

Letter from the Industrial Physician



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This fall and winter, stay vigilant about viruses! Consider getting vaccinated early.

The air is gradually taking on an autumnal feel. Recent years have seen an earlier start to influenza outbreaks, and cases appear to be increasing already this year. Vaccinations have begun, so please consider getting vaccinated early. Reports indicate an increasing trend in COVID-19 cases since September, raising concerns about a simultaneous outbreak with influenza (a twin epidemic). Furthermore, respiratory infections caused by RSV (Respiratory Syncytial Virus) and hMPV (Human Metapneumovirus) are also being observed, making this a season where the risk of concurrent or overlapping infections is expected to rise. This combined risk is particularly threatening for the elderly, infants, and those with underlying health conditions. Therefore, we have compiled a table below summarizing viruses other than influenza and COVID-19 that are likely to circulate this winter.

【Table】 Viruses Causing Respiratory Infections Seen in Autumn and Winter (Other Than Influenza and COVID-19)

| Virus name | Epidemic season | Main symptoms | Features |
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| RS Virus* | Autumn–Winter (October–January) | Fever, cough, runny nose, wheezing; bronchiolitis and pneumonia in infants and young children | In recent years, the onset of the epidemic season has tended to occur earlier. Caution is advised regarding severe cases in infants and outbreaks in elderly care facilities. |
| Human metapneumovirus (hMPV) | Winter–Spring (December–April) | Fever, cough, runny nose, sore throat; in severe cases, pneumonia or asthma-like attacks | Symptoms similar to RSV |
| Rhinovirus | Year-round (with an increase in autumn) | Fever (mild), mild cough, runny nose, sneezing | The primary cause of the common cold |
| Seasonal coronaviruses (229E, OC43, NL63, HKU1) | Autumn–Winter | Most cases involve mild fever or no fever, cough, runny nose, and sore throat. | A separate lineage from SARS-CoV-2 (novel coronavirus) |
| Adenovirus | Year-round (with an increase in the fall) | Fever, sore throat, conjunctivitis, diarrhea | Causes pool fever and pharyngoconjunctival fever. Alcohol disinfection is less effective. |
| Parainfluenza virus | Spring–Fall (April–October) | Fever, cough, hoarseness, croup syndrome (barking cough) | It can also cause airway narrowing. Infection control must be strictly enforced in medical and childcare settings. |
| EB virus** | Year-round (with a tendency to be more | Fever, pharyngitis | Systemic viral infection. Primarily transmitted |

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| | common in spring to early summer and autumn) | | through saliva (kissing disease). After infection, the virus remains dormant in the body, causing lifelong persistent infection. |
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*RS: Respiratory Syncytial Virus, **EB: Epstein-Barr

As outlined above, influenza and COVID-19 are not the only viruses to watch out for this fall and winter. Continue practicing handwashing, mask-wearing, and ventilation. If a cough persists, it may be necessary to rule out bacterial infections like Mycoplasma pneumonia or pertussis (whooping cough). In any case, the fundamental countermeasures remain “handwashing, masks, ventilation, and rest.” If you experience persistent fever, cough, or fatigue, please seek medical attention without delay and cooperate in preventing spread within the workplace.