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Japan Society for Tobacco Control

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Smoking rooms can be a place of "close contact". It is urgent to close all smoking areas and smoking rooms.

Manabu Sakuta, MD, Chair of the Japan Society for Tobacco Control

The Japan Society for Infection Prevention and Control COVID-19 guideline that deals with contagious diseases defines close contact as (1) or (2).

 $\textcircled{1}_{-}$ For interacting with patients with the new coronavirus infection:

being within about 2 meters and

spending more than a few minutes of time with the patient

(2) Having direct contact with the bodily fluids of patients with the new coronavirus without wearing protective equipment (from coughing, saliva, mucus or phlegm on a tissue, for example).

For example, close contact would be interacting with a patient with the coronavirus infection within 2 meters for a few minutes without wearing a mask (both the patient and the other person) or being exposed to a cough of such a patient. If such cases occur, it is then recommended to stay at home for two weeks and to observe any potential coronavirus symptoms.

Another example of "close contact" is being in a smoking room—where smokers do not wear masks, typically stand within 2 meters of each other, and stay for 5-6 minutes on average (*). (Table)

(*) Fumiaki Suzuki, Takahiro Kasamatsu. Survey of active smoking and passive smoking in smoking rooms at airports in Japan. Journal of the Japan Society of Smoking Science, Vol. 11, No. 5, October 31, 2016

| | Medical examination room | Smoking area/smoking room |
|----------------|-----------------------------|---|
| Setting | Examination of a patient | Smoked a single cigarette in the |
| | with a cough (and a | smoking room. Some smokers cough |
| | confirmed coronavirus | within 2m |
| | infection the next day) | |
| Oneself | (Doctor) without mask | Without mask |
| Other person | (Patient) without mask | Without mask |
| Distance | 1m | 50cm-1m |
| Contact time | 5 minutes or more | Average of 5-6 minutes |
| Judgment | Close contact | Close contact |
| (Guidelines of | | (If a smoker in the same room is also a |
| the Japanese | | person infected with coronavirus) |
| Society for | | |
| Infection | | |
| Prevention and | | |
| Control) | | |
| Employment | 14 days waiting at home for | ? |
| restrictions | health observation | |

It has been reported that many people who are infected with coronavirus have no fever and only a cough. Some infected people are asymptomatic before the subsequent onset of symptoms.

Of course, a smoking room is an enclosed space, but it has a prescribed air flow velocity of 0.2m/sec for ventilation. However, when the smoking area is crowded, the prescribed air

flow velocity is not always maintained. In addition, smokers frequently cough to clear their lungs of phlegm.

So smoking areas and smoking rooms are places that can create close contact according to definitions (1) or (2), thereby increasing the risk of coronavirus infection. In addition, smoking itself has been associated with a higher risk of coronavirus infection and of death from such an infection. Therefore, our medical society strongly recommends that smoking areas and smoking rooms be closed and removed during this contagion to prevent further spread of infection.

It is urgently important to close all smoking areas and smoking rooms.

Moreover, both active and passive smoking increase the risk of coronavirus infection, cause or aggravate chronic obstructive pulmonary disease (COPD), more generally damage the lungs, and decrease immunity.

Current smokers are 2.84 times more likely to be hospitalized in the intensive care unit (ICU), to wear a respirator, or to die than never smokers, as we have reported previously. In addition, the harms of tobacco have been widely reported in media.

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Smokers are encouraged to use this opportunity to quit smoking.

Smoking cessation will reduce the risk of coronavirus infection to that of non-smokers and have more general and long-lasting health benefits.

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