COVID-19 & Future of Health Economics

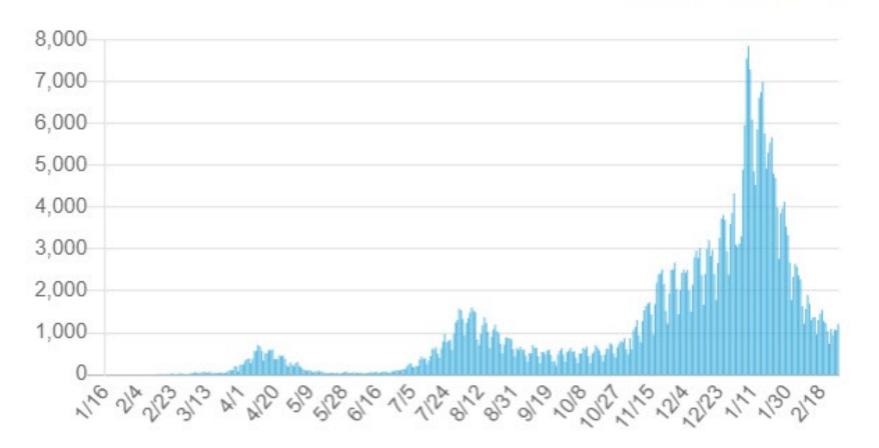
SUZUKI, Hiro

Former Vice-Minister for Health Chief Medical & Global Health Officer Ministry of Health, Labour & Welfare JAPAN

PCR+/day 1,208 (Total 427,225)

陽性者数

1,208 人 (累計 427,225 人)



Severe COVID-19 Cases with ECMO

COVID-19重症者におけるECMO装着数の推移

このグラフはCRISISに申告されたECMOが必要な重症患者さんの推移を地方別、都道府県別に示すものです。

都道府県

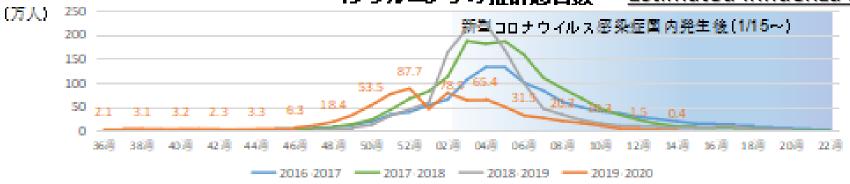
地方区分

全国

2/22 現在 実施件数 32件 70 60 50 40 30 20 10

2021/02/22 更新

インフルエンザの推計患者数 Estimated Influenza Patients



推計患者数	2016-2017	2017-2018	2018-2019	2019-2020
シーズン計	1120万人	1490万人	1210万人	730万人
1月第3週~第14週	810万人	1100万人	850万人	290万人

インフルエンザによる死亡者数 Deaths due to Influenza

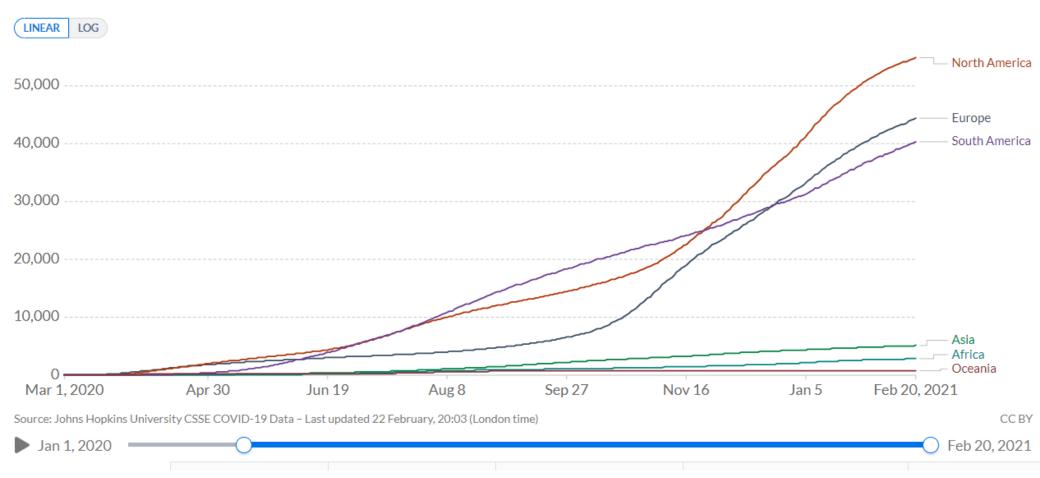


死亡者数	2016-2017	2017-2018	2018-2019	2019-2020
シーズン計※	2546人	3364人	3319人	1238人×
1月~3月	2129人	2933人	3050人	898人
※2019-2020の死亡者数は2020年3月までの数値				

Cumulative confirmed COVID-19 cases per million people



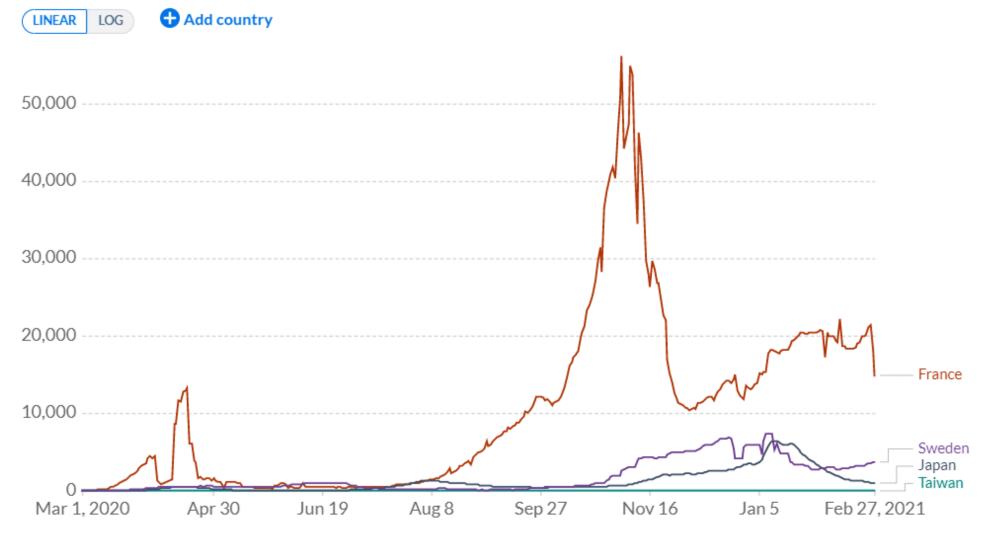
The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Daily new confirmed COVID-19 cases



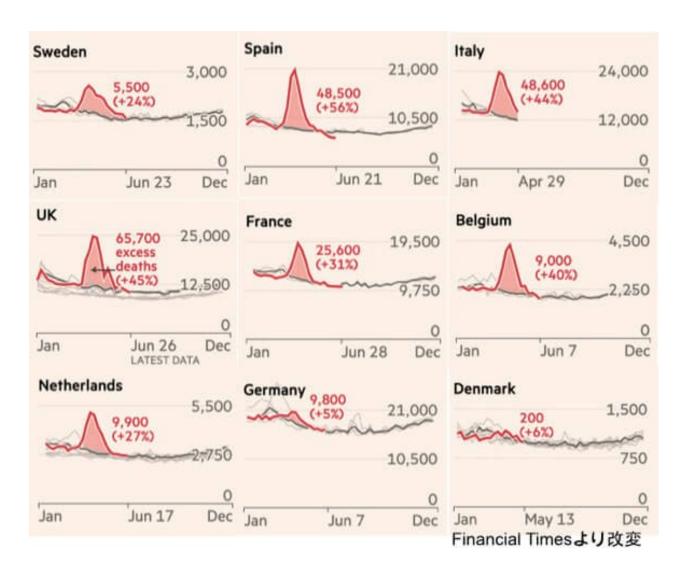
Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



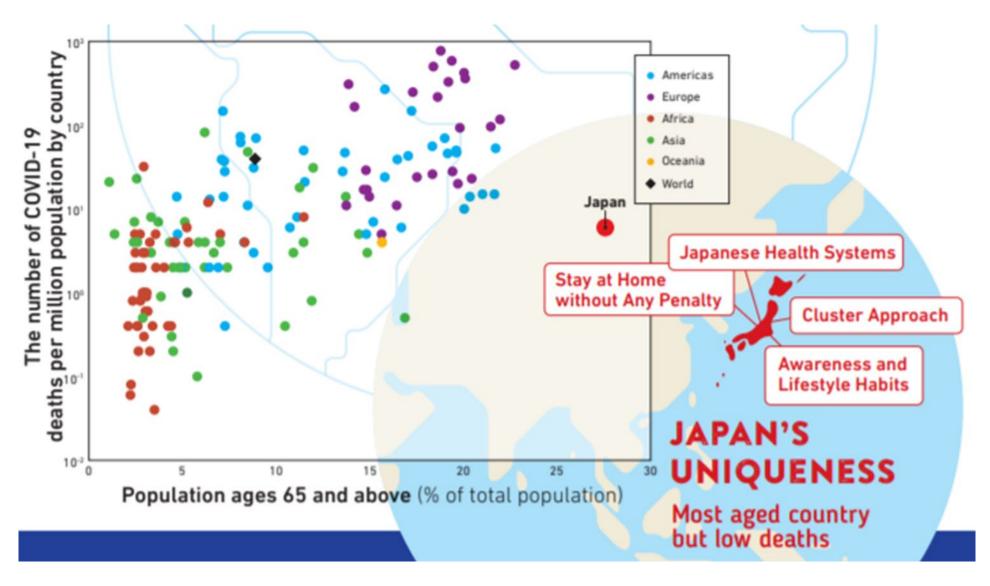
Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 28 February, 06:02 (London time)

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Excess Mortality



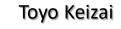




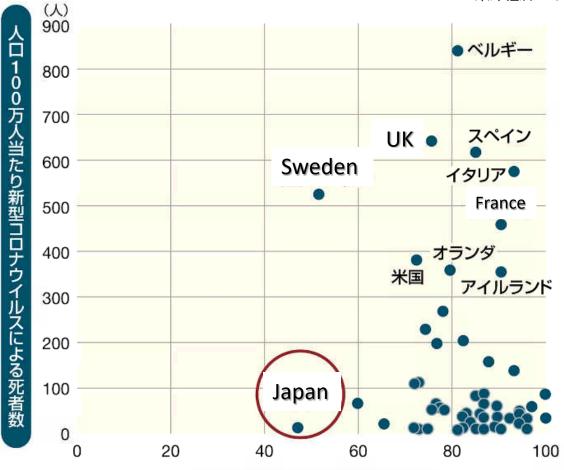
日本の人口比の死者数は欧米に比べて少ない

─活動制限と死者数の関係 ─

東洋経済 2020年7月18日号



Mortality among Million Population



活動制限の強さ(最大時、ポイント)

Stringency of Government Response

(注)6月28日時点のデータ。以下の条件を満たす国のみ抽出

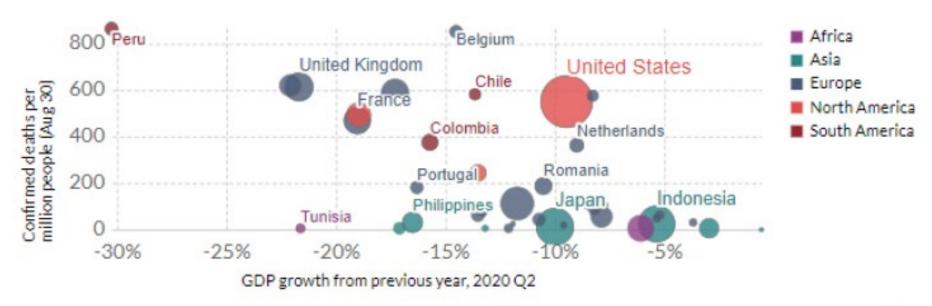
- ①人口が100万人以上
- ②1人当たりGDPが1万ドル以上
- ③死亡率が100万人当たり1人以上

(出所)オックスフォード大学 "Coronavirus Government Response Tracker"

Economic decline in the second quarter of 2020 vs rate of confirmed deaths due to COVID-19



The vertical axis shows the number of COVID-19 deaths per million, as of August 30. The horizontal axis shows the percentage decline of GDP relative to the same quarter in 2019. It is adjusted for inflation.



Source: European CDC, Eurostat, OECD and individual national statistics agencies

Note: Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths

may not be an accurate count of the true number of deaths from COVID-19. Data for China is not shown given the earlier

timing of its economic downtarn The EGONO VISON positive grown ties 2% millipprecenter by a fall of 6.8% in Q1.

Why? East Asian Success

- 1 Mask Wearing, Bowing not Kissing or Hugging
- 2 BCG Inoculation; not shown in Israel
- 3 Ethnic Difference: Socio-Economic or Bio-Medical?
- 4 Cross immunity in East-Asia
- ⑤ Ban Family Visits in Long-term Care Facilities for the Elderly

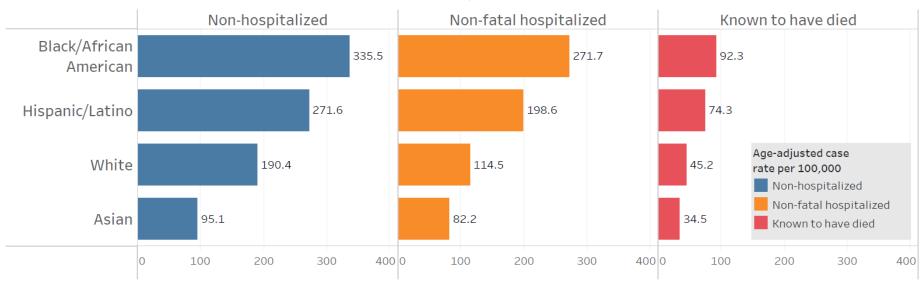
BCG接種歴

Table. Results of SARS-CoV-2 PCR Testing by Age Group

	Birth year			
	1979-1981 (BCG vaccinated)	1983-1985 (BCG unvaccinated)	Difference (95% CI)	<i>P</i> value
Total population	297 340	301 600		
Immigrants in total population, No. (%) ^a	14 569 (4.9)	13 873 (4.6)		
No. of tests	3064	2869		
Proportion of population tested, %	1.02	0.96		
Men tested, No. (%)	1509 (49.2)	1458 (50.8)		.29
Positive results				
No. (%)	361 (11.7)	299 (10.4)	1.3 (-0.3 to 2.9)	.09
No. per 100 000 population in age group ^b	121	100	21 (-10 to 50)	.15
Men with positive result, No. (%)	181 (50)	152 (51)		.87
No. with severe disease	1	1		

人種

Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of April 16,2020



From: Racial/Ethnic Variation in Nasal Gene Expression of Transmembrane Serine Protease 2 (TMPRSS2)

JAMA. Published online September 10, 2020. doi:10.1001/jama.2020.17386

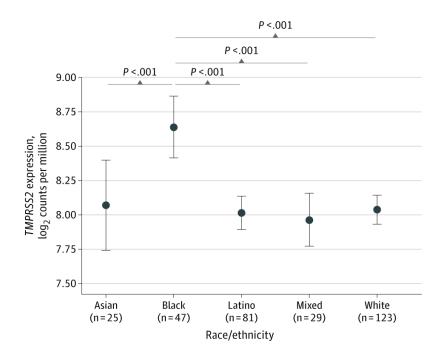
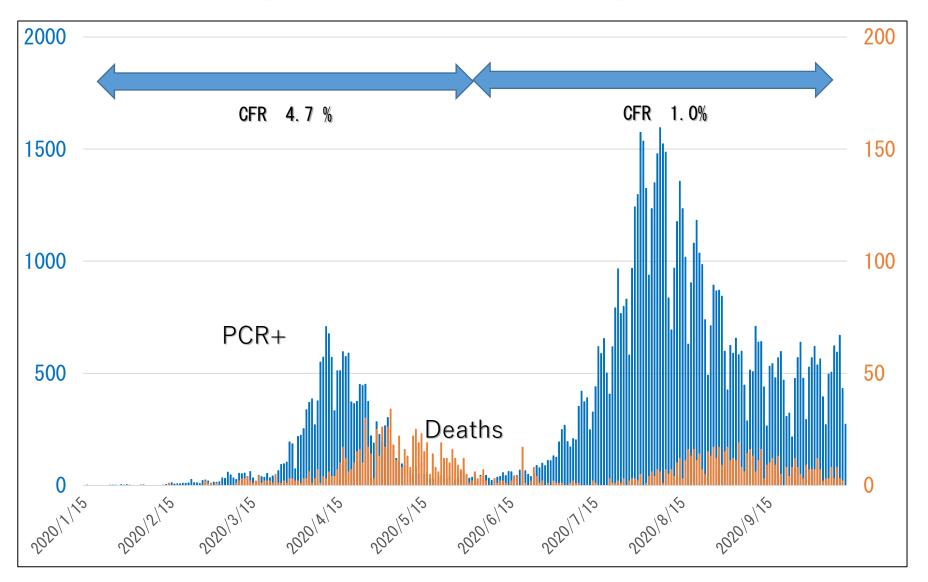


Figure Legend:

Nasal Gene Expression of TMPRSS2 in Self-Identified Racial/Ethnic GroupsThe data points indicate means and the error bars indicate 95% CIs for transmembrane serine protease 2 (TMPRSS2) gene expression in self -identified racial/ethnic groups. The P values were calculated using linear regression modeling in which TMPRSS2 gene expression was the dependent variable and race/ethnicity was the independent variable.

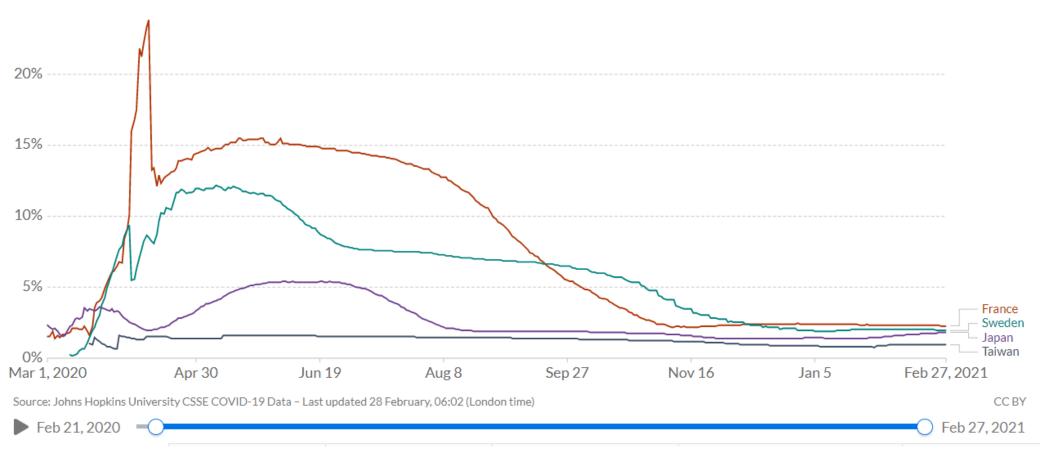
Changes in Case-Fatality Rate



Case fatality rate of the ongoing COVID-19 pandemic

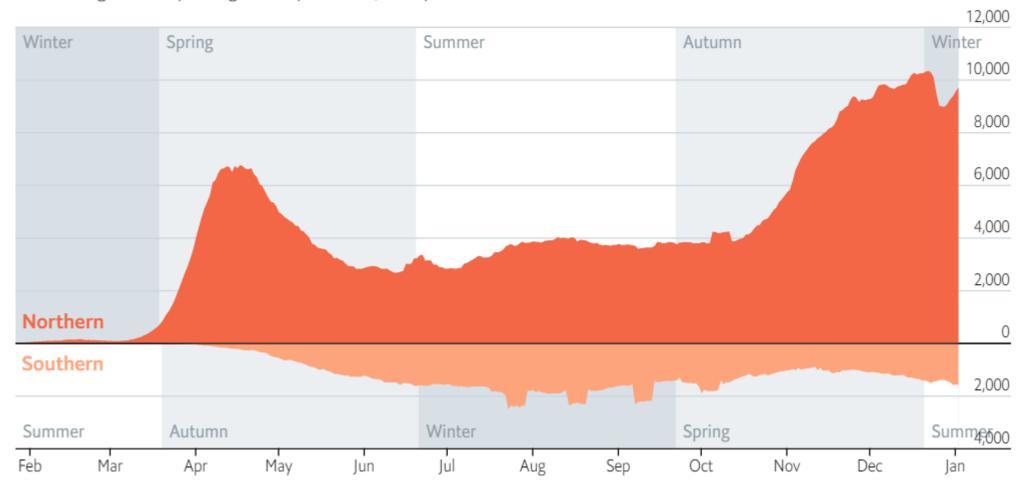


The Case Fatality Rate (CFR) is the ratio between confirmed deaths and confirmed cases. During an outbreak of a pandemic the CFR is a poor measure of the mortality risk of the disease. We explain this in detail at OurWorldInData.org/Coronavirus



New confirmed covid-19 deaths by hemisphere

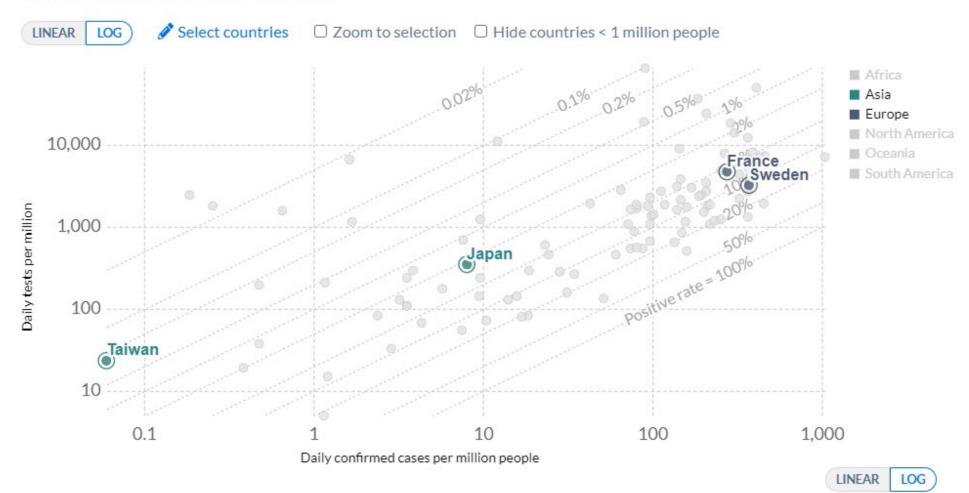
2020, rolling seven-day average. Last updated on January 11th



COVID-19: Daily tests vs. Daily new confirmed cases per million



The figures are given as a rolling 7-day average.



Source: Testing data from official sources collated by Our World in Data, confirmed cases from Johns Hopkins University CSSE

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Note: Comparisons of testing data across countries are affected by differences in the way the data are reported. Daily data is interpolated for countries not reporting testing data on a daily basis. Details can be found at our Testing Dataset page.





Concerns for COVID-19 Vaccines

 Anaphylactic shock (1/5,000 for penicillin, 1/250,000 COVID vaccine, 1/million usual vaccines)

ADEM

ADE

Hope in a vial

Covid-19 vaccines, to January 6th 2021 Doses delivered					
Approved by: • Stringent	regulators • C	Other regulators	Price per	in 2020 and promised	
Producer	Name	Туре	dose, \$*	for 2021*	Approved in
 AstraZeneca-Oxford Uni. 	. AZD1222 [†]	Viral vector	1.50-4	3.0bn in total	Britain, India and 3 others
Novavax	NVX-CoV2373	Protein subunit	16	2.1bn	-
Pfizer-BioNTech	tozinameran	mRNA	19.50	1.4bn	Britain, EU, US and 21 others
Sinopharm	BBIBP-CorV	Inactivated	<77	1.3bn	Bahrain, China, Egypt, UAE
Gamaleya Centre	Sputnik V	Viral vector	<10	1.0bn	Argentina, Belarus, Russia
Johnson & Johnson	JNJ-78436735	Viral vector	10	1.0bn	-
Sinovac Biotech	CoronaVac	Inactivated	14	900m	China
Moderna	mRNA-1273	mRNA	32-37	770m	Canada, EU, Israel, US
Bharat Biotech-ICMR	Covaxin	Inactivated	1	720m	India
CureVac	CVnCoV	mRNA	12.30	300m	-

Sources: Regulatory Affairs Professionals Society; The Economist Intelligence Unit; Morgan Stanley; press reports; government websites; company websites

*Estimate †Covishield in India

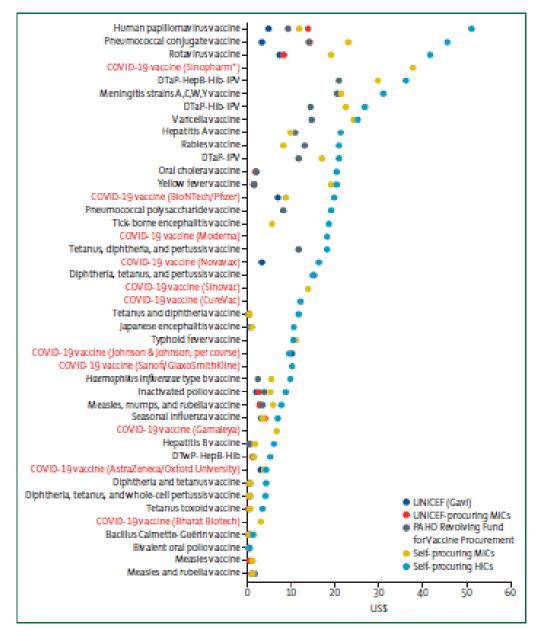
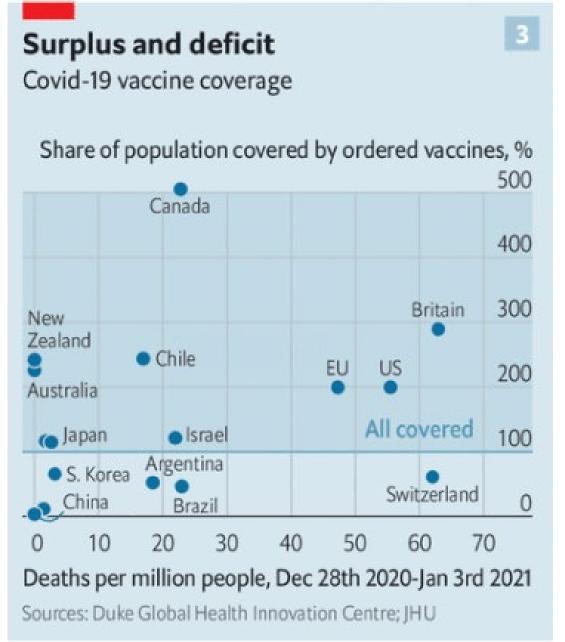
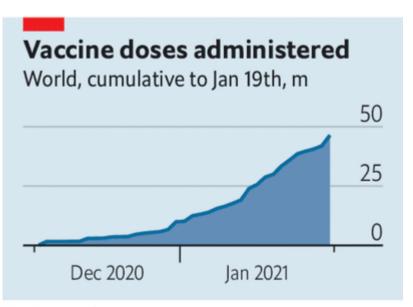


Figure 3: Median price per dose for existing vaccines and for leading COVID-19 vaccine candidates by procurement or country income group

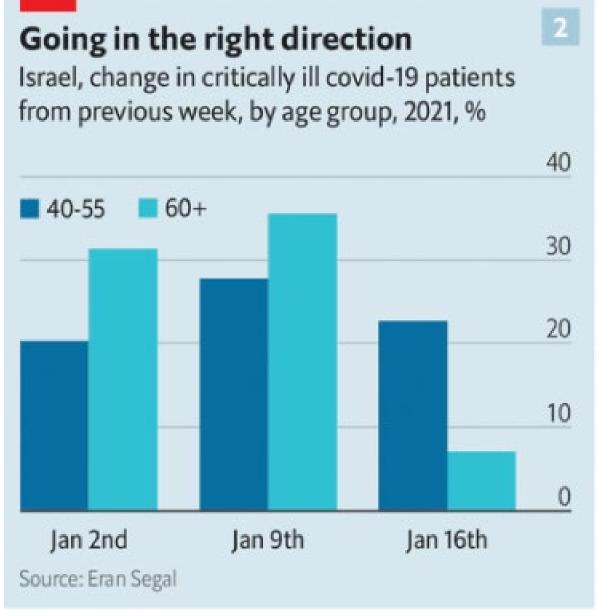




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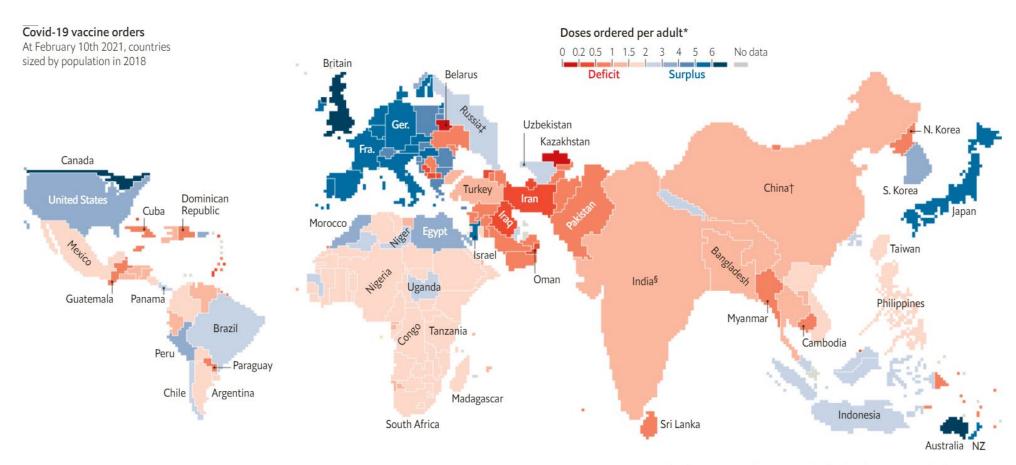
The Economist

The Economist



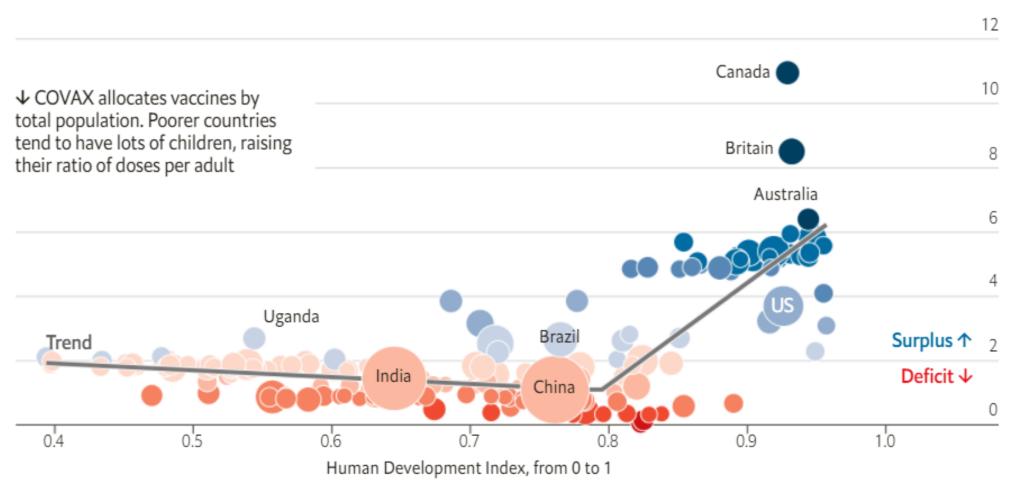
1月2日に60歳以上の接種率が40%を超えた。

The Economist



*Aged 15 and over †Assuming Chinese vaccine makers distribute their spare capacity locally ‡Assuming two Sputnik V doses are available for every adult [§]Counting half of Serum Institute output saved for local use

Human development v doses ordered per adult*, 2020, size=adult population

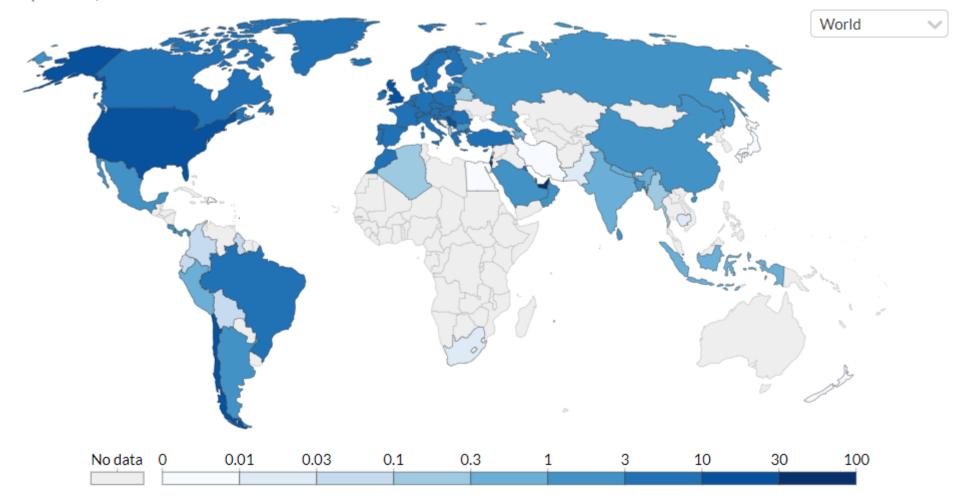


*Aged 15 and over

COVID-19 vaccine doses administered per 100 people, Feb 21, 2021



Total number of vaccination doses administered per 100 people in the total population. This is counted as a single dose, and may not equal the total number of people vaccinated, depending on the specific dose regime (e.g. people receive multiple doses).

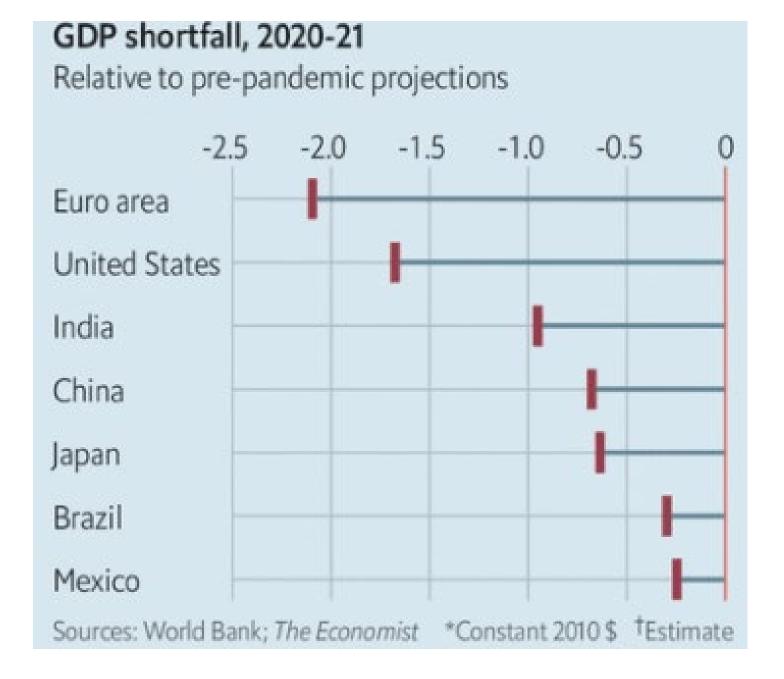


Source: Official data collated by Our World in Data - Last updated 22 February, 10:20 (London time)

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Issues to consider

- HTA of different interventions
- PCR test: Sensitivity & specificity
- Decision making amid uncertainty: evidence provider vs decision maker
- HTA and EUA (cost consideration in crisis)
- PPE shortage ← stockpiling, diversification of imports & subsidy to domestic producers
- Aftermath of large capital spending for COVID-19 pandemic control and economic stimulus
- Pandemic will be repeated periodically once in 4-5 yrs.

Conclusions

- No country is safe unless every country is safe.
 - → global health diplomacy and access equity

- You need a fire brigade when your house is on fire; you have to have it prepared before it.
 - → lessons for next pandemic (surge capacity, speedy R&D, international movement of people, PPE shortage, ECMO triage)

Resident Kennedy and Cuban Missile Crisis