JUNE 14, 2011 | TOKYO -- Japan Pharmaceutical Association (JPA) set up the disaster task force headed by President Takashi KODAMA immediately on March 11 -- the day the Great East Japan Earthquake occurred -- and has worked in collaboration with prefectural pharmaceutical associations, including continuous dispatch of pharmacists, to ensure safety and reliability of medication supply and use.

We report our activities during three months as follows.

1. Dispatched pharmacists [As of June 11, 2011]

(1) Number of the dispatched pharmacists:

<table>
<thead>
<tr>
<th></th>
<th>Persons</th>
<th>In Gross Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Iwate</td>
<td>305</td>
<td>1,370</td>
</tr>
<tr>
<td>b) Miyagi</td>
<td>1,080</td>
<td>4,430</td>
</tr>
<tr>
<td>c) Fukushima</td>
<td>529</td>
<td>1,930</td>
</tr>
<tr>
<td>d) Ibaraki</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>1,918</td>
<td>7,743</td>
</tr>
</tbody>
</table>

(2) Number of prefectural associations involved: 44

*This figure does not include affected 3 prefectures.

(3) Numbers of the dispatched pharmacists by initiative

i) Relief activities conducted by pharmaceutical association(s):

1,514 in total / 5,887 in gross number

*The figures above do NOT include the pharmacists engaged in their own prefectures.

ii) Collaboration with medical associations, including JMAT:
151 in total / 651 in gross number

iii) Dispatch on request from the local governments, including prefectures:
178 in total / 871 in gross number

iv) Others: 75 in total / 334 in gross

Furthermore, 285 hospital pharmacists have contacted with Japanese Society of Hospital Pharmacists for cooperation to the dispatch as of June 10. The pharmacists who the site and the schedule were arranged for have been dispatched to healthcare institutions in the disaster areas.

Also the organizations, including Nippon Pharmacy Co-operation, Japanese Association of Chain Drug Stores and Nippon Pharmacy Association, have provided contributions in pharmacy personnel and medications/hygiene products.

2. Collaboration with organizations/admnistration

(1) While sharing information with Japanese Society of Hospital Pharmacists, the pharmacist dispatch scheme has been drawn up appropriately in close collaboration. Japanese Society of Hospital Pharmacists is responsible for dispatch of pharmacist personnel required by healthcare institutions in the affected areas.

(2) As to “JMAT” dispatched by Japan Medical Association, prefectural medical associations and pharmaceutical associations have collaborated to engage the pharmacists in medical team.

(3) According to the disaster prevention agreements with prefecture, the pharmacists have been dispatched as member of the medical team, at the request of the prefectural administrative office to the prefectural associations.

3. Examples of the activities on site

(1) Sorting and management of medicines at storages etc. and sending to first-aid centres/refuges.

(2) Dispensing and consulting with the sufferers at first-aid centres, temporary clinics etc.
(3) Accompanying to medical assistance team and ensuring safe and rational use through support for prescribing, identification, selection of substitution etc. of medicines.

(4) Going round to the refuges, and consulting with and instructing sufferers on medications as well as consulting on rational use of non-prescription drugs.
(Pharmacists have interviewed the patients on symptoms etc. before medical consultation at first-aid centres, and have supplied appropriate non-prescription drugs when those could be applied. Their activities have helped the medical team to meet more patients.)

(5) Cooperating in hygiene control and prevention of epidemic in the refuges etc.: For prevention of bugs including flies and mosquitos with a worry of outbreak from now to coming summer, the pharmaceutical associations have organised the groups to supply insecticides and simple atomizers to the refuges in severely affected areas, and to provide directions how to treat insecticides at temporary lavatories and waste tips. As infection with norovirus, *Salmonella*, pathogenic *Escherichia coli* etc. is also a concern in rainy season, the pharmaceutical associations has called for prevention actions including “hand-wash” and “disinfection of shoe soles with chlorine bleaching agents.” In addition, supply of hand gel products to be used for hand wash and disinfection in water shortage setting is scheduled.

(6) Supplying multivitamins for ill-balanced nutrition due to prolonged living at refuges.

4. Utilization of drug information including Drug Notebook

Pharmacists active at first-aid centres have made efforts that they interviewed the refugees with chronic diseases (e.g. diabetes, hypertension) on medicines used before the disaster and filled in the drug names etc. on “Drug Notebook.” Their activities have benefitted so that physicians on the medical team could make a diagnosis more effectively and meet more patients.

The drug notebooks, which was filled out with the names etc. of medications prescribed at first-aid centres by the pharmacists dispatched as a member of medical team and provided, have helped the suffered people to manage their own medications
prescribed, to take those without error, to receive medicines seamlessly in case cared
at another refuges.

Thus, utilization of “Drug Notebook” has achieved effectiveness for safe use of
medicines.

JPA has donated 10,000 copies of “Drug Notebook” to the first-aid centres etc. Also
prefectural pharmaceutical associations have provided 50,000 copies, which have
been brought with dispatched pharmacists and to be distributed at disaster sites.
Separately, 7,000 copies have been provided by Japanese Society of Hospital
Pharmacists.

5. Activities in the future

Comprehensive support by the national Government is essential for the recovery of
regional healthcare. Although the organized dispatch of medical assistance team is
presently scheduled until the end of June, continuous support system in part is
considered due to the delay of construction of temporary houses.

Pharmacists and pharmaceutical associations are to collaborate for prevention of bugs
including flies and mosquitos with a worry of outbreak from now to coming summer,
and for measures against food poisoning in rainy season.

Meanwhile, on request for cooperation from the Team in Charge of Assisting the Lives
of Disaster Victims of the Government, “liaison council for assisting health of disaster
victims,” represented by President of Japan Medical Association Katsuyuki Haranaka,
was set up by 7 healthcare organizations including the JPA on April 22, aimed at the
approach including ensuring middle-/long-term dispatch of medical team to support
sufferers’ health. There JPA called for;

i) support for establishment of “temporary community pharmacy” by the local
pharmaceutical associations etc. in order to ensure the regional healthcare
immediately

ii) immediate livelihood support for the sufferers, including individual health
professionals
as short-term demands;

i) public subsidies for restarting the affected community pharmacies
ii) securing pharmacist workforce in the affected areas

iii) appropriate location of healthcare institutes and community pharmacies in course of recovery of regional healthcare

iv) compensation for the damages caused by nuclear power station accident as middle-/long-term demands.

6. Needs for restoration of systematic and integrative healthcare/long-term care in the disaster sites

Because a lot of healthcare/long-term care facilities were engulfed by Tsunami in the affected areas as by Sanriku Coast, the regional healthcare/long-term care recovery is the restructure out of nothing actually. In addition, the disaster sites includes many remote areas with aging of population, and acceleration of aging is estimated in the future. On this occasion, the plan is required to rebuild integrative regional healthcare/long-term care facilities with collaborative function, in cooperation with regional stakeholders.

We recognise the recent disaster has reminded the needs for community pharmacy and pharmacists. Therefore, community pharmacy is essential to be incorporated into those schemes.

On May 27, a meeting was held in the Ministry of Health, Labour and Welfare to exchange opinions among three ministerial posts (Minister of Health, Labour and Welfare Ritsuo Hosokawa, Senior Vice Ministers and Vice Ministers) and 4 organizations (Japan Medical Association, Japan Dental Association, JPA and Japanese Nursing Association), where issues including disaster assistance activities were reported and discussed. JPA submitted “Petitions for assistance in recovery from Great East Japan Earthquake” by written document, which called for “support for establishment of temporary community pharmacy by the local pharmaceutical associations etc. in order to ensure the regional healthcare immediately” etc. as short-term demand and “public subsidies for restarting the affected community pharmacies,” “appropriate location of healthcare institutes and community pharmacies in course of recovery of regional healthcare” etc. as middle-/long-term demand.
MAY 13, 2011

Japan Pharmaceutical Association

NEWS RELEASE [TRANSLATION]

The Great East Japan Earthquake: Relief activities by Pharmaceutical Associations [Second Report]

MAY 13, 2011 | TOKYO -- Japan Pharmaceutical Association set up the disaster task force headed by President Takashi KODAMA immediately on March 11 -- the day of the Great East Japan Earthquake -- and has worked in collaboration with prefectural pharmaceutical associations, including dispatch of pharmacists, to ensure safety and reliability of medication supply and use.

We report our activities during two months as follows.

1. Dispatched pharmacists [As of May 11, 2011]
   i. Number of the dispatched pharmacists:

<table>
<thead>
<tr>
<th>Persons</th>
<th>In Gross Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Iwate</td>
<td>220</td>
</tr>
<tr>
<td>(b) Miyagi</td>
<td>843</td>
</tr>
<tr>
<td>(c) Fukushima</td>
<td>403</td>
</tr>
<tr>
<td>(d) Ibaraki</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>1,470</td>
</tr>
</tbody>
</table>

   ii. Number of prefectural associations involved: 44

   *This figure does not include affected 3 prefectures.

   iii. Numbers of the dispatched pharmacists by initiative

   a) Relief activities conducted by pharmaceutical association(s):

   1,149 in total / 4,417 in gross number

   *The figures above do NOT include the pharmacists engaged in their own prefectures.
b) Collaboration with medical associations, including JMAT:
124 in total / 521 in gross number

c) Dispatch on request from the local governments, including prefectures:
137 in total / 675 in gross number

d) Others: 60 in total / 259 in gross

Furthermore, 228 hospital pharmacists have contacted with Japanese Society of Hospital Pharmacists for cooperation to the dispatch as of May 7. The pharmacists who the site and the schedule were arranged for have been dispatched to healthcare institutions in the disaster areas.

Also the organizations, including Japanese Association of Chain Drug Stores and Nippon Pharmacy Association, have provided contributions in pharmacy personnel and medications/hygiene products.

2. Collaboration between organizations/administration
   i. While sharing information with Japanese Society of Hospital Pharmacists, the pharmacist dispatch scheme has been drawn up appropriately in close collaboration. Japanese Society of Hospital Pharmacists is responsible for dispatch of pharmacist personnel required by healthcare institutions in the affected areas.
   ii. As to “JMAT” dispatched by Japan Medical Association, prefectural medical associations and pharmaceutical associations have collaborated to engage the pharmacists in medical team.
   iii. According to the disaster prevention agreements with prefecture, the pharmacists have been dispatched as member of the medical team, at the request of the prefectural administrative office to the prefectural associations.

3. Examples of the activities on site
   i. Sorting and management of medicines at storages etc. and sending to first-aid centres/refuges.
ii. Dispensing and consulting with sufferers at first-aid centres, temporary clinics etc.

iii. Accompanying to medical assistance team and ensuring safe and rational use through support for prescribing, identification, selection of substitution etc. of medicines.

iv. Going round to the refuges, and consulting with and instructing sufferers on medications as well as consulting on rational use of non-prescription drugs. (Pharmacists have interviewed the patients on symptoms etc. before medical consultation at first-aid centres, and have supplied appropriate non-prescription drugs when those could be applied. Their activities have helped the medical team to meet more patients.)

v. Cooperating in hygiene instruction and epidemic prevention. (e.g. sterilization of hands to prevent norovirus infection)

vi. Supplying multivitamins for ill-balanced nutrition due to prolonged living at refuges.

4. Utilization of drug information including Drug Notebook

Pharmacists active at first-aid centres have made efforts that they interviewed the refugees with chronic diseases (e.g. diabetes, hypertension) on medicines used before the disaster and filled in the drug names etc. on “Drug Notebook.” Their activities have benefitted so that physicians on the medical team could make a diagnosis more effectively and meet more patients.

The drug notebooks, which the pharmacists dispatched as a member of medical team wrote the names etc. of medications prescribed at first-aid centres on and provided, have helped the suffered people to manage their own medications prescribed, to take those without error, to receive medicines seamlessly in case cared at another refuges. Thus, utilization of “Drug Notebook” has achieved effectiveness for safe use of medicines. Based on these experiences, the Ministry of Health, Labour and Welfare requested Japan Pharmaceutical Association to distribute drug notebooks. [Appendix is omitted]

Japan Pharmaceutical Association has donated 10,000 copies of “Drug Notebook” to the first-aid centres etc. Also prefectural pharmaceutical associations have provided
50,000 copies, which have been brought with dispatched pharmacists and to be distributed at disaster sites. Separately, 7,000 copies have been provided by Japanese Society of Hospital Pharmacists. Japan Pharmaceutical Association plans to provide “Drug Notebook” continuously, according to the needs in the affected areas.

5. Activities in the future

In case of the Great Hanshin Awaji Earthquake [1995], approximately 3,000 pharmacists in gross volunteered in the activities including medical assistance during the period of two months. As to the recent earthquake, twice as many pharmacists have already been involved in relief activities during two months.

Japan Pharmaceutical Association should organise the dispatch system which could provide needed support, looking at changing situation of restoration/reconstruction on site.

While full support by the government and other initiatives is required for the recovery of regional healthcare in the affected areas, also the policy to facilitate continuous activities including dispatch of medical assistance team is desirable.

6. Needs for restoration of systematic and integrative healthcare/long-term care in the disaster sites

Because a lot of healthcare/long-term care facilities were engulfed by Tsunami in the affected areas as by Sanriku Coast, the regional healthcare/long-term care recovery is the restructure out of nothing actually.

In addition, the disaster sites includes many remote areas with aging of population, and acceleration of aging is estimated in the future. In cooperation with regional stakeholders, the plan is required on this occasion to rebuild integrative regional healthcare/long-term care facilities with collaborative function.

We recognise the recent disaster has reminded the needs for community pharmacy and pharmacists. Therefore, community pharmacy is essential to be incorporated into those schemes.
APRIL 7, 2011 | TOKYO -- We would like to extend our condolences to the victims of the Great East Japan Earthquake and sympathy to the people who still have difficulties in daily life.

Japan Pharmaceutical Association has set up the disaster task force headed by President Takashi KODAMA immediately on March 11 -- the day of the Great East Japan Earthquake -- and has worked in collaboration with prefectural pharmaceutical associations, including dispatch of pharmacists, while gathering information on the situation of the disaster sites, to ensure safety and reliability of medication supply and use.

We report our activities as follows.

1. Dispatched pharmacists [As of April 7, 2011]
   i. Number of dispatched pharmacists:  434 in total / 1,405 in gross number
      [293 pharmacists will be dispatched in addition. (The number may increase)]
   ii. Number of prefectural associations involved:  44
      *This figure does not include affected prefecture.
   iii. Numbers of dispatched pharmacists by site
      a) Iwate:  54 in total / 160 in gross number (and 25 in the future)
      b) Miyagi:  246 in total / 917 in gross number (and 177 in the future)
      c) Fukushima:  130 in total / 319 in gross number (and 87 in the future)
      d) Ibaraki:  4 in total / 9 in gross number (and 4 in the future)
   iv. Numbers of dispatched pharmacists by initiative
      a) Relief activities conducted by pharmaceutical association(s):
         349 in total / 1,147 in gross number
b) Collaboration with medical association(s), including JMAT:
45 in total / 139 in gross number

c) Dispatch on request from local government, including prefecture:
9 in total / 37 in gross number

d) Others: 31 in total / 82 in gross

*The figures above do NOT include volunteer pharmacists engaged in their own prefectures.

Furthermore, 118 hospital pharmacists have volunteered and contacted with Japanese Society of Hospital Pharmacists as of April 5. The pharmacists who the site and the schedule were managed for have been dispatched to healthcare institutions in the disaster areas.
Also the organizations, including Japanese Association of Chain Drug Stores and Nippon Pharmacy Association, have provided contributions in pharmacy personnel and medications/hygiene products.

2. Collaboration between organizations/administration

I. We have been seeking for sharing information with Japanese Society of Hospital Pharmacists and preparing for drawing up dispatch scheme in close collaboration. Japanese Society of Hospital Pharmacists is responsible for pharmacist personnel required by healthcare institutions.

II. On request of participation in “JMAT” dispatched by Japan Medical Association, prefectural medical associations and pharmaceutical associations have collaborated, for pharmacists to join in medical assistance team.

III. Pharmacists have been dispatched at the request of administrative office, including the disaster prevention agreements with prefecture.

3. Activities on site

I. Sorting and management of medicines at storages etc. and sending to first-aid centers/refuges.

II. Dispensing and consulting to sufferers at first-aid centers, temporary clinics etc.
III. Accompanying to medical assistance team and ensuring safe and rational use through support for prescribing, drug identification, selection of substitution etc.

IV. Going round to different refuges, and consulting with sufferers on medications as well as instruction and consulting on rational use of non-prescription drugs.

V. Cooperating in hygiene instruction and epidemic prevention. (e.g. sterilization of hands to prevent norovirus infection)

4. Utilization of drug information including Drug Notebook
Pharmacists accompanying to medical assistance teams or assisting healthcare institutions have actively provided “Drug Notebook” with drug names etc. filled in, to help continuous use without error and self-management of medicines administered by medical assistance team for refugees with chronic diseases (e.g. diabetes, hypertension). Those activities have achieved effectiveness in ensuring safety of medicines.

Japan Pharmaceutical Association has donated 8,000 copies of “Drug Notebook” to the first-aid centers etc. in the disaster areas, and is planning to reprint. Separately, 5,000 copies by Japanese Society of Hospital Pharmacists, 9,000 by Akita Pharmaceutical Association, 1,000 by Tokyo Pharmaceutical Association have been provided. Furthermore, pharmacist volunteers from prefectural associations have brought “Drug Notebook” with themselves for distribution.

5. Activities in the future
In case of the Great Hanshin Awaji Earthquake 1995, total 3,000 pharmacists volunteered in the activities including medical assistance during the period of two months. As to the recent earthquake, the number is expected to exceed. We should organize the dispatch system which could provide needed support, looking at changing situation of restoration/reconstruction on site.
MARCH 14, 2011 | TOKYO -- We would like to extend our sincerest sympathy to suffers from the off the Pacific coast of Tohoku Earthquake.
Japan Pharmaceutical Association, with the mission of safety and reliability of medication supply, reports that the Association set up the disaster task force immediately and that it is seeking to assess the situation of the disaster sites in order to support and supply medicines to each site and preparing for storage of disaster medicines and dispatch of pharmacists to first-aid centers.

Japan Pharmaceutical Association Disaster Task Force

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Chief of Headquarters: Takashi KODAMA,
President of Japan Pharmaceutical Association