Take a look!

A handy "Schedule of Routine and Optional Vaccinations" administered in Japan has been prepared for quick reference as your child grows.

Legend

- Age at which number and volume of doses changes.
- Example of vaccination.
- Period when vaccinations are possible outside the routine vaccination schedule.
- Routine vaccination period for Category A diseases.
- Routine vaccination for Category A diseases (standard vaccination period).
- Routine vaccination period for Category B diseases (for those with certain underlying conditions).
- Routine vaccination period for Category B diseases.

Explanations for footnotes 1-11 are listed on the left page of the schedule.

Japan Association of Vaccine Industries
Uchikanda Building 4F, 2-14-4 Uchikanda
Chiyoda-ku, Tokyo 101-0047
Tel: 03-6206-9660 Fax: 03-6206-9661
http://www.wakutin.or.jp/ mail@wakutin.or.jp

Supervised by: Isao Miyairi, M.D.
Head, Division of Infectious Diseases
National Center for Child Health and Development

August 2018
1. Infectious Diseases

*Infectious Diseases*

It is up to us to take care to protect our own health. There are a variety of infectious diseases in the world, and many people, regions, societies, and countries that suffer from infections and symptoms. Japan today is a sanitary country with a broad-reaching medical system and immunization programs, so it is a relatively safe country in terms of infectious disease. Still, no matter how sanitary Japan may be, it is impossible to defend against all viral and bacterial infections. The risk of infection also increases when traveling abroad or in time of disaster. Particularly when there are shortages of antiviral medication, viral epidemics, once underway, can have terrible consequences and lead to many sicknesses and fatalities. To live without fear of such infections, we must remember to get vaccinated against diseases that can be prevented through vaccination and to follow a well-planned immunization program from infancy to adulthood.
2. Special Considerations

Special Considerations
It is important to closely monitor your child’s health before and after being vaccinated. If you have any concerns, you should consult your family doctor or the person responsible in your local municipality.

Before Vaccinations
① Read vaccination notices or announcements from your local municipality, vaccination consent forms, and other information carefully before undergoing vaccinations. Be sure to ask any questions you may have in advance.
② Bathe and wash your child the day before vaccination.
③ Keep in mind to dress your child in clean clothes.
④ Don’t forget to bring your vaccination consent form, maternity passbook, official notices and any other required documents as instructed by your local government office.
⑤ On the day of vaccination carefully monitor your child’s condition and complete all necessary information on the vaccination consent form. Follow the instructions of your doctor, nurse, or the person responsible in your local municipality when receiving the vaccination.

After Vaccinations
① Remain at the vaccination facility for approximately 30 minutes after vaccination and closely monitor your child’s condition. If you must leave the site immediately after the vaccination, be sure you have a means of contacting your doctor in the event you notice any sudden side effects.
② Monitor your child’s condition, paying close attention to his or her arm and the area where the vaccination was administered, over the course of four weeks in the case of live vaccines and one week in the case of inactivated vaccines. If you have any concerns, consult your doctor, nurse, or the person responsible in your local municipality.
③ Do not let your child take part in strenuous activities on the day of vaccination, whether before or after the vaccination.
④ Your child may take a bath or shower on the day of vaccination, but do not rub the region where the vaccine was administered.

Protect your child’s health by learning the facts and getting vaccinated.
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3. Vaccination Intervals

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<thead>
<tr>
<th>Live Vaccines</th>
<th>Inactivated Vaccine</th>
<th>Live Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Rubella, BCG, Mumps, Varicella (Chicken Pox), Herpes Zoster (Shingles), Yellow fever, MR, Rotavirus (1-valent, 5-valent)</td>
<td>Wait at least 27 days (4 weeks)</td>
<td>(At least 27 days, counting from the day following the administration of a live vaccine, must lapse before another type of vaccine can be administered.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Inactivated Vaccines - Toxoids</th>
<th>Inactivated Vaccine</th>
<th>Live Vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>DPT-IPV, DPT, DT, Diphtheria, Tetanus, Japanese encephalitis, Influenza, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Rabies, Pneumococcus (23-valent polysaccharide, 13-valent conjugate), Human papilloma (2-valent, 4-valent), Polio (IPV), Meningococcus (4-valent conjugate)</td>
<td>Wait at least 6 days (1 week)</td>
<td>(At least 6 days, counting from the day following the administration of an inactivated vaccine, must lapse before another type of vaccine can be administered.)</td>
</tr>
</tbody>
</table>

*Multiple vaccinations that have not been combined in advance may be administered simultaneously if a doctor deems it necessary.

4. Haemophilus Influenzae Type b (Hib)

**Haemophilus Influenzae Type b (Hib)**

Haemophilus Influenzae Type b (Hib) spreads from person to person by droplet transmission. Infection with Hib can lead to otitis media (middle ear infection) and pneumonia, and in rare cases to inflammation of the membranes covering the brain and the spinal cord (meningitis). It is believed that before the introduction of the Hib vaccine, roughly 400 people contracted meningitis from Hib in Japan each year, of whom 25% suffered permanent damage and 5% died. Introduction of the Hib vaccine, however, is reported to have greatly reduced the incidence of Hib meningitis compared to the three-year period prior to the introduction of a public subsidy. Although very difficult to diagnose and treat, this disease can be prevented through vaccination.

Note that the microorganism that causes this disease is different than the one that causes influenza as discussed in section 20.

**Who is eligible for this vaccine?**

Infants can receive the vaccine from two months of age as part of their routine vaccinations. The standard schedule calls for three initial vaccinations followed by one subsequent vaccination for a total of four, so be careful not to miss any administrations.
### 3. Vaccination Intervals

#### Live Vaccines
- Measles, Rubella, BCG, Mumps, Varicella (Chicken Pox), Herpes Zoster (Shingles), Yellow fever, MR, Rotavirus (1-valent, 5-valent)

*(At least 6 days, counting from the day following the administration of an inactivated vaccine, must lapse before another type of vaccine can be administered.)*

#### Inactivated Vaccines
- DPT-IPV, DPT, DT, Diphtheria, Tetanus, Japanese encephalitis, Influenza, Haemophilus influenzae type b (Hib), Hepatitis A, Hepatitis B, Rabies, Pneumococcus (23-valent polysaccharide, 13-valent conjugate), Human papilloma (2-valent, 4-valent), Polio (IPV), Meningococcus (4-valent conjugate)

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#### Inactivated Toxicides

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5. Pediatric Pneumococcal Infections

**Pediatric Pneumococcal Infections**
Pneumococcus can cause a variety of infectious diseases including bacterial meningitis, bacteremia, pneumonia and other serious systemic infections, otitis media (middle ear infection), and respiratory infections such as sinusitis. Pneumococcal bacterial meningitis in children, in particular, is difficult to identify because its early symptoms are similar to those of the common cold. It is also known to be prone to leave permanent damage and often result in death. More than half of children who contract bacterial meningitis are under 1 year of age, with the risk of infection increasing after age six months and continuing through around age 5 years. In recent years, more and more pneumococci have become resistant to antibiotics such as penicillin, which makes treatment difficult and is all the more reason to receive the vaccine.

☆ **Who is eligible for this vaccine?**
The 13-valent pneumococcal conjugate vaccine is used for routine vaccinations, which can be received beginning at age 2 months. The standard schedule calls for three initial vaccinations followed by one subsequent vaccination for a total of four, so be careful not to miss any administrations. In addition, the 23-valent polysaccharide vaccine is an optional vaccination available to those aged 2 and over who have undergone a splenectomy or are otherwise at risk of pneumococcal infection.

6. Hepatitis B

**Hepatitis B**
Hepatitis B is a liver disease caused by infection of the hepatitis B virus. It is not contracted in everyday life but in rare cases, such as when there is an open wound, may be transmitted through blood or bodily fluid that has been contaminated with the virus. Although often resulting in transient acute hepatitis with symptoms such as fatigue and jaundice when contracted by adults, persistent infections do also occur. Those with persistent infections, known as “carriers,” have a high risk of developing chronic hepatitis, cirrhosis and liver cancer. Infected infants and children under the age of 5 are known to have a high chance of becoming carriers. Vaccination is an important measure to prevent infection.

☆ **Who is eligible for this vaccine?**
Babies born to mothers who are carriers (HBsAg positive) can be vaccinated under Japan’s national health insurance policy together with HBIG (human immunoglobulin) to prevent mother-child transmission. In addition, given the risk of horizontal transmission from others in the community, routine vaccination for those 0 years old was begun in October 2016. Many countries overseas conduct universal vaccination of all newborns. Optional vaccination is strongly recommended, particularly for small children under 5 years old who are not eligible for routine vaccination or adults who may come into contact with contaminated blood or bodily fluids such as medical practitioners, family members of carriers, and firefighters.
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7. Rotavirus Gastroenteritis

*Rotavirus Gastroenteritis*
Rotavirus gastroenteritis is an infectious inflammation of the stomach and intestine often contracted by infants and caused by the rotavirus (RV). In Japan, rotavirus gastroenteritis is usually contracted in winter and spring by infants age 3–24 months, with most cases occurring at age 7–15 months. When a child aged three months or older contracts the disease for the first time, the symptoms are prone to becoming serious. In most cases, rotavirus gastroenteritis presents symptoms of sudden vomiting followed by watery, whitish diarrhea. Fever is sometimes present, and recovery takes about one week. People infected with this disease usually recover by simply taking water and electrolytes orally without any special treatment, but complications such as dehydration, renal failure and encephalitis/meningitis may occur. Hospitalization may be required if symptoms are serious and patients are extremely dehydrated.

☆ **Who is eligible for this vaccine?**
There are two types of rotavirus vaccine: a 1-valent type and a 5-valent type. Both are optional vaccines and administered orally. The 1-valent type is administered two times to infants at age 6–24 weeks, at an interval of at least 4 weeks. The 5-valent type is administered three times to infants at age 6–32 weeks, at intervals of at least 4 weeks. For either type, it is recommended that the initial vaccination be administered before the age of 14 weeks and 6 days.

8. Pertussis (Whooping Cough)

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Pertussis is caused by the spread of the *Bordetella pertussis* bacteria by droplet transmission. Initial symptoms are similar to those of the common cold but the coughing then becomes more severe and, in the typical pediatric case, develops into sustained fits that cause patients to turn red in the face. There is little fever, but coughing may cause breathing difficulties in infants and small children and lead to seizures. Complications can include pneumonia and encephalopathy, and in infants even death. In adults the symptoms are no more severe than a persistent cough, but this can result in transmission to infants and small children so caution is needed.

☆ **Who is eligible for this vaccine?**
Pertussis can be prevented with the DPT-IPV* quadruple vaccine (or, in some cases, with the DPT** triple vaccine) beginning at age 3 months as part of the routine vaccination schedule. Numerous administrations (four) are required; parents are advised not to miss any vaccinations.

* DPT-IPV : Adsorbed purified pertussis-diphtheria-tetanus-inactivated polio combined vaccine.
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9. Diphtheria

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Few cases of diphtheria have been seen in Japan, but since epidemics have occurred in countries where vaccinations were temporarily suspended this does not mean that diphtheria itself has been eliminated. Symptoms are severe, including difficulty in breathing, and may result in death. If the disease spreads to the heart or nerves, it can lead to myocarditis (damage to the heart) and paralysis. Diphtheria is a very dangerous disease, but can be prevented through vaccination.

☆ Who is eligible for this vaccine?

Can be prevented in infants with the DPT-IPV* quadruple vaccine beginning at age 3 months as part of the routine vaccination schedule. In addition, a DT*** booster dose is also administered between the age of 11 and 12 years.

*** DT : Adsorbed diphtheria-tetanus combined toxoid.

10. Tetanus

*Tetanus*

Tetanus is contracted when the *Clostridium tetani* bacterium enters the body through a wound. There is a risk of infection even for small wounds. Some victims of the Great East Japan Earthquake are known to have contracted tetanus. Toxins produced by Clostridium tetani cause symptoms such as paralysis, severe muscle spasms, and difficulty breathing. People who present symptoms of tetanus have a high mortality rate. Vaccination is the most effective measure for preventing infection, which is why it is important to be vaccinated as early as possible in order to build immunity to the disease.

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Can be prevented in infants with the DPT-IPV* quadruple vaccine beginning at age 3 months as part of the routine vaccination schedule. In addition, the DT*** booster dose is also administered between the age of 11 and 12 years. An adsorbed tetanus toxoid vaccine is recommended as an optional vaccination for those who are injured and have not been vaccinated, or for whom 10 years or more have passed since vaccination.
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11. Polio

**Polio**

Polio is a disease caused by poliovirus that can lead to paralysis of the limbs. Frequently occurring among children it was once known as “infantile paralysis,” but in fact adults are also susceptible. Due to Japan’s high immunization rate, there are no known cases of polio occurring through natural infection in the country. Polio epidemics are still reported in some countries, however, and there is no way of knowing when the virus might enter Japan. People travelling abroad to such countries are at risk of contracting the disease unless they have antibodies so it is still essential to be vaccinated.

☆ **Who is eligible for this vaccine?**

Polio can be prevented in infants with the DPT-IPV quadruple vaccine (or in some cases the inactive polio vaccine on its own) beginning at age 3 months as part of the routine vaccination schedule. Numerous administrations (four) are required; parents are advised not to miss any vaccinations. Note that because the inactive polio vaccine becomes less effective at preventing infection over time, an additional administration of the inactive polio vaccine on its own is recommended as an optional vaccination prior to enrollment in school.

12. Tuberculosis (TB)

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Tuberculosis tends to be thought of as a disease of the past, but Japan still has a relatively high number of patients compared to other advanced countries; in 2016 there were approximately 17,000 cases, primarily among the elderly, and roughly 1,900 deaths. Pediatric tuberculosis is frequently contracted from family member or other nearby adults. Early symptoms of tuberculosis are similar to those for the common cold so they may go unnoticed. Furthermore, infants and small children have low resistance to tuberculosis, so special caution is required as it may develop into more serious tuberculous meningitis or miliary tuberculosis. Nevertheless, tuberculosis among small children in Japan is less frequent than in the United States (where only few people receive the BCG vaccine), which is believed to be the result of vaccination. To prevent development by natural infection, early administration of the BCG vaccine is recommended.

☆ **Who is eligible for this vaccine?**

The Bacillus Calmette-Guérin (BCG) vaccine for tuberculosis is available as a routine vaccination for children before they reach one year of age, with the standard age of administration between 5 and 8 months.
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13. Measles

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Measles is caused by airborne transmission of the measles virus. Many people may contract this highly contagious disease unless properly vaccinated. Symptoms include high fever (39−40°C) and rash, and may lead to complications such as pneumonia, otitis media (middle ear infection), bronchitis, or encephalitis. Even in developed countries, it is said that one in every few thousand people who contracts measles will die. Vaccination is the most important means of prevention. Japan once experienced major epidemics, but as a result of recommending double administration of the vaccine since 2006, the country was recognized as measles-free by the WHO Regional Office for the Western Pacific on 27 March 2015.

☆ **Who is eligible for this vaccine?**

For routine vaccinations, either the combined measles/rubella (MR) vaccine or the measles vaccine alone is administered in the following phases: Phase I: 1-year olds; Phase II: children in the academic year (1 April−31 March) prior to the year they begin elementary school. In general, the combined MR vaccination is administered. Measles has been eliminated in Japan but remains epidemic in many countries around the world; it can sometimes spread in Japan, mainly as the result of the virus being brought in from overseas. It is important to continue to maintain a high immunization rate in order to keep Japan measles-free.

14. Rubella (German Measles)

**Rubella (German Measles)**

Rubella is an infectious disease spread through droplet transmission of the rubella virus. Primary symptoms include rashes, fever and swelling in the lymph nodes in the neck and behind the ears. If contracted, complications may include arthralgia (joint pain), thrombocytopenic purpura, and encephalitis. If pregnant women who are not immune to the disease contract rubella in their first trimester, their infants may be born with congenital rubella syndrome (CRS), manifested in cataracts, heart disease, hearing loss and other symptoms. There are no means of prevention other than vaccination.

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16. Mumps

Mumps

Mumps (epidemic parotitis) is a disease caused by catching the highly contagious mumps virus, either through droplet infection by inhalation or through contact infection by contact between hands with the virus and the nose or mouth, and characterized by fever and swelling of the parotid gland. Mumps infects internal organs and nervous tissue throughout the body, and can lead to complications including aseptic meningitis, encephalitis, hearing loss, and orchitis (testicular inflammation) or ovaritis in post-pubescent adults. Hearing loss, in particular, is difficult to treat effectively so it is important to prevent this disease with the mumps vaccine.

Who is eligible for this vaccine?

Because mumps is most often contracted by children aged 3−6, we recommend administering the vaccine as early as possible, and in a series of two doses. Many municipalities subsidize the cost of the mumps vaccine; please check with the local government in the area where you live.

☆ Who is eligible for this vaccine?

Routine vaccinations are administered to those aged between 12 and 36 months who have not yet contracted varicella. The standard schedule involves an initial administration between the age of 12 and 15 months and a second after an interval of at least 3 months but typically between 6 and 12 months. Single administrations may be provided to those aged 50 or over to prevent herpes zoster (optional vaccination).

15. Varicella (Chicken Pox) and Herpes Zoster (Shingles)

Varicella (Chicken Pox) and Herpes Zoster (Shingles)

Varicella, commonly called "chicken pox," is caused by the highly infectious varicella-zoster virus. Primary symptoms include fever and a rash accompanied by blisters, but severe cases can lead to hospitalization. Varicella can be particularly serious for children with weakened immune systems including those with leukemia and those who are taking steroid medications due to conditions such as nephrotic syndrome. The fetuses of women who contract varicella in the early stage of pregnancy may have congenital varicella syndrome, while newborn babies of women who contract the disease just prior to delivery may contract varicella at an early stage, leading to serious illness. It is important to be vaccinated against this disease. Even after a case of varicella has gotten better, the virus remains dormant in the body. Herpes zoster (shingles) is an illness in which the virus dormant in the body begins to become active again as the result of lowered immunity due to overwork, aging, or illness, and presents as a band of rash on the skin accompanied by pain and blisters.

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**Mumps**

Mumps (epidemic parotitis) is a disease caused by catching the highly contagious mumps virus, either through droplet infection by inhalation or through contact infection by contact between hands with the virus and the nose or mouth, and characterized by fever and swelling of the parotid gland. Mumps infects internal organs and nervous tissue throughout the body, and can lead to complications including aseptic meningitis, encephalitis, hearing loss, and orchitis (testicular inflammation) or ovaritis in post-pubescent adults. Hearing loss, in particular, is difficult to treat effectively so it is important to prevent this disease with the mumps vaccine.

**Who is eligible for this vaccine?**
Because mumps is most often contracted by children aged 3–6, we recommend administering the vaccine as early as possible, and in a series of two doses. Many municipalities subsidize the cost of the mumps vaccine; please check with the local government in the area where you live.
17. Japanese Encephalitis

**Japanese Encephalitis**

Japanese encephalitis is caused by a virus transmitted by mosquito (primarily *Culex tritaeniorhynchus*) during summer and autumn. When contracted, the disease develops into acute encephalitis with symptoms including high fever, headache, vomiting, impaired consciousness, and seizures. Even after symptoms subside, many people suffer aftereffects such as sensory and motor disabilities, while roughly 20–40% of those infected die. Building immunity through vaccination is the most effective preventive measure against this dangerous disease.

☆ **Who is eligible for this vaccine?**

For routine vaccinations, basic immunizations should be administered at 6–90 months of age, generally in two doses at an interval of 6–28 days at age 3 followed by a single additional vaccination after an interval of 1 year and then one more at age 9. The Ministry of Health, Labor and Welfare stopped actively advocating Japanese encephalitis vaccinations on 30 May 2005, but resumed advocating them from 2010. Further information is available at your local government office.

18. Meningococcal Infection

**Meningococcal Infection**

Invasive meningococcal infection occurs when meningococcal bacteria invade the bone marrow or blood. There are said to be at least 13 serogroups of meningococcal bacteria but the majority of cases are caused by 5 of them: A, B, C, Y, and W-135. Meningococcal bacteria are spread from person to person through coughing and sneezing. Symptoms include fever, headache, photophobia (discomfort or pain under bright light), sore muscles, and fatigue, but symptoms worsen rapidly and can lead to death within 24–28 hours. Even when patients recover, they sometimes suffer aftereffects such as hearing loss, neurological disorders, or the amputation of limbs.

Invasive meningococcal infection is difficult to diagnose because its early symptoms are similar to those of the common cold. Early diagnosis and treatment is critical, however, tends to lead to severe symptoms because the infection proceeds rapidly and treatment is critical.

☆ **Who is eligible for this vaccine?**

The preventative vaccine currently approved and administered in Japan is for meningococcal bacteria of serotypes A, C, Y, and W-135. Vaccination is recommended for those age 10 or older who live in dormitories, take part in extracurricular activities, or otherwise engage in communal living and those of any age who travel to areas where meningococcal infections are endemic. Persons studying overseas are sometimes required by their schools to receive proof of meningococcal vaccination.
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19. Cervical Cancer

Cervical Cancer

Cervical cancer is a type of cancer that develops near the entrance of the uterus (the cervix). Recently, the frequency of this cancer among young women in their twenties and thirties has been increasing. Cervical cancer is caused by an infection of the oncogenic human papilloma virus (HPV). Anyone who has had sexual intercourse may carry HPV; the infection itself is common. In most cases, HPV is naturally expelled from the body. However, if the virus is not expelled and the infection continues for a long period of time, it can cause cervical cancer after 5–10 years. In addition to cervical cancer, HPV can also lead to vulvar cancer, vaginal cancer, condyloma acuminate (genital warts) and other diseases.

☆ Who is eligible for this vaccine?

The vaccination for cervical cancer is thought to be most effective when administered at an age before the onset of sexual activity. The 2-valent vaccine can be administered to girls aged 10 and older and the 4-valent vaccine to girls aged 9 and older. Vaccination is most often recommended for girls aged 10–14 and next often for those aged 15–26. Vaccination is also recommended for women aged 27–45 who wish to be vaccinated.

Beginning 1 April, 2013 the HPV vaccine became a routine vaccination administered between the first day of the fiscal year in which a girl turns 12 and the last day of the fiscal year in which she turns 16, with the standard period of administration being between the first and last days of the fiscal year in which a girl turns 13.

Note that as of August 2018 experts are conducting a reevaluation of the persistent pain that has been confirmed in some recipients following administration of the HPV vaccine. Until the results of this reevaluation are known, administration of the vaccine is not being actively recommended. However, routine vaccinations have not been suspended so eligible parties who wish to receive the vaccine may do so. Please fully understand the effectiveness and risks of the HPV vaccine when making a decision about administration.

Note: Those being vaccinated against cervical cancer should refer to “For Recipients of the Cervical Cancer Vaccine” (June 2013) from the Ministry of Health, Labor, and Welfare. (http://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou28/)
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(http://www.mhlw.go.jp/bunya/kenkou/kekkaku-kansenshou28/)
**20. Influenza (Flu)**

*Influenza (Flu)*

Unlike the common cold, influenza (commonly referred to as “the flu”) is a contagious disease with severe respiratory symptoms. It has the potential to spread on a global scale, and can lead to serious complications such as pneumonia, acute otitis media (middle ear infection) and encephalopathy. Vaccinations are said to be effective in reducing the likelihood of presenting symptoms after infection and reducing their severity. For these reasons we recommend that infants, young children, the elderly, and those with chronic diseases receive the influenza vaccine.

☆ **Who is eligible for this vaccine?**

We recommend the vaccine be administered twice for children aged 12 or under, and either once or twice (with a 4-week interval between administrations) for children aged 13 or older prior to the beginning of the flu season. Routine vaccinations are recommended for people 65 or older, and for those between the ages of 60 and 64 who suffer from serious heart, kidney and/or respiratory conditions.

**21. Adult Pneumococcal Infections**

*Adult Pneumococcal Infections*

Pneumococcus can cause a variety of infectious diseases including pneumonia, meningitis, bacteremia, bronchitis, and otitis media (middle ear infection). Pneumococcus is a frequent bacterial cause of pneumonia to which the elderly and those with chronic respiratory disease are known to be susceptible, and tends to strike them particularly hard. In recent years, more and more pneumococci have become resistant to antibiotics such as penicillin, which makes treatment difficult and is all the more reason to receive the vaccine.

☆ **Who is eligible for this vaccine?**

Two types of vaccines for preventing adult pneumococcal infections are currently available in Japan: the 23-valent polysaccharide vaccine and the 13-valent pneumococcal conjugate vaccine (PCV13). The former is used for the elderly and for those with respiratory conditions, cardiac disease, diabetes, and those who have undergone a splenectomy as a result of either disease or injury. The latter is used for the elderly aged 65 and over.

In addition, since 1 October 2014 the 23-valent vaccine is also available to the elderly as a routine vaccination. Please contact your local municipal office for details.
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Vaccinations Required for Overseas Travel

There are numerous infectious diseases in the world, and it is necessary to be properly vaccinated in Japan before travelling abroad. We recommend you create and follow a vaccination schedule prior to traveling abroad, particularly for children planning to study abroad or families anticipating extended stays overseas. There is also the need for some destinations to take precautions against mosquito-borne diseases such as malaria and dengue fever. More information is available at the embassies of destination countries, local quarantine stations throughout Japan, and the websites listed below.

- Information about staying healthy when overseas, provided by the Ministry of Health, Labor and Welfare Quarantine Station (FORTH):
  - http://www.forth.go.jp/
- Ministry of Foreign Affairs Overseas Safety Precautions: World Medical Information:
- Information on safety overseas, provided by the Ministry of Foreign Affairs:
  - http://www.anzen.mofa.go.jp/

Hepatitis A

Hepatitis A

This contagious disease causes acute hepatitis as a result of oral transmission of food or water contaminated with the hepatitis A virus. Although infants infected with the virus often don’t show symptoms, most adults do. Symptoms include fever of 38°C or higher, general malaise, diarrhea and jaundice that take 1–2 months to recover from. On rare occasions the disease develops into fulminant hepatitis.

Who is eligible for this vaccine?

Available as an optional vaccination, two administrations are performed at an interval of 2 to 4 weeks followed by a third administration 24 weeks after the initial one. For those in a hurry to develop immunity, the two administrations at a 2-week interval will provide some measure of immunity, but the third administration provides longer-term immunity. Vaccination is recommended for those traveling to countries where hepatitis A is epidemic, but caution is advised because foodborne infection occurs even in Japan.
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Rabies

Rabies is transmitted when an animal infected with the rabies virus bites someone or licks an open wound, and leads to death in nearly 100% of full-blown cases. There have been no cases in Japan since 1957 but in 2006 there were imported infections in people returning to Japan after being bitten by animals overseas. The vaccine may be used preventively prior to being bitten by animals (pre-exposure) or to prevent onset after being bitten (post-exposure).

Who is eligible for this vaccine?

Pre-exposure vaccination is administered in two subcutaneous doses at a 4-week interval followed by a third subcutaneous dose 6 months later. Post-exposure vaccination is administered in 6 subcutaneous doses, with the final 5 doses administered 3, 7, 14, 30, and 90 days after the initial dose.

Yellow fever is a disease endemic to parts of Africa and South America within a range of about 20 degrees latitude centered on the equator. It is caused by the yellow fever virus, which is spread through the bite of an infected yellow fever mosquito (Aedes aegypti). After an incubation period of 3–6 days, yellow fever typically presents symptoms including headaches, dizziness, fever, sore muscles, and nausea, followed by jaundice, vomiting blood, bloody bowel discharge, and albumin in the urine. Serious cases of yellow fever can lead to coma or death. The fatality rate is said to be roughly 5–10%.

Who is eligible for this vaccine?

Vaccinations are administered at quarantine stations as a single 0.5ml subcutaneous injection. Infants younger than 9 months cannot receive the vaccine. Some countries require an international certificate of vaccination in order to enter the country. Certificates of vaccination were previously valid for a period of ten years beginning ten days after the vaccination, but beginning in July 2016 they are now valid for life.
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Vaccines Approved in Japan

— Yellow Fever

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*1 Vaccination started in Japan on December 19, 2008. Although those of 2 months or older but younger than 5 years are targeted, the standard period for the first dose is from at least 2 months to younger than 7 months old. Vaccination is done by three subcutaneous inoculations. Normally, 3 doses are given subcutaneously at intervals of 27 or more days before 12 months of age (possibly at 20-day intervals if the physician deems it necessary). If the first dose is given after 7 months or older but younger than 12 months, usually 2 doses are given subcutaneously at interval of at least 27 days (possibly as a 20-day interval if the physician deems it necessary). After the first dose, the following dose is given by subcutaneous inoculation after an interval of more than 7 months. If the first dose is given when a child is 1 year or older but younger than 5 years old, it is normally one dose by subcutaneous inoculation.

*2 This has been introduced as a routine vaccination replacing 7-valent conjugate vaccines since November 1, 2013. The first dose is given at 2 months or older but younger than 7 months, followed by three more doses given at intervals of at least 27 days. Normally a booster shot is given between 12 to 15 months of age, completing a total of 4 inoculations. Those who missed out on the vaccination may be vaccinated according to the following schedule: if the child is 7 months or older but younger than 12 months, two doses are given at an interval of at least 27 days, followed by a booster shot at least 60 days later, when the child is at least 12 months old. If the child is one year old, two doses at an interval of at least 60 days. If the child is 2 years or older but younger than 6 years, one dose is given. If the child is 5 years or older, vaccination is voluntary.

*3 Introduced as a routine vaccination on October 1, 2016 for those born on or after April 1, 2016. Vaccinations to prevent mother-to-child transmission must be received together with Hb globin under health insurance coverage rather than as a routine vaccination

Covered Under Health Insurance: ① To prevent mother-to-child transmission of the Hepatitis B virus (together with anti-HBs human immunoglobulin) [HB vaccine] Typically, a single 0.25mL dose is administered subcutaneously within 12 hours of birth. (May be administered more than 12 hours after birth depending on the condition of the infant, but as soon as possible after birth in any case.) Two subcutaneous booster shots of 0.25mL each administered one and six months after the initial vaccination. However, booster shots are administered when there is an absence of active anti-HBs. [HBIG (in principle, together with HB vaccine)] Initial intramuscular injection of 0.5 to 1.0mL within 5 days of birth (preferably within 12 hours of birth). A booster shot of 0.16 to 0.24 mL is also administered. The age of vaccination was changed beginning October 18, 2013. ② When used to prevent Hepatitis B in hemophilia patients. ③ Non-occupational use to prevent Hepatitis B in the wake of contamination with HBs antigen-positive and HBe antigen-positive blood (together with anti-HBs human immunoglobulin).

Covered Under Workers’ Compensation Insurance: ① Occupational use in the event of contamination with HBs antigen-positive and HBe antigen-positive blood (together with anti-HBs human immunoglobulin). ② Occupational use in the event of contamination through contact of an existing wound with HBs antigen-positive and HBe antigen-positive blood (together with anti-HBs human immunoglobulin).

*4 D: diphtheria, P: pertussis, T: tetanus, IPV: inactivated polio vaccine. IPV was introduced in the routine vaccination program as of September 1, 2012, while DPT-IPV combined vaccine was introduced into the routine vaccination program as of November 1, 2012. It is primarily inoculated over 4 doses, unless the child has taken one dose of OPV (oral polio vaccine), in which case 3 doses of IPV should follow. Since September 1, 2012, OPV is no longer available as the routine vaccination. Started vaccination with DPT- cIPV vaccine mixed with IPV (Salk vaccine), an inactivated wild-type poliovirus, from December 9, 2015. DPT-IPV vaccine (introduced as of November 1, 2012) is DPT-sIPV vaccine mixed with IPV made of inactivated Sabin strain, a live polio vaccine strain (added on December 9, 2015). Since the DPT vaccine expired on July 15, 2016, no DPT vaccine is currently available on the market in Japan.

*5 Once again available beginning January 29, 2018.

*6 Those who have received two doses of live polio vaccine (OPV) do not require IPV vaccination. Those who have received one dose of OPV receive three doses of IPV. Those who have received no doses of OPV receive four doses of IPV.

*7 Introduced as a routine vaccination on October 1, 2014, with two doses administered at an interval of at least 3 month (typically 6 to 12 months).

*8 Routine vaccinations are administered once every year. Influenza vaccines from Kaketsuken, Biken, and Denka Seiken are to be administered no less than 6 month after birth while the influenza vaccine from Kitasato Daiichi Sankyo is to be administered at no less than 1 year of age.

*9 Introduced as a routine vaccination on October 1, 2014, available to those turning 65, 70, 75, 80, 85, 90, 95, and 100 years old during a given fiscal year. A single vaccination may be received as a routine vaccination. In addition, health insurance coverage applies only when used to prevent streptococcus pneumoniae infection in splenectomy patients of at least two years of age.

*10 Introduced in Japan on May 18, 2015 to prevent invasive meningococcal disease of serotypes A, C, Y and W. Health insurance coverage applies when Eculizumab (product name: Soralis intravenous drip) is administered, for example, to control hemolysis in patients with paroxysmal nocturnal hemoglobinuria, thrombotic microangiopathy in patients with atypical hemolytic uremic syndrome, or whole-body myasthenia gravis.

*11 Administered only at quarantine stations, not at general healthcare facilities.
Vaccination

A handy "Schedule of Routine and Optional Vaccinations" administered in Japan has been prepared for quick reference as your child grows.

Japan Association of Vaccine Industries
Uchikanda Building 4F, 2-14-4 Uchikanda
Chiyoda-ku, Tokyo 101-0047
Tel: 03-6206-9660 Fax: 03-6206-9661
http://www.wakutin.or.jp/ mail@wakutin.or.jp

Supervised by: Isao Miyairi, M.D.
Head, Division of Infectious Diseases
Department of Medical Specialties
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Vaccination

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Legend

- Age at which number and volume of doses changes.
- Example of vaccination.
- Period when vaccinations are possible outside the routine vaccination schedule.
- Routine vaccination period for Category A diseases.
- Routine vaccination for Category A diseases (standard vaccination period).
- Routine vaccination period for Category B diseases for those with certain underlying conditions.
- Routine vaccination period for Category B diseases.

Explanations for footnotes 1-11 are listed on the left page of the schedule.

Japan Association of Vaccine Industries
Uchikanda Building 4F, 2-14-4 Uchikanda
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