Field Study

What types of information about the COVID-19 pandemic do occupational physicians find useful?: a survey

Juri Matsuoka^{1,2} | Rina Minohara^{1,2} | Yuko Furuya³ | Kota Fukai³ | Haruna Hirosato^{1,2} |
Naoto Ito⁴ | Kiminori Odagami^{1,2} | Tomohisa Nagata² | Masako Nagata² | Yuichi Kobayashi^{1,2} |
Koji Mori²

¹HOYA Corporation, Tokyo, Japan

²Department of Occupational Health Practice and Management, Institute of Industrial Ecological Sciences, University of Occupational and Environmental Health, Japan, Kitakyushu, Japan

³Department of Preventive Medicine, Tokai University School of Medicine, Isehara, Japan

⁴Komatsu, Ltd, Tokyo, Japan

Abstract

Objectives: To identify what types of information were useful and/or difficult to obtain for occupational physicians during the COVID-19 epidemic, and how information should be provided to help occupational physicians in the event of future outbreaks of emerging infectious diseases. **Methods:** The list was developed by categorizing information about COVID-19 delivered by researchers to a group of occupational physicians after the COVID-19 outbreak. We created a survey and asked the group about the usefulness and ease of obtaining each type of information. **Results:** In total, 79.1–100% of the occupational physicians said that each type of information was “Useful”. Information on the nature of the virus; clinical course, testing, and treatment; infection prevention measures; regulations in Japan; immigration restrictions in Japan; and guidelines were all considered useful by more than 95%, as was information about the introduction of information aggregation websites by public institutions, academic societies, experts, and others, and sharing of case studies by information distribution group members. These last two items also had a high percentage of respondents who said that they “only obtained the information because it was distributed this way”. **Conclusions:** Constructing a system for automatic distribution of information that is useful to occupational physicians and difficult to obtain elsewhere may make it easier for occupational physicians to respond more smoothly to emerging infectious disease outbreaks within a company.

Keywords: COVID-19, information, occupational health, occupational physicians, pandemic, workplace

(Received January 7, 2021; Accepted April 26, 2021; Published online in J-STAGE July 6, 2021)

Introduction

The new coronavirus infection (COVID-19), which began in December 2019 in Wuhan city, Hubei Province, China, has rapidly spread to other parts of the world and was declared a pandemic by the World Health Organization (WHO) on March 11, 2020¹. This global pandemic is still not at an end, and many countries where it is

endemic continue to use measures, such as immigration restrictions and restrictions on leaving home. In Japan, there has been a series of cases since January 2020², and the Japanese government has taken various measures^{3,4} to prevent the spread of infection, including immigration restrictions, requests for business suspension, and requests to stay at home, which have had a significant impact on social and economic activities.

In the event of an outbreak of an emerging infectious disease, such as COVID-19, companies are forced to take prompt action and make quick decisions to continue their

Correspondence

Juri Matsuoka: HOYA Corporation, Tokyo, Japan
E-mail: juri-matsuoka@med.uoeh-u.ac.jp

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes. © 2021 The Authors.

business operations as the situation changes. Occupational physicians are required to collect up-to-date medical information and provide advice and information on measures to prevent the spread of infection in companies. This is both from the occupational health perspective, and to support management and business continuity⁵⁻⁷⁾. However, in the early stages of emerging infectious diseases, many unknown areas exist, and epidemiological information, virus characteristics, and clinical knowledge, for example, are being updated daily. It is, therefore, necessary to collect timely and accurate information in various fields. During the recent COVID-19 pandemic, a large amount of information was shared on the Internet but not all of it was reliable. This has led to the spread of uncertain and incorrect information about COVID-19. As a result of the rapid proliferation of information, it has become difficult to distinguish factual from non-factual information, leading the World Health Organization (WHO) to point out that the “infodemic” has made it difficult to find reliable information⁸⁾.

The Japanese Society for Occupational Health, in collaboration with the Japanese Society of Travel and Health, has published guidelines for preparing for COVID-19 in the workplace⁹⁾. Tools that aggregate basic information considered necessary for the activities of occupational physicians are useful, but it is also useful to distribute up-to-date information from reliable sources. However, no reports have examined what information is actually useful for occupational health.

Since January 28, 2020, we have been distributing information daily to a group of occupational physicians who are in the process of post-graduate training in occupational medicine at the University of Occupational and Environmental Health, Japan or who have completed the training and asked to receive information on COVID-19. A researcher (an occupational physician engaged in infectious disease countermeasures in cooperation with his company’s crisis management team, and an Occupational Health Physician certified by Japan Society for Occupational Health) has been in charge of collecting and distributing information. This information was mainly collected from the websites of Japanese government agencies, such as the Ministry of Health, Labour and Welfare, the Cabinet Secretariat, and the Ministry of Foreign Affairs; international organizations, such as the WHO; professional public organizations, such as the National Institute of Infectious Diseases and the U.S. Centers for Disease Control and Prevention (CDC); relevant academic societies; medical journals; and infectious disease experts.

The purpose of this study is to determine what information was useful to support the work of occupational physicians and what kind of distribution was helpful for them in obtaining the necessary information. We also wanted to clarify how to support occupational physicians in the efficient and effective collection of information when dealing

with emerging infectious diseases in the future.

Methods

Development of the list of information about COVID-19

To create the survey questionnaire, we first developed a list of information about COVID-19. Four researchers (JM, RM, YF, and KO) analyzed the contents of 863 articles containing information about COVID-19 that were delivered to occupational physicians from January 28, 2020 to May 31, 2020. The articles were divided and categorized by content. For each of the 1110 items created, a code was assigned to each of the features. Those codes were classified and subcategorized based on the similarity and commonality of the contents. Similar subcategories were classified and categorized. Finally, we aggregated them into 39 subcategories and 14 categories, as shown in Table 1.

Survey

We conducted a survey using a web-based survey tool (SurveyMonkey®) from August 24, 2020 to September 2, 2020. The survey was sent to 48 occupational physicians who had received the distribution from January 28, 2020 to May 31, 2020. The survey asked about two issues across the 14 categories:

1) The usefulness of each type of information (four-option multiple choice question: “useful”, “somewhat useful”, “somewhat not useful”, and “not useful”).

2) The usefulness of having the information sent by the service (three-option multiple choice question: “only obtained the information because it was distributed this way”, “could have obtained the information by myself, but the information service made it easier”, and “could easily have obtained the information by myself”).

We also asked about two other points:

3) Factors that made this information service useful.

4) Any useful information that was not provided.

Ethical considerations

The research procedures were approved by the ethics review committee at the University of Occupational and Environmental Health, Japan (Permission number: R2-015). We explained the purpose, methods, and ethical considerations (i.e., information management to prevent identification of individuals and companies) to the participants using a research cooperation request form and confirmed their intention to participate in the study on the Web.

Results

Characteristics of survey respondents

We obtained 43 valid respondents (response rate 91.5%). Table 2 shows the characteristics of survey

Table 1. Categories of information about COVID-19

No.	Category	No.	Sub Category
1	<i>Nature of the Virus</i>	1	<i>Nature of the virus</i> (host, route of infection, infectivity, stability of the material surface, etc.)
2	<i>Clinical Course, Examination and Treatment</i>	2	<i>Clinical course</i> (incubation period, symptoms, fatality rate, virus detection period, etc.)
		3	<i>Critical factors</i> (age, hypertension, diabetes, mortality by underlying disease, etc.)
		4	<i>Testing methods and accuracy</i> (sensitivity and specificity of PCR tests, antigen tests and antibody tests)
		5	<i>Drugs and treatments</i> (efficacy, development status, approval status, etc.)
3	<i>Infection Control Measures</i>	6	<i>Public health preventive measures</i> (status of vaccine development, efficacy, adverse events, innate and acquired immunity, collective immunity, etc.)
		7	<i>Effective ventilation methods and evaluation for infection prevention</i>
		8	<i>Effective disinfection methods for infection prevention</i> (disinfectant, frequency, procedure, etc.)
		9	<i>Selecting and wearing masks</i> (specifications, usage, effects, health effects of wearing masks etc.)
		10	<i>Infection control measures for healthcare workers</i> (standard precautions, airborne infection control in medical examinations, guidance, etc.)
4	<i>Collateral Health Effects of Infectious Disease Outbreaks</i>	11	<i>Health effects of anxiety about infection and self-restraint and care</i> (mental healthcare, measures to prevent deterioration of lifestyle habits, etc.)
		12	<i>Provision of information on maternal health management and workplace considerations</i> (advice for pregnant women, considerations for pregnant women that should be implemented by the workplace, etc.)
		13	<i>Dealing with discrimination and prejudice</i>
5	<i>Regulations in Japan</i>	14	<i>Amendments to laws and regulations about infectious diseases</i> (Special Measures Law, Act on Special Countermeasures Against New-type flu and Other Novel Infections, Infectious Diseases Control Law, Quarantine Act, etc.)
		15	<i>The state of emergency declaration, restricting activities and requesting self-restraint</i> (declaration and lifting of the state of emergency, school closures, self-restraint, etc.)
		16	<i>Appropriate actions recommended by the government to the public</i> (“new normal” guidelines for medical consultations, etc.)
6	<i>Immigration Restrictions in Japan</i>	17	<i>Immigration restrictions in Japan</i> (travel restrictions, entry restrictions, quarantine, etc.)
7	<i>Healthcare System</i>	18	<i>Inspection system and implementation of PCR testing in Japan</i> (PCR testing system, expansion of testing system, etc.)
		19	<i>System of healthcare centers and medical institutions in Japan</i> (dedicated outpatient clinics, strengthening the medical care delivery system, strengthening the health center system, online medical care, etc.)
		20	<i>Active epidemiological investigation in patients with novel coronavirus infection</i>
8	<i>Government Support Measures</i>	21	<i>Financial assistance provided by the Japanese government</i> (grants, benefits, supplementary budgets, etc.)
		22	<i>Counseling services set up by public and private institutions</i>
		23	<i>Distribution of masks by the Japanese government and distribution of commercial masks</i>
9	<i>Results of Surveys in Japan</i>	24	<i>Status of outbreaks and phases of epidemics in Japan</i> (status of outbreaks of infectious diseases, outlook for future outbreaks, PCR positive rate, etc.)
		25	<i>The concept of countermeasures against clusters and specific actions</i> (establishment of the countermeasure team, strengthening of countermeasure against clusters, introduction of contact confirmation applications, etc.)
		26	<i>Surveys conducted by the Japanese government</i> (behavioral change and antibody status of the public)
		27	<i>Responses on cruise ships</i> (status of outbreaks, infection control measures, progress in quarantine, etc.)
		28	<i>Approval of work-related injury</i>
10	<i>Guidelines</i>	29	<i>Responses and guidelines to be implemented by employers and occupational health professionals</i> (infection control, employee health management, leave of absence benefits, etc.)
		30	<i>Guidelines for health checkups</i> (views and policies on health checkups and infection control, etc.)
		31	<i>Guidelines and manuals for residential and home treatment</i> (criteria for termination of home and residential treatment, etc.)
		32	<i>Guidelines on medical care</i>
11	<i>Immigration Restrictions in Other Countries</i>	33	<i>Immigration restrictions in other countries</i> (information on immigration restrictions, quarantine, etc.)
12	<i>The World and Other Countries' Epidemic Situation</i>	34	<i>Overseas outbreaks of infectious diseases and pandemics</i> (number of cases, deaths, pandemic declarations, etc.)
		35	<i>Overseas policies and regulations</i> (emergency declarations, lockdowns, etc.)
		36	<i>Overseas medical care delivery system and medical institutions for Japanese</i>
		37	<i>Views and trends of international organizations on infection prevention measures</i>
13	<i>Introduction of Information Aggregation Websites by Public Institutions, Academic Societies, Experts, etc.</i>	38	<i>Introduction of information aggregation websites by public institutions, academic societies, experts, etc.</i>
14	<i>Sharing of Case Studies by Information Distribution Group Members</i>	39	<i>Sharing of case studies by information distribution group members</i>

Table 2. Characteristics of survey respondents

		N	(%)
Number of valid answers		43	91.5
Gender	Male	26	60.5
	Female	17	39.5
Years of experience as an occupational physician	1–5	13	30.2
	6–10	18	41.9
	11–15	6	14.0
	16–20	3	7.0
	21–25	1	2.3
	26–30	2	4.7
Certified by Japan Society for Occupational Health	Certified Associate Occupational Physician	10	22.7
	Certified Occupational Physician	13	31.8
	Certified Senior Occupational Physician	18	40.9
	None	2	4.6
Experience as an occupational physician	Full time occupational physician	26	61.4
	Part time occupational physician	16	37.2
	Affiliated with academic institute	12	27.3
	Affiliated with private occupational health service	3	6.8
	Mainly clinical practice in hospital	1	2.3
	Not currently practicing as an occupational physician	1	2.3
Engaged in providing healthcare for overseas workers	Yes	33	77.3
	No	10	22.7
Involved in the development of company policies and standards for COVID-19 compliance	Yes	31	72.7
	No	12	27.3

Table 3. The usefulness of each type of information for occupational physicians in responding to COVID-19

	Useful		Somewhat useful		Somewhat not useful		Not useful		“Useful”*	
	N	%	N	%	N	%	N	%	N	%
1. Nature of the Virus	37	86.0	6	14.0	0	0	0	0	43	100
2. Clinical Course, Examination and Treatment	36	83.7	7	16.3	0	0	0	0	43	100
3. Infection Control Measures	34	79.1	9	20.9	0	0	0	0	43	100
4. Collateral Health Effects of Infectious Disease Outbreaks	28	65.1	12	27.9	3	7.0	0	0	40	93.0
5. Regulations in Japan	31	72.1	12	27.9	0	0	0	0	43	100
6. Immigration Restrictions in Japan	29	67.4	13	30.2	0	0	1	2.3	42	97.7
7. Healthcare System	27	62.8	13	30.2	3	7.0	0	0	40	93.0
8. Government Support Measures	22	51.2	12	27.9	9	20.9	0	0	34	79.1
9. Results of Surveys in Japan	30	69.8	7	16.3	6	14.0	0	0	37	86.0
10. Guidelines	34	79.1	7	16.3	2	4.7	0	0	41	95.3
11. Immigration Restrictions in Other Countries	25	58.1	13	30.2	4	9.3	1	2.3	38	88.4
12. The World and Other Countries’ Epidemic Situation	29	67.4	11	25.6	3	7.0	0	0	40	93.0
13. Introduction of Information Aggregation Websites by Public Institutions, Academic Societies, Experts, etc.	34	79.1	8	18.6	0	0	1	2.3	42	97.7
14. Sharing of Case Studies by Information Distribution Group Members	25	58.1	17	39.5	1	2.3	0	0	42	97.7

* “Useful” includes both “useful” and “somewhat useful”.

respondents. In total, 31 (72.7%) of the respondents were Occupational Health Physicians certified by Japan Society for Occupational Health or Senior Occupational Health Physicians certified by Japan Society for Occupational Health. A total of 26 (61.4%) respondents were full-time occupational physicians, 16 (37.2%) were com-

missioned occupational physicians, and 31 (72.7%) were involved in the development of company policies and standards for COVID-19 compliance.

Usefulness of each type of information

Table 3 shows the usefulness of each type of infor-

mation for occupational physicians in responding to COVID-19. More than 80% of the occupational physicians answered that each type of information was either “useful” or “somewhat useful”, except for information about government support measures, which was only considered useful by 79.1%.

All the respondents agreed that information about the nature of the virus; clinical course, examination and treatment; infection control measures; and regulations in Japan was useful. A large proportion also agreed on the usefulness of information about the introduction of information aggregation websites by public institutions, academic societies, experts, and others, immigration restrictions in Japan (97.7%), sharing of case studies by information distribution group members (97.7%), and guidelines (95.3%). This means that more than 95% of the occupational physicians responded that information on these topics was useful.

Usefulness of the information service

Table 4 shows the usefulness of the information service. More than 90% of the occupational physicians answered that it was useful (the sum of the percentages of those who answered that they only obtained the information because it was distributed this way and that they could have obtained the information by themselves, but the information service made it easier) for all types of information, except for 88.4% for both regulations in Japan and guidelines.

In total, 95.3% of the occupational physicians answered that they only obtained the information because

it was distributed this way for “Sharing of Case Studies by Information Distribution Group Members”.

The information service was considered essential in providing information about other countries’ epidemic situations by 58.1%, introduction of information aggregation websites by public institutions, academic societies, experts, and others by 46.5%, and immigration restrictions in other countries by 46.5%. This means that approximately half of the occupational physicians only obtained the information because it was distributed this way for these forms of information.

Factors that made this information service useful

More than 95% of the occupational physicians said that the main factors that made the information service useful were that the information was consolidated and efficiently obtained, the information was summarized, English articles were translated into Japanese, and the reference source was a reliable institution.

Other factors mentioned were that the information was updated on a daily basis; it was difficult to access the information in a timely way otherwise because of busy work schedules; information from the same resources was provided on an ongoing basis; the information sources were clearly indicated, making it easy to check them; and that there was too much information to access any other way.

Information that would have been useful but was not provided

Physicians said that there were two main areas where

Table 4. The usefulness of the information service as a method of obtaining each type of information

	Only obtained the information because it was distributed this way		Could have obtained the information by myself, but the information service made it easier		Could easily have obtained the information by myself		“Useful”*	
	N	%	N	%	N	%	N	%
1. Nature of the Virus	9	20.9	31	72.1	3	7.0	40	93.0
2. Clinical Course, Examination and Treatment	13	30.2	28	65.1	2	4.7	41	95.3
3. Infection Control Measures	9	20.9	32	74.4	2	4.7	41	95.3
4. Collateral Health Effects of Infectious Disease Outbreaks	18	41.9	24	55.8	1	2.3	42	97.7
5. Regulations in Japan	9	20.9	29	67.4	5	11.6	38	88.4
6. Immigration Restrictions in Japan	17	39.5	25	58.1	1	2.3	42	97.7
7. Healthcare System	14	32.6	28	65.1	1	2.3	42	97.7
8. Government Support Measures	6	14.0	33	76.7	4	9.3	39	90.7
9. Results of Surveys in Japan	12	27.9	29	67.4	2	4.7	41	95.3
10. Guidelines	11	25.6	27	62.8	5	11.6	38	88.4
11. Immigration Restrictions in Other Countries	20	46.5	19	44.2	4	9.3	39	90.7
12. The World and Other Countries’ Epidemic Situation	25	58.1	17	39.5	1	2.3	42	97.7
13. Introduction of Information Aggregation Websites by Public Institutions, Academic Societies, Experts, etc.	20	46.5	20	46.5	3	7.0	40	93.0
14. Sharing of Case Studies by Information Distribution Group Members	41	95.3	2	4.7	0	0	43	100.0

* “Useful” is the sum of those who “only obtained the information because it was distributed this way” and “could have obtained the information by myself, but the information service made it easier”.

information was missing. The first was that information and guidelines from the occupational health and safety organizations of other countries would have been useful for implementing measures against infectious diseases in overseas sites. The second was a comment that one physician had collected good practices from other companies through a network of other occupational physicians, to share them within their own companies.

Discussion

When an emerging infectious disease epidemic occurs, occupational physicians must try to anticipate changes in the epidemic status of the disease and provide prompt information based on medical evidence, so that companies can implement appropriate infection control measures^{6,7)}.

The information described in this study was designed to be reliable. The occupational physician in charge of its distribution checked that the information was issued by the government or public organizations and that it was based on medical evidence. The information was mainly drawn from the websites of Japanese government agencies, such as the Ministry of Health, Labour and Welfare, the Cabinet Secretariat, and the Ministry of Foreign Affairs; international organizations, such as the WHO; specialized public organizations, such as the National Institute of Infectious Diseases and the CDC; as well as relevant academic societies, medical journals, and infectious disease experts. The information sources were clearly indicated at the time of distribution.

In total, 79.1–100% of the occupational physicians considered that all types of information were useful. More than 95% found information useful on the nature of the virus; clinical course, testing, and treatment; infection prevention measures; regulations in Japan; immigration restrictions in Japan; guidelines; introduction of information aggregation websites by public institutions, academic societies, experts, and others; and sharing of case studies by information distribution group members. This information is considered a high priority in dealing with infected people and putting in place infection control measures in offices in Japan and for overseas business travelers. In the early stages of the COVID-19 epidemic, a large amount of unconfirmed medical information was available, especially about the nature of the virus, clinical course, testing, and treatment, and infection prevention measures. It takes time for knowledge to be consolidated after an infection has emerged. However, infection control measures are needed in workplaces before the information is consolidated. Timely access to reliable information is therefore especially important in the early stages of an emerging infectious disease epidemic. Efforts should be made to collect this information on a priority basis and implement best practice infection control measures.

Moreover, two of these items —introduction of information aggregation websites by public institutions, academic societies, experts, and others, and sharing of case studies by information distribution group members— also had a high percentage of respondents who said that they only obtained this information because it was distributed this way. Most occupational physicians can learn the essentials of infection control during emerging infectious disease epidemics through education and training. However, they often have little actual experience in occupational health activities¹⁰⁾. The nature of viruses and the conditions of epidemics also vary, so it is difficult to accumulate experience and become proficient in infection control at the individual level. A degree of flexibility is required for each epidemic. Physicians who are not experienced in responding to epidemics are also often not familiar with what information is available from each agency. It is, therefore, likely that these items were needed more.

Among the items that the percentage of respondents who answered that the information was useful was slightly higher, although not reaching 95%, approximately half the respondents answered that they had only obtained this information because it was distributed this way for information about the world and other countries' epidemic situations and immigration restrictions in other countries. Both are related to the situation in regions other than Japan. The COVID-19 epidemic began in Wuhan city, China, and spread to Europe and the United States before entering Japan. The situation in Japan was often discussed in daily news reports, newspapers, and websites, but there were few opportunities to obtain information on an ongoing basis on the situation overseas. Information collection is especially complicated when an infection is endemic in more than one country. To alleviate the difficulty of access and the complexity of information collection, there is a need for push-type information distribution, and it was considered to be useful in this case.

Thus, we were able to extract two types of information: information that was highly useful and was only obtained because it was distributed this way, and information that was slightly useful but was only obtained because it was distributed this way. The former information is necessary for most occupational physicians in their work, regardless of the company's attributes or years of experience, but the latter may not be necessary for all occupational physicians, depending on the company's attributes and their scope of work. Occupational physicians work on preventing emerging infectious diseases in parallel with their regular duties. They are often busy and have limited time to collect information. During an epidemic, information is likely to change daily and must be collected continuously. Some information is available in the press, newspapers, and other easily accessible sources, but other informa-

tion is more difficult to obtain. A system for automatic distribution of useful but hard to obtain information to occupational physicians will make it easier for occupational physicians to respond more smoothly to emerging infectious disease outbreaks.

This study had several limitations. The information distributed during the COVID-19 pandemic was limited in its comprehensiveness, because it was selected by a small number of occupational physicians. However, these physicians were all working on emerging infectious disease control in global companies. The information and the questionnaire were distributed to a limited number of people, so the results might vary if more occupational physicians were involved. Information needs also vary depending on the epidemic phase. We did not investigate what information was provided at particular times, or when it was used by occupational physicians, but clarifying this information would be useful in the future.

Funding

Health and Labour Sciences Research Grant 2020 (20CA2027) from the Ministry of Health, Labour and Welfare, Japan.

Conflict of Interest

The authors declare that there are no conflicts of interest.

ORCID

Juri Matsuoka <https://orcid.org/0000-0001-5967-8551>
 Rina Minohara <https://orcid.org/0000-0001-8059-5072>
 Yuko Furuya <https://orcid.org/0000-0003-2025-9098>
 Kota Fukai <https://orcid.org/0000-0002-8319-8467>
 Haruna Hirosato <https://orcid.org/0000-0002-5390-050X>
 Kiminori Odagami <https://orcid.org/0000-0001-6258-971X>
 Tomohisa Nagata <https://orcid.org/0000-0001-9173-420X>
 Masako Nagata <https://orcid.org/0000-0002-2459-2624>
 Yuichi Kobayashi <https://orcid.org/0000-0002-2386-9249>
 Koji Mori <https://orcid.org/0000-0002-8821-4438>

References

1. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>. Published March 11, 2020. Accessed November 2, 2020.
2. World Health Organization. Coronavirus disease (COVID-19) dashboard. <https://covid19.who.int/>. Updated frequently. Accessed November 2, 2020.
3. Ministry of Foreign Affairs of Japan. Overseas Safety. <https://www.anzen.mofa.go.jp/>. Accessed November 2, 2020.
4. Ministry of Health, Labour, and Welfare. A new coronavirus infection website. https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html. Accessed November 2, 2020.
5. Wada K, Suzuki H, Imai T, Aizawa Y. [A tool for supporting decision making for occupational health practitioners at the occurrence of novel influenza]. *Sangyo Eiseigaku Zasshi*. 2012; 54(2): 77-81. (in Japanese). [Medline] [CrossRef]
6. Mori K, Imai T, Maruyama T, Morikane K. Research on promotion of pandemic influenza preparedness in the workplace. In: Takahashi K, ed. *The Ministry of Labour sponsored grant for the prevention of work-related illness*. Tokyo: Ministry of Labour; 2012: 61-88. (in Japanese).
7. Imai T. Pandemic: support for occupational health during pandemic influenza outbreaks. In: Mori K, ed. *Saigai Sangyouhoken Nyumon (Introduction of Occupational Health in Disasters)*. Tokyo: Roudochousakai Co; 2016: 96-107. (in Japanese).
8. World Health Organization. Novel Coronavirus (2019-nCoV) Situation Report – 13. <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200202-sitrep-13-ncov-v3.pdf>. Accessed November 2, 2020.
9. The Japan Society for Occupational Health and the Japanese Society of Travel Medicine. Information on new coronavirus infection. <https://www.sanei.or.jp/?mode=view&cid=416>. Published 2020. Accessed November 2, 2020.
10. Tateishi S, Igarashi Y, Hara T, et al. What occupational health needs arise in workplaces following disaster?—a joint analysis of eight cases of disaster in Japan—. *J Occup Environ Med*. 2015; 57(8): 836-844. [Medline] [CrossRef]

How to cite this article: Matsuoka J, Minohara R, Furuya Y, et al. What types of information about the COVID-19 pandemic do occupational physicians find useful?: a survey. *Environ Occup Health Practice*. 2021; 3: eohp.2021-0001-FS. <https://doi.org/10.1539/eohp.2021-0001-FS>