

Challenges in the Practice of Sexual Medicine in the Time of COVID-19 in Japan



Hisanori Taniguchi, MD, PhD,¹ Shin-ichi Hisasue, MD, PhD,² and Yoshikazu Sato, MD, PhD³

The rapid spread of a novel coronavirus, severe acute respiratory syndrome coronavirus 2, has led to an ongoing pandemic of coronavirus disease 2019 (COVID-19). In Japan, the number of COVID-19 cases is increasing rapidly with a risk of overshooting. In February 2020, Japan ranked as the second highest in the number of COVID-19 cases, after the Diamond Princess cruise ship docked in Japan at the Yokohama port.¹ (The Ministry of Health, Labour and Welfare Japan (2020) About coronavirus disease 2019 (COVID-19). Japan. Available: https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/newpage_00032.html. Accessed: 19 March 2020). The Japanese government decided to issue the emergency declaration of prohibiting from going out without any emergent reasons, before the declaration of pandemic by the WHO. (A recent report from the Wikipedia, May 10, 2020, showed that Japan rated as the 31st country with COVID-19 infection.) Prioritizing the health care of athletes and their families, the International Olympic Committee also decided to postpone the Olympics and the Paralympics in Japan to next year.

While most patients with COVID-19 show mild or uncomplicated symptoms, 15–20% of the patients experience severe disease that needs hospitalization and oxygen support and 5–10% require admission to an intensive care unit. In severe cases, COVID-19 can be complicated by an acute respiratory distress syndrome.¹ There is a huge interest why Japan has such low numbers of confirmed infected cases of the COVID-19, despite its high population density (ie, Tokyo has 2.4 times higher population density than New York City) and aged society (26% older than 65 years, compared with 15% in the United States). Several reasons are speculated for this low rate of COVID-19 infection, such as Japanese cultural issue, immunity, angiotensin converting enzyme 2 receptor expression, human leukocyte antigen with immune resistance, and Bacillus Calmette-Guérin vaccination.² From the Japanese customs, we do not involve handshaking, hugging, or kissing when greeting. In addition, many Japanese wear cloth or paper face masks in the winter to avoid transmission of respiratory infections. People use the mask to avoid spreading

the infection and also in an attempt to prevent exposure to infection. From the point of view of sexuality, it is suggested that Japan is the country with least frequent sexual intercourse in the world.³ Further research will be needed to clarify the relationships between sexual health and COVID-19 infection.

The outbreak of COVID-19 has had a huge impact on the health-care system in Japan. Many hospitals affected by nosocomial infection of COVID-19 open their outpatient clinics only for the patients with a life-threatening disease such as cancer. Therefore, patients with benign disease or not life-threatening disease are sometimes refused to have medical examinations at these hospitals. The patients seeking for the treatment or medical checkup for sexual function or infertility problems are sometimes refused to see the doctors face to face at these hospitals or clinics. Japan Society for Reproductive Medicine made the statement which proposed to show the patients the options for postponement of infertility treatments on April, 1st, 2021 (<http://www.jsrm.or.jp/announce/187.pdf>).

With the outbreak of COVID-19, maintaining the health-care system is a crucial issue. This year, the Japanese government decided to apply the health insurance coverage for online medical treatment from April because of the COVID-19 pandemic. The patients can get the prescription for phosphodiesterase 5 inhibitors (PDE5i), selective serotonin reuptake inhibitor, and so on by mails. At some clinics, doctors use the sperm count kit that can easily count sperms using patients' smart phone and use this information for the diagnosis of male infertility. However, according to the sources, Japan's PDE5i prescriptions have decreased by more than 40% compared with the same period last year. The reduction rate is greater than other drugs. One of the reasons for this is the prescription of PDE5i in Japan is not covered with health insurance.

Further treatments that need admissions and surgeries are impossible in big cities such as Tokyo because of the COVID-19 pandemic. Therefore, the Japanese government urges to apply the preoperative PCR test for COVID-19 for all patients who are required to undergo surgeries. For emergency surgeries (eg, shunt surgery for the persistent ischemic priapism), we try to exclude the patients with COVID-19 infection using a lung computed tomography scan and PCR test for COVID-19 to protect the health-care professionals. The problem is a possible delay for the treatment because they take a while to get the result. Therefore, surgeons sometimes have to do the surgeries on the assumption that the patients are COVID-19 carriers.

The ISSM board meeting by web meeting on April 26th decided to postpone WMSM 2020 to November 15–17th, 2021. The JSSM as a local hosting society discussed with the

Received May 22, 2020. Accepted May 29, 2020.

¹Department of Urology and Andrology, Kansai Medical University, Hirakata, Osaka, Japan;

²Department of Urology, Chiba-Nishi General Hospital, Matsudo City, Chiba, Japan;

³Department of Urology, Sanjukai Hospital, Sapporo, Japan

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<https://doi.org/10.1016/j.jsxm.2020.05.031>

ISSM office and executive committee of ISSM for all alternative options, canceling, and web meeting for a few months. For the safety of all participants and 1,000 health-care professionals from all over the world, ISSM and JSSM made a tough decision. Because the WMSM and regional (affiliated societies) meetings in 2021 can be symbolized, the reunion of the global community of sexual medicine after (or during) COVID-19 crisis is essential.

We can run through the hard road to success of the WMSM and regional meetings in 2021 with keeping up our passion for “sexual medicine.” We would appreciate your cooperation! Meet you in Yokohama again!

Corresponding Author: Hisanori Taniguchi, MD, PhD, Department of Urology and Andrology, Kansai Medical University, Hirakata, Osaka, 573-1010, Japan. Tel: +81-72-804-0101; Fax: +81-72-804-2089; E-mail: taniguchi@hirakata.kmu.ac.jp

Conflict of Interest: The authors report no conflicts of interest.

Funding: None.

STATEMENT OF AUTHORSHIP

Category 1

(a) Conception and Design

Hisanori Taniguchi; Shin-ichi Hisasue

(b) Acquisition of Data

Hisanori Taniguchi; Shin-ichi Hisasue

(c) Analysis and Interpretation of Data

Hisanori Taniguchi; Shin-ichi Hisasue

Category 2

(a) Drafting the Article

Hisanori Taniguchi; Shin-ichi Hisasue; Yoshikazu Sato

(b) Revising It for Intellectual Content

Hisanori Taniguchi; Shin-ichi Hisasue; Yoshikazu Sato

Category 3

(a) Final Approval of the Completed Article

Hisanori Taniguchi; Shin-ichi Hisasue; Yoshikazu Sato

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