

Special Issue on COVID-19 and Historical Pandemics Part 3

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・企画趣旨

中国武漢 Wuhan で 2019 年 12 月に最初に発生した COVID-19 は、その後欧米諸国を中心に感染者数が増大し、2 年半が経過した現時点でも収束とは言えない状態で、各国で感染者の報告が続いている。

COVID-19 の病原体 SARS-CoV-2 には、多くの変異株：Variant が発生しており、WHO、国立感染症研はこれらを VOC (Variant of Concern：懸念される変異株)、VOI (注目すべき変異株)、VUM (監視下の変異株) 等に分類して監視している。一時は α 、 β 、 γ 、 δ 株などの Variants が VOC の中の多数を占めていたが、現時点では 2021 年 11 月に登場したオミクロン (\omicron) 株が主体となっており、さらに \omicron 株の中での変異も生じている。

最近の WHO Weekly Report 等に出ている COVID-19 の累積感染者の人口に対する比率 (累積感染率) は、世界全体の平均では 7% 弱となっているが、米国 25%、英国 33%、フランス 43% など欧米先進国が高い数値となっており、相変わらず欧米諸国での高い感染状態が続いている。

わが国の感染者数は、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：Health Center Real-time Information-sharing System on COVID-19) の導入等により積極的な実数把握が行われ、連日多数の感染者数が報告されているが、欧米諸国に比べると感染者数は少なく、上述の WHO Report における累積感染率で表すと 7% 弱で、世界の平均値程度となっている。当初は首都圏、京阪神、中京地区、福岡、札幌等の大都市圏に集中していたが、次第に他の地域の感染者が拡散する傾向が見えている。

最近ではレムデシビル、リトナビルなどの抗ウイルス薬、デキサメタゾン、パキシチニブなどの免疫調整薬等が活用され、重症化のリスク因子が示されるなど治療に関する知見が蓄積され、ワクチンも四回目の接種が開始されている。

世界全体でも、わが国でも本年当初に感染者数が増加する大きなウエーブを経験したが、このところ落ちついており、5 月の連休には旅行者数の増加が見られ、外国人観光客の受入れも再開となった。

しかし、この病原体ウイルス SARS-CoV-2 はヒト以外の動物にも寄生する生態学特性を持つので、完全に撲滅することは難しいと思われ、現時点で感染者数が低下して落ち着きつつあるとは言え、注意を怠らないようにしなければならない。

そのようなことで、COVID-19 は未だにパンデミック状態にあると言えるので、Special Issue Part 3 を企画して、論文を募集することにした。

本誌では、COVID-19 の Special Issue Part 1 を一昨年 (Vol.16, No.1, pp. 1-117 : 14 報掲載)、Part 2 を昨年 (Vol.17, No.1, pp. 1-158 : 18 報掲載) いずれも電子版として発行しており、Part 3 においても多くの投稿を期待したい。

COVID-19 は感染症災害であるが、このパンデミックによりガン検診を控える傾向が見られるなど高齢者医療への影響が懸念されるなど、複雑な医療問題に拡がっている。

そして、教育現場や職場でもオンライン対応が求められ、飲食店街等の時短など、様々な状況を変えてしまった。感染症は、途上国の問題と、タカをくくっていた先進国が、COVID-19 の登場で慌てふためいていると言える。

したがって、この Special Issue Part 3 においても、医療災害としての観点と同時に、経済、教育、環境、観光等と幅広い視野での論文の投稿を期待している。また、Part 1, 2 と同様に、COVID-19 以外に、過去の Historical Pandemics 等と対比させた記述も歓迎する。

・募集論文の分野

上述のように、COVID-19 が感染症災害であるという問題だけでなく、経済、教育、環境、観光等の幅広い社会影響をもたらしているという状況を考慮して、今回の Special Issue においても以下のような分野・キーワードにより論文を募集したい。

- COVID-19
- 感染症
- パンデミック
- ワクチン
- 組換えタンパク質ワクチン
- 変異株：Variant
- オミクロン（*o*）株
- ECMO：Extracorporeal membrane oxygenation
- 飛沫とマスク
- 医療崩壊
- 緊急事態宣言
- オンライン会議
- ソーシャルディスタンス
- リスクコミュニケーション
- その他
- SARS-CoV-2
- 指定感染症
- PCR 検査
- m-RNA ワクチン
- スパイクタンパク質
- VOC：Variant of Concern
- 消毒剤
- HER-SYS
- G-MIS：医療機関等支援システム
- 都市災害
- テレワーク
- オンライン授業
- 三密
- 感染症と経済活動

Paper Submission, Import Dates, and Publication

- Language: English/Japanese*
(* 和文原稿は弊社で英訳し原著者校訂を経て、英文原稿で査読を行います。)
- Number of pages: Average 8 printed pages (For detail, see the "Instruction to Authors.")
Manuscripts should be written in Word/TeX file formatted to JDR style.
- **Submission deadline: August 31, 2022 (in English) / August 10, 2022 (in Japanese)**
- **Publication: January 2023 (Vol.18 No.1. This issue will be published online only.)**

Submission/Inquiry

JDR Editorial Office, Fuji Technology Press Ltd.: disaster@fujipress.jp



- Review: All submitted papers will be reviewed by two reviewers and decision of acceptance/rejection will be made by the Editor/JDR Editorial Board.
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CALL FOR PAPERS

Journal of Disaster Research

Special Issue on COVID-19 and Historical Pandemics Part 3

Editors: Prof. Emeritus Dr. Sumio Shinoda (Okayama University),
Prof. Dr. Yasuhiro Yoshikawa (Okayama University of Science),
and Dr. Haruo Hayashi (NIED)

• Aim of the Special Issue

After the December 2019 outbreak of COVID-19 in Wuhan, China, the infection has spread rapidly to other parts of the world. Infection rates in the United States and several European nations were particularly dramatic. Even today, two and a half years since its initial outbreak, COVID-19 is still not under control, with cases of infection continuing to be reported in many countries.

The pathogen of COVID-19, SARS-CoV-2, has produced many variants, which have been classified by the WHO and the Japan's National Institute of Infectious Diseases, into variant of concern (VOC), variant of interest (VOI), and variant being monitored (VBM) for the purpose of monitoring. Although the Alpha, Beta, Gamma, and Delta variants were the dominant VOCs in the past, and now the Omicron variant which appeared in November 2021, has become dominant and is producing further variants.

The cumulative cases of COVID-19 per population, as released by the WHO Weekly Epidemiological Updates, constitute a little less than 7% for the entire world. The corresponding figures for the United States, United Kingdom, and France, are 25%, 33%, and 43%, respectively, indicating that the infection rate remains high in those regions.

Meanwhile, Japan has set up the Health Center Real-time Information-sharing System on COVID-19 (HER-SYS) to actively monitor the number of cases of infection. Consequently, many cases have been reported daily, although the figures are low compared to those in the United States and many European nations. The cumulative cases per population reported by the WHO Weekly Updates, now amount to slightly below 7%, about the same as the world average. Although the cases were initially concentrated in metropolitan areas, such as the Tokyo metropolitan area, Kyoto–Osaka–Kobe area, Nagoya (Chukyo) area, Fukuoka, and Sapporo, the infection has gradually spread to other regions.

Antiviral agents such as remdesivir and ritonavir and immunomodulatory drugs such as dexamethasone and baricitinib have been introduced for treatment, and cumulative knowledge of COVID-19 treatment has increased, including the identification of risk factors for severe infection. Currently, the fourth doses of coronavirus vaccines are being offered to Japanese citizens.

Although Japan as well as the rest of the world experienced a surge of infection early this year, it has settled down more recently, with the result that large numbers of travelers were observed during the consecutive national holidays in early May, while Japan's door has reopened again to foreign tourists recently.

Yet, the pathogenic virus SARS-CoV-2 is known to have animal hosts besides humans, so that its complete eradication is considered to be difficult. Although the number of newly infected cases is declining and the COVID-19 pandemic appears to be settling down for the present, we must guard against becoming too complacent.

Thus, in view of the fact that the COVID-19 pandemic still represents an ongoing threat, we have decided to put together Part 3 of the Special Issue on COVID-19, for which we are calling for papers.

Part 1 of the Special Issue (Vol.16, No.1, pp. 1–117, 2021: 14 papers) and Part 2 (Vol.17, No.1, pp. 1–158, 2022: 18 papers) were published in electronic form. We hope to receive many manuscripts for the upcoming Part 3.

While the COVID-19 pandemic is an infectious disease-borne disaster, it has given rise to complex medical issues, such as the adverse effects on the healthcare, as seen in the tendency among the elderly to miss their cancer screenings out of fear of infection. It has also brought about changes in various social contexts, such as the demand for online formats in education and the workplace, or the curtailing of business hours in the food service industry. The COVID-19 pandemic can be said to have caused a certain social hysteria in the industrialized nations, which had until recently underestimated the threat of infectious diseases as concern largely limited to the developing parts of the world. We therefore hope to see manuscripts submitted from a broad perspective, including the papers that examine aspects of COVID-19 as a healthcare disaster as well as ones dealing with issues related to economics, education, the environment, tourism, etc. As in Parts 1 and 2, we also welcome comparative studies of COVID-19 and other pandemics in history.

• Scope of Papers

Since COVID-19 is not just an infectious disease disaster, it has also had far-ranging social effects on the economy, education, environment, tourism, etc. For this Special issue, we are calling for papers that cover areas and key words such as the following.

- COVID-19
- infectious disease
- pandemic
- vaccine
- recombinant protein vaccine
- variant
- Omicron variant
- extracorporeal membrane oxygenation (ECMO)
- droplets and masks
- medical care breakdown
- declaration of state of emergency
- online conferencing
- social distancing
- risk communication
- others
- SARS-CoV-2
- designated infectious disease
- polymerase chain reaction (PCR) test
- m-RNA vaccine
- spike protein
- variant of concern (VOC)
- disinfectant
- HER-SYS
- Gathering Medical Information System (G-MIS)
- urban disaster
- teleworking
- online lectures
- three Cs
- infectious disease and economic activities

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