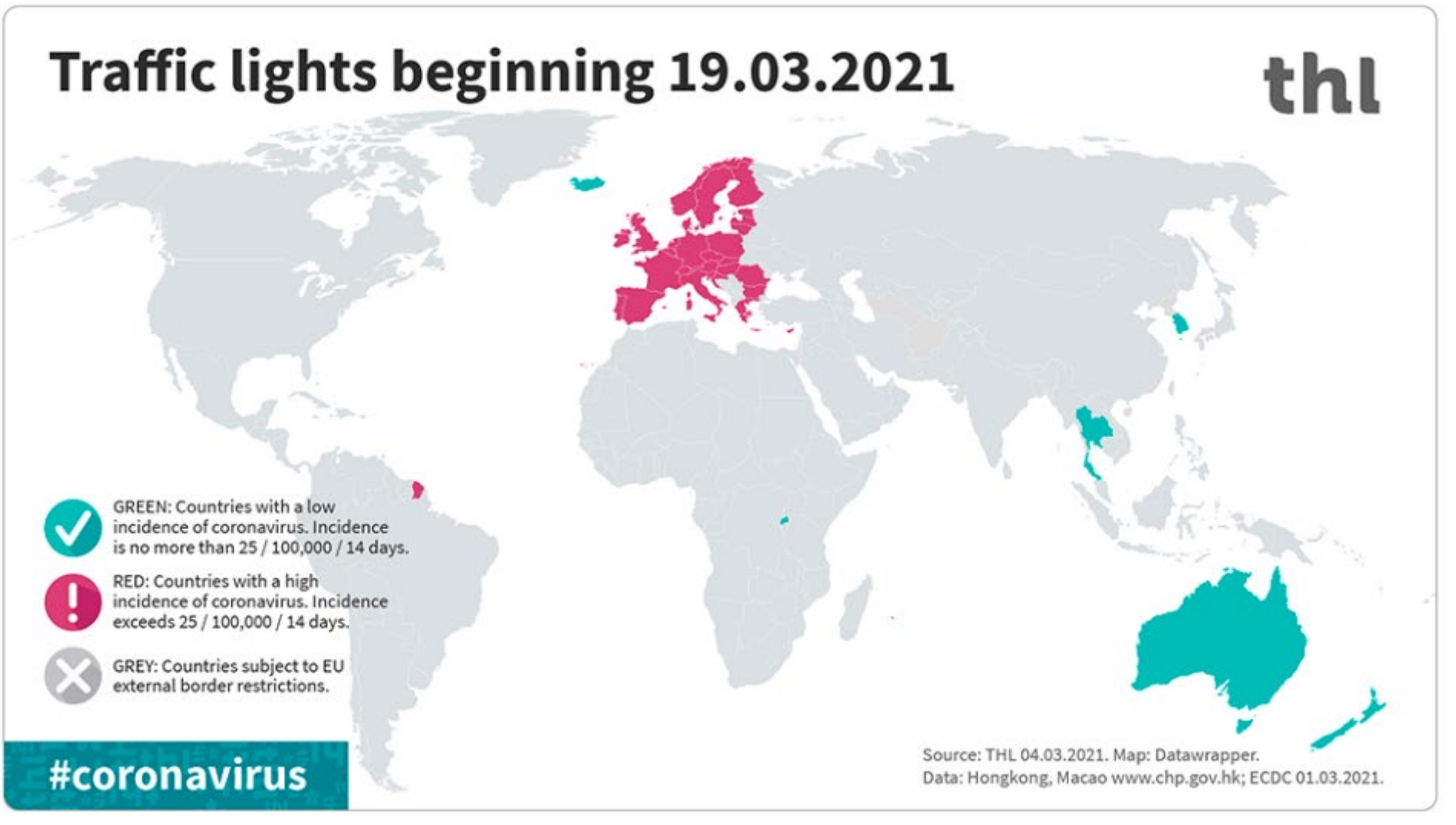
Everyone arriving in Finland from high-risk countries is required to take part in a health examination to determine whether they are infected with COVID-19. High-risk countries are countries with a high incidence of coronavirus or countries without sufficient information on the number of COVID-19 infections.

You can check which countries are high-risk on the map below. Red and grey countries are high-risk. The countries marked in green are not.

Children born in 2008 and after do not need to participate in a health examination.

You do not need to go to a corona test at the border crossing point if you have:

- a certificate of a negative coronavirus test taken not earlier than 72 hours before the entry OR
- a certificate that you have had coronavirus disease less than 6 months earlier.



Test requirement on entry to Germany

Air travel

From 30 March 2021, all persons travelling to Germany by air must present a negative COVID-19 test result before embarking on their journey. This applies regardless of the country from where the individual has travelled and also to passengers only traversing Germany (i.e. for international transit). Persons under six years of age and aircraft crews are exempt. The negative test result must be presented to the airline before departure.

The tests must be done at the relevant test centres abroad no more than 48 hours before entering Germany (time of the swab). In countries where such a test is not possible, airlines may carry out the tests or charge a third party with carrying them out.

Nucleic acid amplification technology processes (PCR, LAMP, TMA) and antigen tests are accepted. Antigen rapid tests are accepted if they meet the minimum criteria recommended by WHO. Antibody tests are not accepted.

Other modes of transport (except air travel)

Travellers aged six years or older who have been in a **high incidence area or in a virus variant area** in the past ten days prior to entry into Germany must carry proof that they have been tested for infection with SARS-CoV-2 coronavirus with them **upon entry** and present it to the competent authorities upon request and, if necessary, to the transport company prior to travelling.

Travellers who have visited any other **risk area** (neither high incidence area nor virus variant area) during the ten days prior to entry into Germany must be in possession of a test result **no later than 48 hours after entry** and present it to the competent authorities upon request.

The test must have been performed no more than 48 hours prior to entry (time of swabbing). Proof of the test result must be on paper or in an electronic document in English, French or German. Travellers can find details regarding the test requirements on the **website of the Robert Koch Institute.** The test result must be kept for at least ten days after entry.

Quarantine regulations

According to the new specimen regulation, the following applies as a rule:

Upon entry to Germany following a stay in a risk area, high incidence area or virus variant area within the last ten days, you must

- **register at www.einreiseanmeldung.de before entering the country** → and carry proof of having done so with you,
- **be tested for infection with the SARS-CoV-2 coronavirus** → before or immediately after entering the country,
- proceed directly to your destination following entry and
- self-isolate there for ten days (quarantine).

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

Classification as a risk area is the result of a joint analysis and decision-making process by the Federal Ministry of Health, the Federal Foreign Office and the Federal Ministry of the Interior, Building and Community. This classification as a risk area is based on a two-step assessment. Initially, it is determined in which countries/regions there were more than 50 new infections per 100,000 inhabitants in the last seven days.

In a second step, qualitative and other criteria are used to determine whether or not countries/regions that might nominally fall below this threshold could nonetheless still present an increased risk of infection. The same applies for countries/regions that might nominally fall above this threshold but do not nonetheless present an increased risk. Since the 44th calendar week, the maps of the European Centre for Disease Prevention and Control (ECDC), broken down by region, have been taken into account for the EU Member States. The map contains data on the 14-day notification rate, testing rate and test positivity. As part of the second step, the Federal Foreign Office and, where relevant, the Federal Ministry of Health and the Federal Ministry of the Interior, Building and Community, provide qualitative reports based on reporting by the local German diplomatic representations, which also covers measures taken to halt the spread of the coronavirus pandemic. Key factors in this assessment are above all the numbers of infection and the type of outbreak (local or wide-spread), testing capacities and the number of tests carried out per capita as well as the measures taken to contain the spread of infection (hygiene regulations, contact tracing, etc.). Similarly, this also takes into account individual countries where reliable information may not be readily available.

The classification as a special risk area with a particularly high risk is made due to a particularly high incidence for the spread of the SARS-CoV-2 coronavirus in this area (high incidence area) or because certain variants of the SARS-CoV-2 coronavirus have occurred widely in this risk area (area of variant of concern).

The decisive factor for the classification of an area as an “area of variant of concern” due to the occurrence of a virus variant is the spread of a virus variant (mutation), which is not simultaneously widespread in Germany and from which it can be assumed that a special risk emanates (e.g. with regard to a suspected or proven higher transmissibility or other characteristics, which accelerate the spread of infection, increase the severity of the disease, or against which the effect of an immunity achieved through vaccination or through a passed infection is weakened).

High incidence areas are risk areas with particularly high numbers of cases. As with risk areas, classification as a high incidence area is based on a two-stage assessment. First, it is determined in which states/regions there were more than 200 new infections per 100,000

inhabitants in the last seven days. In the context of designating an area as a special risk area, other quantitative and qualitative criteria can be used to determine whether or not countries/regions that might nominally fall below this incidence could nonetheless still present an increased risk of infection.

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

1. The following states are currently considered as areas of variant of concern:

- Botswana (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 22 November 2020)
- Brazil (since 19 January 2021; already a risk area since 15 June 2020)
- Eswatini (since 31 January 2021; already a risk area since 15 June 2020)
- France – the department Moselle (since 2 March 2021; already risk area since 9 January 2021)
- Lesotho (since 31 January 2021; already a risk area since 15 June 2020)
- Malawi (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- Mozambique (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- South Africa (since 13 January 2021; already a risk area since 15 June 2020)
- Zambia (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)
- Zimbabwe (since 7 February 2021; already high incidence area since 31 January 2021 and risk area since 15 June 2020)

2. The following states/regions are currently considered high incidence areas:

- Albania (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Andorra (Principality of Andorra) (high incidence area since 24 January 2021; already a risk area since 26 August 2020)
- Bahrain (high incidence area since 14 February 2021; already a risk area since 15 June 2020)
- Bolivia (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Bosnia and Herzegovina (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Bulgaria (high incidence area since 21 March 2021; already a risk area since 1 November 2020)
- Chile (high incidence area since 3 April 2021; already a risk area since 15 June 2020)
- Colombia (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Cyprus (high incidence area since 21 March 2021; already a risk area since 1 November 2020)

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

- Czech Republic (high incidence area since 28 March 2021; area of variant of concern from 14 February 2021 – 27 March 2021; already high incidence area since 24 January; already a risk area since 25 September 2020)
- Egypt (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Estonia (high incidence area since 24 January 2021; already a risk area since 26 December 2020)
- Ecuador (high incidence area since 31 January 2021; already a risk area since 15 June 2020)
- France incl. all French oversea departments (high incidence area since 28 March 2021; already a risk area since 21 August 2020), the department Moselle is still an area of variant of concern since 2 March 2021
- Hungary (high incidence area since 7 March 2021; already a risk area since 1 November 2020)
- Iran (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Jordan (high incidence area since 7 March 2021; already a risk area since 7 October 2020)
- Kosovo (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Kuwait (high incidence area since 21 March 2021; already a risk area since 15 June 2020)
- Latvia (high incidence area since 24 January 2021; already a risk area since 22 November 2020)
- Lebanon (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Malta (high incidence area since 28 February 2021; already a risk area since 17 October 2020)
- Mexico (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Moldova, Republic of (high incidence area since 14 March 2021; already a risk area since 15 June 2020)
- Montenegro (high incidence area since 24 January 2021; already a risk area since 17 July 2020)
- Netherlands incl. constituent countries and the overseas parts of the Kingdom of the Netherlands (high incidence area since 6 April 2021; already a risk area since 17 October 2020)
- North Macedonia (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Palestinian territories (high incidence area since 24 January 2021; already a risk area since 3 July 2020)
- Paraguay (high incidence area since 21 March 2021; already a risk area since 15 June 2020)
- Peru (high incidence area since 3 April 2021; already a risk area since 15 June 2020)

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

- Poland (high incidence area since 21 March 2021; already a risk area since 24 October 2020)
- Serbia (high incidence area since 24 January 2021; already a risk area since 15 June 2020)
- Seychelles (high incidence area since 14 February 2021; already a risk area since 17 January 2021)
- Slovakia (high incidence since 28 March 2021; area of variant of concern from 14 February 2021 – 27 March 2021; already a risk area since 17 October 2020)
- Slovenia (high incidence area since 24 January 2021; already a risk area since 1 November 2020)
- Sudan (high incidence area since 31 January 2021; already a risk area since 15 June 2020)
- Sweden (high incidence area since 7 March 2021; already a risk area since 15 November 2020)
- Syrian Arab Republic (high incidence area since 31 January 2021; already a risk area since 15 June 2020)
- Tanzania (high incidence area since 14 March 2021; already a risk area since 15 June 2020)
- United Arab Emirates (high incidence area since 24 January; already a risk area since 23 September 2020)
- Uruguay (high incidence area since 21 March 2021; already a risk area since 20 December 2020)

3. The following states/regions are currently considered risk areas:

- Afghanistan (since 21 February 2021; high incidence area 31 January 2021 – 20 February 2021)
- Algeria (since 15 June 2020)
- Angola (since 15 June 2020)
- Antigua and Barbuda (since 21 February 2021)
- Argentina (since 15 June 2020)
- Armenia (since 15 June 2020)
- Austria - the complete country with exception of the municipality Jungholz and Mittelberg/ Kleinwalsertal (since 1 November 2020).
  Note: the province of Tyrol is considered as risk area since 28 March 2021 (area of variant of concern 14 February 2021 – 27 March 2021)
- Azerbaijan (since 15 June 2020)
- Bangladesh (since 15 June 2020)
- Barbados (since 17 January 2021)
- Belarus (since 15 June 2020)
- Belgium (since 30 September 2020)
- Belize (since 15 June 2020)
- Benin (since 15 June 2020)

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

- Bhutan (since 15 June 2020)
- Burkina Faso (since 15 June 2020)
- Burundi (since 15 June 2020)
- Cameroon (since 15 June 2020)
- Canada (since 15 November 2020)
- Cape Verde (since 3 July 2020)
- Central African Republic (since 15 June 2020)
- Chad (since 15 June 2020)
- Comoros (since 15 June 2020)
- Costa Rica (since 15 June 2020)
- Côte d'Ivoire (since 15 June 2020)
- Croatia – the complete country (since 3 April 2021)
- Cuba (since 28 February 2021)
- Denmark – the complete country (since 28 March 2021), excluded are Faroe Islands and Greenland
- Djibouti (since 15 June 2020)
- Dominican Republic (since 15 June 2020)
- DR Congo (since 15 June 2020)
- El Salvador (since 15 June 2020)
- Equatorial Guinea (since 15 June 2020)
- Eritrea (since 15 June 2020)
- Ethiopia (since 15 June 2020)
- Finland - the following regions are classified as risk areas:
    - Uusimaa (contains capital city Helsinki) (since 22 November 2020)
    - Varsinais-Suomi (since 20 December 2020)
    - South Karelia (since 21 March 2021)
    - Kanta-Häme (since 28 March 2021)
    - Päijät-Häme (since 28 March 2021)
    - Pirkanmaa (since 28 March 2021)
- Gabon (since 15 June 2020)
- Gambia (since 15 June 2020)
- Georgia (since 7 October 2020)
- Ghana (since 15 June 2020)
- Greece (since 7 March)
- Guatemala (since 15 June 2020)
- Guinea (since 15 June 2020)
- Guinea-Bissau (since 15 June 2020)
- Guyana (since 15 June 2020)
- Haiti (since 15 June 2020)
- Honduras (since 15 June 2020)
- India (since 15 June 2020)
- Indonesia (since 15 June 2020)
- Iraq (since 15 June 2020)

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

- Ireland (since 21 March 2021; area of variant of concern 13 January 2021　20 March 2021), excluded is the region South-West (since 3 April 2021)
- Israel (since 28 March 2021; high incidence area 24 January 2021 – 27 March 2021)
- Italy (since 8 November 2020)
- Jamaica (since 15 June 2020)
- Kazakhstan (since 15 June 2020)
- Kenya (since 15 June 2020)
- Korea (Democratic People's Republic, North Korea) (since 15 June 2020)
- Kyrgyzstan (since 15 June 2020)
- Liberia (since 15 June 2020)
- Libya (since 15 June 2020)
- Liechtenstein (since 24 October 2020)
- Lithuania (since 21 February 2021; high incidence area 24 January 2021 – 20 February 2021)
- Luxemburg (14 July 2020 – 20 August 2020 and since 25 September 2020)
- Madagascar (since 15 June 2020)
- Maldives (since 17 July 2020)
- Mali (since 15 June 2020)
- Mauritania (since 15 June 2020)
- Monaco (since 1 November 2020)
- Mongolia (since 15 June 2020)
- Morocco (since 15 June 2020)
- Namibia (since 14 February 2021, high incidence area 31 January 2021 – 13 February 2021)
- Nepal (since 15 June 2020)
- Nicaragua (since 15 June 2020)
- Niger (since 15 June 2020)
- Nigeria (since 15 June 2020)
- Norway - the following counties are classified as risk areas:
  - Oslo (since 8 November 2020)
  - Viken (since 15 November 2020)
  - Vestfold og Telemark (since 21 March 2021)
  - Rogaland (since 28 March 2021)
- Oman (since 15 June 2020)
- Pakistan (since 15 June 2020)
- Panama (since 28 February 2021, high incidence area 24 January 2021 – 27 February 2021)
- Papua New Guinea (since 17 June 2020)
- Philippines (since 15 June 2020)
- Portugal - the following regions are classified as risk areas:
  - Madeira (autonoums region) (since 14 March 2021; area of variant of concern 27 January 2021 – 13 March 2021)
- Qatar (since 15 June 2020)

Areas that have been risk areas at any time during the past 10 days but are currently no risk areas anymore:

- Finland: the region Satakunta (risk area until and including 27 March 2021) and Åland (risk area until and including 2 April 2021)
- Norway: the region Agder (risk area until and including 27 March 2021)
- Ireland: the region South-West (risk area until and including 2 April 2021)
- Portugal: the region Lisbon (risk area until and including 2 April 2021)

ドイツにおけるリスクエリアについて

ロベルトコッホ研究所HP　２０２１年４月４日

- Republic of the Congo (since 15 June 2020)
- Romania (since 7 October 2020)
- Russian Federation (since 15 June 2020)
- Saint Lucia (since 7 February 2021; high incidence area 14 February 2021　20 March 2021)
- San Marino (since 1 November 2020)
- São Tomé and Príncipe (since 16 June 2020)
- Saudi Arabia (since 15 June 2020)
- Senegal (since 15 June 2020)
- Sierra Leone (since 15 June 2020)
- Somalia (since 15 June 2020)
- South Sudan (since 15 June 2020)
- Spain – the complete country, including the Canary Islands (since 21 February 2021; high incidence area 24 January 2021 – 20 February 2021); now also the autonomous community La Rioja (since 3 April 2021), excluded are the autonomous communities:
    - Castilla-La Mancha (since 14 March 2021)
    - Valencia (since 14 March 2021)
    - Extremadura (since 14 March 2021)
    - Balearic Islands (since 14 March 2021)
    - Murcia (since 14 March 2021)
    - Galicia (since 21 March 2021)
- Suriname (since 15 June 2020)
- Switzerland (since 24 October 2020)
- Tajikistan (since 15 June 2020)
- Timor Leste (East Timor) (since 17 June 2020)
- Togo (since 15 June 2020)
- Trinidad and Tobago (since 15 June 2020)
- Tunisia (since 7 October 2020)
- Turkey (since 15 June 2020)
- Turkmenistan (since 17 June 2020)
- Ukraine (since 15 June 2020)
- United Kingdom of Great Britain and Northern Ireland incl. all British Overseas Territories, Isle of Man and the Channel Islands; (since 21 March 2021; area of variant of concern 13 January 2021 – 20 March 2021))
- USA (since 7 March 2021, high incidence area 24 January 2021 – 6 March 2021)
- Uzbekistan (since 15 June 2020)
- Vatican City State (since 1 November 2020)
- Venezuela (since 15 June 2020)
- Yemen (since 15 June 2020)

Areas that have been risk areas at any time during the past 10 days but are currently no risk areas anymore:

- Finland: the region Satakunta (risk area until and including 27 March 2021) and Åland (risk area until and including 2 April 2021)
- Norway: the region Agder (risk area until and including 27 March 2021)
- Ireland: the region South-West (risk area until and including 2 April 2021)
- Portugal: the region Lisbon (risk area until and including 2 April 2021)

ギリシャにおける検疫について

ギリシャ政府HP　２０２１年３月２３日

Travellers should be laboratory tested with RT-PCR of oropharyngeal or nasopharyngeal swab.

Only travellers who carry a certificate of a negative RT-PCR test result will be allowed by the border authorities to enter the country. The certificates should be written in English and bear the name and passport/national ID number of the traveller.

The Laboratories that perform the RT-PCR testing should be:

a. National Reference laboratories
b. National Public Health Laboratories or
c. Private laboratories which are accredited from the respective national accreditation authorities (not necessarily specifically for COVID-19).

Certificates that do not fulfill the above criteria will not be accepted. Certificate forgery is punished by Greek Law.

Children under 10 years old are not subject to the obligation to a PCR test.

All travellers entering Greece should self-isolate for 7 days at home or at their temporary residence. Travellers from UK should be tested for the new conoravirus on the 7th day of the self-isolation and should remain in self-isolation until their test results become available. Those entering from Kakavia and Evzones should self-isolate for 14 days.

アイスランドにおける検疫について

アイスランド政府HP　２０２１年４月６日

Everyone Traveling to Iceland Must:

- **Preregister** electronically before departure. Pre-registration does not constitute a travel authorization.
- Submit a certificate of a **negative PCR-test for COVID-19 (SARS-CoV-2)** before boarding an aircraft or ship to Iceland and again upon arrival. The negative test result must have been collected no more than 72 hours before departure (on the first leg of the journey). **Rapid antigen tests are not valid.** The certificate must be submitted in either Icelandic, Norwegian, Swedish, Danish, or English. Certificates in other languages are not considered valid. The results of the test must be pre-recorded. **The fine for violating the rule** requiring a negative PCR test is 100,000 Icelandic Krónur (ISK) for residents and Icelandic nationals. **Non-citizens and non-residents without a negative PCR tests will be refused entry at the border.**
- Take two tests to screen for the presence of COVID-19 after arrival in Iceland, with a mandatory 5-6 day quarantine between each test. Sampling is free of charge. Note exceptions to the rule below.
- Complete quarantine with a negative result (no virus is found) following the second screening.

All those with exemptions from double screening and quarantine rules at the borders must, as of April 1, undergo one test at the border and quarantine is lifted once a negative result is given.

- Those who are able to submit proof of a prior COVID-19 infection with a PCR test or an antibody test issued by an EEA/EFTA country. Note that a positive PCR test must be at least 14 days old.
- Those who have a valid certificate of full vaccination issued by an EEA/EFTA country with an approved vaccine against COVID-19.
- Those presenting a valid full vaccination certificate with an approved vaccine against COVID-19.

アイルランド政府HP　２０２１年４月２日

Requirement for a pre-departure COVID-19 RT-PCR test

If you are arriving into Ireland from overseas or are transiting through an Irish port or airport you must have a negative/'not detected' result from a pre-departure COVID-19 Reverse Transcription Polymerase Chain Reaction (RT-PCR) test carried out no more than 72 hours prior to your arrival in Ireland. Antigen or other test types do not meet the requirements.

You will be asked to show evidence of this negative or 'not detected' result before boarding the airplane or ferry from the country you are travelling from and will be denied boarding if you cannot produce such evidence. Once you arrive in Ireland - you have to provide this evidence to Irish immigration officers.

You should retain the written confirmation of your test result for at least 14 days.

Post-arrival quarantine requirements for all passengers arriving in Ireland

Mandatory quarantine requirements apply to all persons who have been overseas in the 14-days prior to entering Ireland. Arrivals from designated States are subject to mandatory hotel quarantine.

For all others arriving in Ireland from non-designated countries:

- a 14-day quarantine period must be undertaken at the address specified on the Passenger Locator Form
- passengers who travel from another country to Ireland, and arrive via Northern Ireland, must also observe the mandatory quarantine regime.
- you may only leave your place of residence during the quarantine period for unavoidable reasons of an emergency nature to protect a person's health or welfare, or to leave the State.
- you can end your period of quarantine if you receive written confirmation of a 'non-detected' RT-PCR test result taken no less than 5 days after arrival. You must retain the written confirmation of your test result for at least 14 days.

If you do not fulfil the legal requirement for mandatory quarantine you are committing an offence.

イタリア保健衛生省HP　２０２１年４月２日

List A

Vatican City and Republic of San Marino

- No limitations

List B

The States and territories with low epidemiological risk will be identified, among those in List C, by the Ordinance adopted pursuant to article 6, paragraph 2.

Movements to and from these countries are allowed without any certification of motivation for travelling.

There are certain restrictions on entry into Italy in the case of transit or residence in List C countries during the 14 days prior to entry into Italy.

There is not the obligation of fiduciary isolation, neither the obligation to undergo molecular or antigenic testing upon entry into the Italian national territory, unless in the 14 days prior to entry into Italy one has transited or stayed in countries of List D and List E. The obligation to complete a self-declaration form remains.

List C

Austria (with special rules), **Belgium, Bulgaria, Cyprus, Croatia, Denmark** (including the Faroe Islands and Greenland), **Estonia, Finland, France** (including Guadeloupe, Martinique, Guyana, Reunion, Mayotte and excluding other territories outside the European mainland), **Germany, Greece, Ireland, Latvia, Lithuania, Luxembourg, Malta, the Netherlands** (excluding territories outside the European mainland), **Poland, Portugal** (including the Azores and Madeira), **Czech Republic, Romania, Slovakia, Slovenia, Spain, Sweden, Hungary, Iceland, Norway, Liechtenstein, Switzerland, Andorra, Principality of Monaco.**

In accordance with Italian regulations, travel to/from these countries is permitted without the need for any certification of motivations for travelling.

Travel to and from European Union countries - new provisions from March 31 to April 6, 2021

The Health Minister's ordinance of March 30, 2021 applies further restrictions to all those who have stayed or transited in the fourteen days prior to entering Italy in one or more of the States and territories listed in List C.

The ordinance, in force from March 31 to April 6, 2021 provides that on returning to Italy it is mandatory to:

- undergo a swab (molecular or antigenic) carried out within 48 hours before entering Italy, with a negative result;
- undergo health surveillance and fiduciary isolation for a period of five days, regardless of the result of the molecular or antigenic test referred to above;
- undergo a further molecular or antigenic test at the end of the five-day isolation period.

These provisions do not apply to those who fall under the conditions of exemption as set out in Article 51(7) Dpcm March2,2021. See the Exemptions section.

The obligation to communicate to the Department of Prevention of the relevant health authority for the territory of entry remains, as well as the obligation to complete a self-declaration form. Please refer to the page: Covid-19 Toll free numbers and regional information

There are limitations in case of transit or stay **in** List D and/or List E countries during the 14 days prior to entry into Italy.

イタリア保健衛生省HP　２０２１年４月２日

List D

Australia, Japan, New Zealand, Republic of Korea, Rwanda, Singapore, Thailand as well as additional states and other territories with low epidemiological risk, which will be identified, among those in List E, with an order adopted pursuant to article 6, subparagraph 2.

Under Italian law, travel to and from these countries is permitted without the need for a reason (subject to the limitations set out in Italy at regional level). The removal of restrictions on travel from Italy to certain countries does not exclude that these countries **may still impose limits on entry.**

Upon return to Italy, if you have stayed in/transited through these countries during the previous 14 days, you must undergo a 14-day fiduciary isolation and health surveillance, fill in a self-declaration form, and you can only reach your final destination in Italy by private means of transport.

Moreover, it is mandatory to immediately communicate your entry into Italy to the Department of Prevention of the local health authority. Please refer to the page: COVID-19 Free Toll Numbers and Regional information

There are certain restrictions on entry into Italy in the case of transit or residence in List E countries, during the 14 days prior to entry into Italy.

イタリア保健衛生省HP　２０２１年４月２日

List E

Specific rules have been adopted for some countries. See dedicated sessions:

- **United Kingdom of Great Britain and Northern Ireland**
- **Brazil**

All States and territories not specifically mentioned in other lists.

Travel to/from the rest of the world is only allowed for specific reasons, such as:

- work
- health reasons
- study reasons
- absolute urgency
- return to one's domicile, home, or residence.

Travelling for tourism is therefore not permitted.

The re-entry/entry into Italy, in case of stay/transit in the previous 14 days from this group of countries, is always allowed to Italian/EU/Schengen citizens and their family members, as well as to holders of long-term resident status and their family members (Directive 2004/38/EC).

The decree DPCM of January 14, 2021 also confirms the possibility of entry into Italy, from List E countries, for persons who have a proven and stable emotional relationship (even if not cohabiting) with Italian/EU/Schengen citizens or natural persons who are legally resident in Italy (long-term residents), who need to reach their partner's home/domicile/residence (in Italy).

When entering/returning to Italy from these countries, it is necessary to fill in a self-declaration indicating the reason for entry/return. You may only reach your final destination in Italy by private means of transport.

It is also necessary to undergo fiduciary isolation and health surveillance for 14 days.

Moreover, it is compulsory to immediately communicate one's entry into Italy to the Department of Prevention of the local health authority responsible for the area. Please refer to the page: COVID-19 Free toll numbers and regional information

オランダ政府HP

Safe countries with a low COVID-19 risk

A safe country is a country where the risk of contracting COVID-19 is low. If you live in a safe country, you may travel to the Netherlands. The EU travel ban does not apply to you. It does not matter what your nationality or the purpose of your trip is. Countries that are not on the list of safe countries are considered high-risk areas.

No negative test result or self-quarantine required

If you are coming from a country where the risk of contracting COVID-19 is low (a safe country) you do not need to show a negative test result when you travel to the Netherlands. You are also not required to self-quarantine when you arrive in the Netherlands.

Safe countries with a low COVID-19 risk

Safe countries outside the EU/Schengen area

- Australia
- New Zealand
- Rwanda
- Singapore
- South Korea
- Thailand
- China (mainland China, Hong Kong, Macau). Only if China lifts entry restrictions on European travellers. Travellers from China are not required to present a negative COVID-19 test declaration.

Safe countries within the EU/Schengen area

- Iceland

Safe countries within the Kingdom of the Netherlands

- St Maarten
- Saba
- St Eustatius

For other countries within the Kingdom of the Netherlands, there's the urgent advice to go into quarantine when you return. A negative test declaration is required for Aruba en Curacao from 27 March 2021.

3. Negative PCR test result requirement

If you are travelling to the Netherlands by aircraft, ship, train or coach from a high-risk area, you must get tested for coronavirus. The test must be a molecular NAAT test (PCR, RT PCR, LAMP, TMA or mPOCT). You must present the negative test result before departure.

Certain exemptions apply, including for diplomats and lorry drivers. And you do not need to show a NAAT (PCR) test result if you are coming from a country on the EU list of safe countries.

The NAAT (PCR) test result must meet certain requirements and the samples must have been collected no more than 72 hours before your arrival in the Netherlands.

4. Negative rapid test result required

If you are travelling to the Netherlands by aircraft or ship from a high-risk country, you must take a rapid test shortly before departure, unless you can present a negative NAAT test result, based on a sample collected no more than 24 hours before boarding. Certain exemptions apply, including for diplomats. The rapid test must meet certain requirements.

6. Self-quarantine

You must self-quarantine for 10 days upon arriving in the Netherlands. You can get tested again on day 5 after your arrival. If the result is negative you can end your self-quarantine. To prepare for your journey to the Netherlands do the ↗ Quarantine Check for Travellers. This is a practical checklist of steps to take before and after your journey. You should travel only if your journey is essential.

ノルウェーにおける検疫について

ノルウェー政府HP　２０２１年３月３１日

Quarantine

All persons travelling to Norway are required to quarantine for ten days. At the earliest, it is possible to end quarantine on day seven if a person tests negative for Covid-19 twice after arrival in Norway.

Duty to be tested

Mandatory testing has been introduced at the border. If you have been in a country or area within the last 14 days that necessitates quarantine, you must take a Covid-19 test upon your arrival in Norway. This also applies to Norwegian citizens.

All persons who have been in the UK, South Africa, Ireland, the Netherlands, Austria, Portugal and Brazil must undergo a PCR test at the Norwegian border (rapid Covid-19 tests may not be used).

Persons who refuse to be tested without reasonable grounds may leave the country voluntarily or may be fined.

Non-Norwegians travellers must also present a negative test result for SARS-CoV-2. This test must have been taken within the 24 hours prior to their arrival in Norway.

From 1 April, this also applies to Norwegian citizens and foreigners residing in Norway. The test must then be taken during the last 24 hours before arrival in Norway. For people arriving by plane, the test may have been taken during the last 24 hours before the scheduled departure time for the first part of the flight.

The requirement for a negative test certificate does not apply if it has been impossible or disproportionately demanding to obtain such a certificate.

ポーランドにおける検疫について

ポーランド政府HP

Since 28 December 2020, persons who cross the Polish border (which is both an internal and external border of the EU) travelling by plane, bus or other means of public transport must undergo 10 days of mandatory quarantine, counted from the day following the day of crossing the border.

Since 23 January, persons holding a negative result of a test for SARS-CoV-2 are exempt from the obligation to undergo quarantine. The test must be conducted before crossing the border and is valid for 48 hours from the moment of receiving the result.

Important! Since 28 December 2020, you do not have to undergo quarantine if you have been vaccinated against COVID-19.

Important! Since 14 January 2021, air traffic has been resumed.

スロベニアにおけるリスクエリアについて

スロベニア政府HP　２０２１年３月２９日

All countries that are not explicitly listed on the red list are considered to be without a high risk of infection and persons coming from these countries or administrative units of countries may enter the Republic of Slovenia **without being put under home quarantine and without submitting a negative test** for the presence of SARS-CoV-2.

The regime used for the Schengen countries also applies to Andorra, Monaco, San Marino and the Vatican.

The red list of countries (valid from 29 March 2021):

- **EU Member States and Schengen Area countries:**

1. Andorra
2. Austria: all administrative units except the Vorarlberg administrative unit
3. Belgium
4. Bulgaria
5. Cyprus
6. Czechia
7. Estonia
8. Denmark (only individual administrative units):
   - the Capital Region (Hovedstaden)
   - Sjælland
   - Syddanmark
9. Finland (only individual administrative units):
   - Uusimaa
   - Southern Finland
10. France
    - all administrative units of mainland France and all overseas territories except the overseas territory of Guyane
11. Croatia
12. Greece
13. Ireland (only individual administrative units):
    - Eastern region
    - Central region
14. Italy: all administrative units except Sardinia
15. Latvia
16. Lithuania
17. Hungary
18. Malta
19. Monaco
20. Germany

スロベニアにおけるリスクエリアについて

スロベニア政府HP　２０２１年３月２９日

21. Liechtenstein
22. Luxembourg
23. The Netherlands
24. Norway (only individual administrative units):
    - Oslo
    - Rogaland
    - Vestfold og Telemark
    - Viken
25. Poland
26. Portugal (only individual administrative units):
    - Madeira
27. Romania
28. San Marino
29. Slovakia
30. Spain (only individual administrative units): all administrative units except the administrative units of Cantabria, Extremadura, Galicia, the Balearic Islands, Murcia and Valencia
31. Sweden
32. Switzerland
33. The Vatican

スロベニアにおけるリスクエリアについて

スロベニア政府HP　２０２１年３月２９日

Third countries

1. Afghanistan
2. Albania
3. Algeria
4. Angola
5. Antigua and Barbuda
6. Argentina
7. Armenia
8. Azerbaijan
9. Bahrain
10. Bangladesh
11. Barbados
12. Belize
13. Belarus
14. Benin
15. Botswana
16. Bolivia
17. Bosnia and Herzegovina
18. Brazil
19. Burkina Faso
20. Burundi
21. Bhutan
22. Chad
23. Chile
24. Montenegro
25. Democratic Republic of the Congo
26. Dominican Republic
27. Egypt
28. Ecuador
29. Equatorial Guinea
30. Eritrea
31. Eswatini
32. Ethiopia
33. Philippines
34. Gabon
35. Gambia
36. Ghana
37. Georgia
38. Guyana
39. Guatemala
40. Guinea
41. Guinea-Bissau
42. Haiti
43. Honduras
44. India
45. Indonesia
46. Iraq
47. Iran
48. Israel
49. Jamaica
50. Yemen
51. Jordan
52. South Africa
53. South Sudan
54. Cameroon
55. Canada
56. Qatar
57. Kazakhstan
58. Kenya
59. Kyrgyzstan
60. Colombia
61. Comoros
62. Kosovo
63. Costa Rica
64. Cuba
65. Kuwait
66. Lesotho
67. Lebanon
68. Liberia
69. Libya
70. Madagascar
71. Malawi
72. Maldives
73. Mali
74. Morocco
75. Mauritania
76. Mexico
77. Moldova
78. Mongolia
79. Mozambique
80. Namibia
81. Nepal
82. Niger
83. Nigeria
84. Nicaragua
85. Oman
86. Pakistan
87. Panama
88. Papua New Guinea
89. Paraguay

スロベニアにおけるリスクエリアについて

スロベニア政府HP　２０２１年３月２９日

90. Peru
91. Republic of the Congo
92. Russia
93. El Salvador
94. Sao Tomé and Principe
95. Saudi Arabia
96. Senegal
97. North Korea
98. North Macedonia
99. Sierra Leone
100. Syria
101. Côte d'Ivoire
102. Somalia
103. Serbia
104. Seychelles
105. Saint Lucia
106. Central African Republic
107. Suriname
108. Tajikistan
109. Tanzania
110. Togo
111. Trinidad and Tobago
112. Tunisia
113. Turkey
114. Turkmenistan
115. The United Kingdom of Great Britain and Northern Ireland
116. Ukraine
117. Uruguay
118. Uzbekistan
119. Venezuela
120. East Timor
121. Zambia
122. United States of America
123. United Arab Emirates
124. Cape Verde
125. Zimbabwe

スロベニアにおける検疫について

スロベニア政府HP　２０２１年３月２９日

Entry from countries on the red list

Countries **with an unstable epidemiological situation** or administrative divisions of countries are included on the red list.

People entering the Republic of Slovenia from these countries shall, due to potential infection with SARS-CoV-2 virus, be required to **remain in quarantine for a period of ten (10) days**.

Individuals will not be ordered to quarantine if they present the following when crossing the border (**general exceptions**):

1. a negative PCR test for the presence of SARS-CoV-2 not older than 48 hours after taking the swab and performed in an EU Member State or a Schengen Area country;
2. a certificate of a positive PCR test result for SARS-CoV-2 which is more than 21 days old but not more than six months old or a medical certificate confirming that the person has recovered from COVID-19 and that more than six months have elapsed since the onset of symptoms or
3. proof of COVID-19 vaccination demonstrating that at least seven days have elapsed since the second dose of the Pfizer-BioNTech vaccine, at least 14 days since the second dose of the Moderna vaccine or 21 days since the first dose of the AstraZeneca vaccine.

PCR test certificates and medical certificates referred to in point 2 are taken into account if they have been issued in an EU Member State or a Schengen Area country.

スペインにおけるリスクエリアについて

スペイン保健省HP　２０２１年３月２９日

List of countries and areas from which a negative diagnostic test for active SARS-CoV-2 infection will be required from passengers before entering Spain.

VALIDITY: This list will come into force at 12:00am (midnight) on March 29th, 2021 and will be valid until 12:00am (midnight) on April 11th, 2021:

Countries and areas in the European Union / European Economic Area

Inclusion criteria: dark red, red, orange and grey risk areas, based on the combined indicators according to Council Recommendation 2020/1475

Country
Austria
Belgium
Bulgaria
Croatia
Cyprus
Czechia
Denmark (except the Faroe Islands and Greenland)
Estonia
Finland
France
Germany
Greece
Hungary
Ireland
Italy
Latvia
Liechtenstein
Lithuania
Luxembourg
Malta
Netherlands
Norway (except the Møre og Romsdal and Trøndelag regions)
Poland
Portugal
Romania
Slovakia
Slovenia
Sweden

スペインにおけるリスクエリアについて

スペイン保健省HP　２０２１年３月２９日

Third countries and risk areas

Inclusion criteria: All third countries (including Switzerland), except those countries included in the Annex of Order INT/657/2020, of July 17, which modifies the criteria for the application of a temporary restriction of non-essential travel from third countries to the European Union and Schengen associated countries for reasons of public order and public health due to the health crisis caused by COVID-19 and further updates.

All third countries and areas are included, except the following:

Excepted countries and states
Australia
China
New Zealand
Rwanda
Singapore
South Korea
Thailand

Special Administrative Regions of the People's Republic of China (excepted)
Special Administrative Region of Hong Kong
Special Administrative Region of Macao

スペインにおける検疫について

Spain travel health HP

Request for the Active Infection Diagnostic Test (AIDT) to enter Spain

From 23rd November 2020 all passengers who come from a high-risk country in relation to the SARS-CoV-2 coronavirus, in order to enter Spain, MUST show a certificate with a NEGATIVE AIDT result (RT-PCR or other molecular techniques for detecting viral RNA with equivalent reliability, such as TMA, RT-LAMP), carried out in the 72h prior to your arrival. Children under 6 years of age are not required to take this test. You can consult the list of risk countries in this link.

This certificate or supporting document must be the original, will be written in Spanish and / or English, French or German and may be presented in paper or electronic format. The document will contain, at least, the following information: traveler's name, passport or ID number, date of the test, identification and contact details of the center that performs the analysis, technique used and negative test result.

スウェーデンにおける検疫について

スウェーデン公衆衛生局HP　２０２１年３月５日

Entering Sweden from abroad

The Public Health Agency of Sweden recommends all travellers to Sweden to get tested for COVID-19 upon entry, and on day five after arrival. Stay at home for at least seven days after arrival. If you do not develop symptoms or test positive during those seven days, you may move about in society but you have to follow the guidelines and recommendations that apply to everyone. The Government can impose an entry ban to Sweden and other precautionary measures that limit the possibility to travel to Sweden. Foreign nationals have to present a negative COVID-19 test result. The test must have been conducted a maximum of 48 hours prior to arrival.

検疫における過去の感染とワクチン接種に対する対応について

欧州疾病予防管理センターHP　２０２１年3月１２日

Specific traveller populations

Individuals who have recovered from a COVID-19 infection

For individuals who have recently recovered from a COVID-19 infection, a certificate confirming their recovery within the last 180 days (issued no sooner than eleven days after a person has received their first RT-PCR, LAMP or RADTs SARS-CoV-2 positive test result) could be accepted as the equivalent of the SARS-CoV-2 negative test that is required for travellers.

This is based on that fact that individuals may remain RT-PCR positive for 10 days after diagnosis, but it is unlikely that they will carry infectious viral particles after 10 days.

Requiring a RADT at the earliest 48 hours in advance of travel may also be considered for this group of travellers as a means of confirming that that they are not infectious with SARS-CoV-2 at the time of travel since these tests will rule out individuals with a high viral load (i.e. the most infectious cases; see Annex 1). This approach may be considered to account for the possibility of being re-infected with VOCs.

Evidence from observational and immunological studies points towards a protection against reinfection or an immunological memory in the range of three to eight months following infection [42-44]. However, more longitudinal observational studies are needed to better define the actual protection provided by the immune response against reinfection and the duration of such protection.

In light of the available evidence, it is reasonable to consider easing the requirements for quarantine and testing in individuals that have recovered from a laboratory-confirmed SARS-CoV-2 infection within the previous 180 days. However, evidence on the protection of prior immunity against the various VOCs is currently lacking and this advice may change when such evidence becomes available.

Therefore, it is important that individuals who can provide reliable proof of having recovered from a COVID-19 infection in the previous 180 days continue to adhere to all other preventive measures. Such measures would be the wearing of a face mask, respecting physical distancing rules during travel, and not travelling if experiencing COVID-19 compatible symptoms, or if having recently been in contact with a positive case. At present, it would also be prudent to continue to require such travellers to follow NPIs following arrival and to monitor for symptoms and seek testing if they develop.

ECDC recommends that Member States continue to monitor VOCs and their characteristics (ability to evade immunity, transmissibility, etc.), including the emergence of new VOCs, and subsequently revise recommendations for travellers that have recovered from COVID-19 within the 180 days prior to travel when required.

Vaccinated individuals

Evidence on the efficacy of the vaccine products currently available in protecting against infection and onward transmission is still incomplete. A recent pre-print of a cohort study conducted in Scotland shows a promising effect of two of the currently authorised vaccines in the EU/EEA against COVID-19 related hospitalisation. The study refers to a vaccine effectiveness of 85% (95% CI 76-91) for COVID-19 related hospitalisations after a first dose of the Pfizer-BioNTech vaccine and a 94% (95% CI 73-99) vaccine effectiveness for COVID-19 related hospitalisations after a first dose of the Oxford-AstraZeneca vaccine [45]. The first published post-marketing effectiveness study shows a 92% effect against documented SARS-CoV-2 infection seven days after administering the second dose of the Pfizer-BioNTech vaccine [46]. More studies will probably continue to become available on different vaccines and their effect on various disease outcomes. Studies looking at vaccine effectiveness against asymptomatic cases will be of particular relevance. Such studies will require active follow-up of vaccinated individuals with repeated testing, irrespective of symptoms, and collection of their exposure history ahead of testing. Other relevant studies will be those assessing the infectiousness of vaccinated individuals developing SARS-CoV-2 infection.

There have been reports of decreased vaccine efficacy against some of the VOCs, and this seems to differ by vaccine product. In addition, there is currently no evidence on the duration of protection following immunisation. Therefore, it remains uncertain whether vaccinated individuals are capable of transmitting the infection to others and it will take some time before this evidence is available for all authorised vaccine products.

As more data becomes available, it will be possible to estimate the degree of protection offered by the different vaccine products against infection and, subsequently assess the potential for fully-vaccinated individuals to further transmit the virus, including VOCs. In the context of travel, at the time of writing of this guidance, the European Commission is working on a proposal for a common framework for the issuance, verification and acceptance of interoperable certificates on COVID-19 vaccination to ensure the security and cross-border verifiability of the certificates issued.