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: 03-6206-9860 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
National Center for Child Health and Development

August 2019
# Routine/Voluntary Immunization Schedule in Japan

**Name of Vaccine**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib (inactivated)</td>
<td>0-6 months</td>
<td>3 doses</td>
</tr>
<tr>
<td>diphtheria, pertussis, tetanus, acellular pertussis</td>
<td>0-6 months</td>
<td>3 doses</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>1-2 months</td>
<td>3 doses</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>6-11 months</td>
<td>3 doses</td>
</tr>
<tr>
<td>PPV (pneumococcal polysaccharide vaccine)</td>
<td>1-2 months</td>
<td>2 doses</td>
</tr>
<tr>
<td>DPT/IPV (quadriple vaccine)</td>
<td>1-2 months</td>
<td>2 doses</td>
</tr>
<tr>
<td>DT (double vaccine)</td>
<td>1-2 months</td>
<td>2 doses</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>12 months</td>
<td>1 dose</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Influenza</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Tetanus toxoid</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Yellow fever</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
<tr>
<td>Rabies</td>
<td>12-15 years</td>
<td>1 dose</td>
</tr>
</tbody>
</table>

**Schedule of Routine/Voluntary Vaccinations**

- 1. Infectious Diseases
- 2. Special Considerations
- 3. Vaccination Intervals
- 4. Haemorrhagic Fever Type b (Hb)
- 5. Pneumococcal and Meningococcal Infections
- 6. Hepatitis B
- 7. Rotavirus
- 8. Pertussis (Whooping Cough)
- 9. Diphtheria
- 10. Tetanus
- 11. Polio
- 12. Tuberculosis (TB)
- 13. Measles
- 14. Rubella
- 15. Varicella
- 16. Mumps
- 17. Japanese Encephalitis
- 18. Meningococcal Infections
- 19. Cervical Cancer
- 20. Influenza (Flu)
- 21. Adult Pneumococcal Infections
- 22. Herpes Zoster (Shingles)
- 23. Hepatitis A
- 24. Vaccinations Required for Overseas Travel

This pamphlet was created based on the information available as of August 2019. Please contact your physician or local vaccination information desk for the latest information.
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.
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.
### 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 27 days, counting from the day following the administration of a live 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)

(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.)

*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

<table>
<thead>
<tr>
<th>Live Vaccines</th>
<th>Inactivated Vaccine</th>
<th>Inactivated 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>Live Vaccine</td>
</tr>
</tbody>
</table>

(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.)

<table>
<thead>
<tr>
<th>Inactivated Vaccines • Toxoids</th>
<th>Inactivated Vaccine</th>
<th>Inactivated 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>Live Vaccine</td>
</tr>
</tbody>
</table>

(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.)

*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)* 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.
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. The subsequent vaccination, in particular, should be administered shortly after turning 1 year old. 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.
5. Pediatric Pneumococcal Infections

**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. The subsequent vaccination, in particular, should be administered shortly after turning 1 year old. 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.
**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, 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.

**Pertussis (Whooping Cough)**

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.
**DPT : Adsorbed purified pertussis-diphtheria-tetanus combined vaccine.
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, 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)

**Pertussis (Whooping Cough)**

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

*Diphtheria*

Few cases of diphtheria are seen in Japan, but this does not mean that diphtheria itself has been eliminated. Indeed, in some countries the temporary suspension of vaccinations has resulted in epidemics. 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, which is why it is important to be vaccinated as early as possible in order to build immunity to the disease.

☆ *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, 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.
9. Diphtheria

*Diphtheria*
Few cases of diphtheria are seen in Japan, but this does not mean that diphtheria itself has been eliminated. Indeed, in some countries the temporary suspension of vaccinations has resulted in epidemics. 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, which is why it is important to be vaccinated as early as possible in order to build immunity to the disease.

⭐ *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, 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.
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)

Tuberculosis (TB)

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 2017 there were approximately 17,000 cases, primarily among the elderly, and roughly 2,300 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 become aggravated and 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.
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)

Tuberculosis (TB)

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 2017 there were approximately 17,000 cases, primarily among the elderly, and roughly 2,300 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 become aggravated and 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.
13. Measles

**Measles**

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. As a result of two-dose vaccinations since 2006, Japan eliminated measles in 2015. Major epidemics are no longer seen in the country, but caution is required as sporadic outbreaks continue to occur among unvaccinated groups and those who received one-dose vaccinations.

☆ **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 remains endemic 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 prevent epidemics.

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.

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

Either the combined measles/rubella (MR) vaccine or the rubella 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. In FY 2019, routine vaccinations were introduced for adult males with low antibodies. Males born between 2 April 1962 and 1 April 1979 should undergo rubella antibody testing and vaccination. It is also important for those around them to remind adult males in the target group to do so.
13. Measles

Measles

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. As a result of two-dose vaccinations since 2006, Japan eliminated measles in 2015. Major epidemics are no longer seen in the country, but caution is required as sporadic outbreaks continue to occur among unvaccinated groups and those who received one-dose vaccinations.

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 remains endemic 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 prevent epidemics.

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.

Who is eligible for this vaccine?

Either the combined measles/rubella (MR) vaccine or the rubella 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. In FY 2019, routine vaccinations were introduced for adult males with low antibodies. Males born between 2 April 1962 and 1 April 1979 should undergo rubella antibody testing and vaccination. It is also important for those around them to remind adult males in the target group to do so.
15. Varicella (Chicken Pox)

Varicella (Chicken Pox)
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 during early pregnancy may be impaired, and the newborns 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.

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. A second administration takes place at least 3 months after the first (typically after an interval of between 6 and 12 months).

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 serious and difficult to treat effectively so it is important to prevent this disease with the mumps vaccine.

Who is eligible for this vaccine?
The mumps vaccine is optional, but we recommend administration in two doses. Administration is recommended around the time when the combined MR vaccine and varicella vaccine are administered—at the age of 1 year or as soon as possible thereafter—because mumps is often contracted by children aged 3–6.
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 serious and difficult to treat effectively so it is important to prevent this disease with the mumps vaccine.

Who is eligible for this vaccine?

The mumps vaccine is optional, but we recommend administration in two doses. Administration is recommended around the time when the combined MR vaccine and varicella vaccine are administered—at the age of 1 year or as soon as possible thereafter—because mumps is often contracted by children aged 3–6.

Varicella (Chicken Pox)

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 during early pregnancy may be impaired, and the newborns 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.

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. A second administration takes place at least 3 months after the first (typically after an interval of between 6 and 12 months).
18. Meningococcal Infection

**Meningococcal Infection**

Invasive meningococcal infection occurs when meningococcal bacteria invade parts of the body that are normally bacteria-free such as bone marrow or blood. 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 after-effects 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?**

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 about 1 year. Typically, one additional vaccination is administered 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.

Note: The meningococcal vaccines currently approved and available in Japan protect against serotypes A, C, Y, and W.
**17. Japanese Encephalitis**

*Japanese Encephalitis*

Japanese encephalitis is caused by a virus transmitted by mosquitoes (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 about 1 year. Typically, one additional vaccination is administered 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 parts of the body that are normally bacteria-free such as bone marrow or blood. 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 after-effects 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?*

Vaccination is recommended for those age 10 or older who live in dormitories, take part in extracurricular activities, or otherwise engage in communal living whether in Japan or overseas, those of any age who travel to areas where meningococcal infections are endemic, and those who study abroad in countries where the meningococcal vaccination is routinely administered. Vaccination is recommended even for high-risk patients (those with complement deficiency, asplenia, or splenetic dysfunction; HIV infection; or undergoing treatment with Solilis (Eculizumab)) aged 9 months or older.

Note: The meningococcal vaccines currently approved and available in Japan protect against serotypes A, C, Y, and W.
19. 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 varieties of the human papilloma virus (HPV). Anyone may be infected with HPV; most post-puberty infections are triggered by sexual activity. 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 acuminata (anogenital 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 experts are conducting (as of August 2019) an analysis and evaluation of the diverse symptoms (functional somatic syndrome) that have been confirmed in some recipients following administration of the HPV vaccine. Until the results of this analysis and evaluation are known, administration of the vaccine is temporarily 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 should refer to “Human Papilloma Virus Infection (HPV Vaccine)” from the Ministry of Health, Labor, and Welfare.
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 varieties of the human papilloma virus (HPV). Anyone may be infected with HPV; most post-puberty infections are triggered by sexual activity. 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 acuminata (anogenital 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 experts are conducting (as of August 2019) an analysis and evaluation of the diverse symptoms (functional somatic syndrome) that have been confirmed in some recipients following administration of the HPV vaccine. Until the results of this analysis and evaluation are known, administration of the vaccine is temporarily 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 should refer to “Human Papilloma Virus Infection (HPV Vaccine)” from the Ministry of Health, Labor, and Welfare.
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. Because the viruses that cause epidemics change every year, we recommend annual vaccination.

☆ 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, the 23-valent vaccine is currently available to the elderly as a routine vaccination. Please contact your local municipal office for details.
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. Because the viruses that cause epidemics change every year, we recommend annual vaccination.

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, the 23-valent vaccine is currently available to the elderly as a routine vaccination. Please contact your local municipal office for details.
22. Herpes Zoster (Shingles)

**Herpes Zoster (Shingles)**
Herpes zoster (shingles) is a disease caused by the same virus that causes varicella (chicken pox): the varicella-zoster virus. People often contract varicella in childhood, but this virus remains dormant in the body even after they have recovered. Herpes zoster (shingles) is a condition that occurs when this dormant virus later—due to lowered immunity resulting from overwork, aging, or illness—again becomes active and presents as a band of rash on the skin accompanied by pain and blisters.

☆ **Who is eligible for this vaccine?**
The same vaccine used to prevent varicella (chicken pox) is used to prevent herpes zoster (shingles). For people aged 50 and over, a single dose is administered. When using the varicella vaccine to prevent herpes zoster, it cannot be administered to ill people with abnormal immune function or people undergoing immunosuppressant treatment.

23. Hepatitis A

**Hepatitis A**
This contagious disease causes acute hepatitis as a result of oral transmission through food or water contaminated with the hepatitis A virus or sexual contact with infected persons. 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.
22. Herpes Zoster (Shingles)

**Herpes Zoster (Shingles)**

Herpes zoster (shingles) is a disease caused by the same virus that causes varicella (chicken pox): the varicella-zoster virus. People often contract varicella in childhood, but this virus remains dormant in the body even after they have recovered. Herpes zoster (shingles) is a condition that occurs when this dormant virus later—in due to lowered immunity resulting from overwork, aging, or illness—again becomes active and presents as a band of rash on the skin accompanied by pain and blisters.

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

The same vaccine used to prevent varicella (chicken pox) is used to prevent herpes zoster (shingles). For people aged 50 and over, a single dose is administered. When using the varicella vaccine to prevent herpes zoster, it cannot be administered to ill people with abnormal immune function or people undergoing immunosuppressant treatment.

23. Hepatitis A

**Hepatitis A**

This contagious disease causes acute hepatitis as a result of oral transmission through food or water contaminated with the hepatitis A virus or sexual contact with infected persons. 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.
24. Vaccinations Required for Overseas Travel

Vaccinations Required for Overseas Travel
There are numerous infectious diseases in the world. It is necessary first to be properly vaccinated in Japan before travelling abroad. Particularly for children planning to study abroad or families anticipating extended stays overseas, we recommend you create and follow a vaccination schedule tailored to conditions at your destination and receive vaccinations in Japan in advance. For some destinations, it is also necessary to take precautions against mosquito-borne diseases such as malaria and dengue fever. More information is available at destination country embassies, 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/

Vaccines Approved in Japan
— Yellow Fever —
Yellow fever is a disease endemic to parts of Africa and South America within a range of about 15 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 for severe cases is generally said to be 20% or higher.

☆ 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.
Vaccinations Required for Overseas Travel

There are numerous infectious diseases in the world. It is necessary first to be properly vaccinated in Japan before travelling abroad. Particularly for children planning to study abroad or families anticipating extended stays overseas, we recommend you create and follow a vaccination schedule tailored to conditions at your destination and receive vaccinations in Japan in advance. For some destinations, it is also necessary to take precautions against mosquito-borne diseases such as malaria and dengue fever. More information is available at destination country embassies, 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/

Vaccines Approved in Japan

Yellow Fever

Yellow fever is a disease endemic to parts of Africa and South America within a range of about 15 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 for severe cases is generally said to be 20% or higher.

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.
— 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?

Two types of vaccine have been approved for use in Japan. The number of doses administered and the intervals between administrations differ for each vaccine. Please consult with your physician when getting vaccinated.
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?

Two types of vaccine have been approved for use in Japan. The number of doses administered and the intervals between administrations differ for each vaccine. Please consult with your physician when getting vaccinated.
Indications Covered Under Health Insurance:

Health insurance coverage rather than as a routine vaccination.

Transmission must be received together with HB immunoglobulin under birth on or after April 1, 2016. Vaccinations to prevent mother-to-child if the child is one year or older but younger than 5 years old, it is normally one dose by subcutaneous inoculation.

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 vacinated 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.

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 immunoglobulin under health insurance coverage rather than as a routine vaccination.

Indications Covered Under Health Insurance:

- Prevention of mother-to-child Hepatitis B virus transmission

  [HB vaccine (together with anti-HBs human immunoglobulin)]

  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.

- When used to prevent Hepatitis B in hemophilia patients.

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:

- Occupational use in the event of contamination with HBs antigen-positive and HBe antigen-positive blood (together with anti-HBs human immunoglobulin).

- 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).

The first dose should be administered by the age of 14 weeks and 6 days. May choose either two 1-valent doses or three 5-valent doses.

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).


Those who have received two doses of live polio vaccine (OPV), except before traveling to countries where polio is endemic, 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.

May be administered as an emergency measure.

In general, the combined MR vaccine is administered. Those who have received either the measles-only or rubella-only vaccines during a given stage, and those who specifically request single-antigen vaccines, may opt for a single-antigen vaccine.


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).

Those who were born between April 2, 2007 and October 1, 2009 may receive Stage 1 vaccination as a routine vaccination during the periods from 6 to 89 months of age and from 9 to 12 years of age.

For those who were born between April 2, 1995 and April 1, 2007, have not received all four doses, and are under 20 years of age.
Vaccination started in Japan on December 19, 2008. Although those aged 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 intervals of at least 27 days (possibly at 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.

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.

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 immunoglobulin under health insurance coverage rather than as a routine vaccination.

Indications Covered Under Health Insurance:

1. 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 intervals of at least 27 days (possibly at 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. Introducing 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 immunoglobulin under health insurance coverage rather than as a routine vaccination.

- Prevention of mother-to-child Hepatitis B virus transmission (HB vaccine (together with anti-HBs human immunoglobulin)).
  - 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.

- When used to prevent Hepatitis B in hemophilia patients.

- 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).

3. The first dose should be administered by the age of 14 weeks and 6 days. May choose either two 1-valent doses or three 5-valent doses.

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 cases 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).


6. Those who have received two doses of live polio vaccine (OPV), except before traveling to countries where polio is endemic, 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. May be administered as a double-antigen vaccine.

8. In general, the combined MR vaccine is administered. Those who have received either the measles-only or rubella-only vaccines during a given stage, and those who specifically request single-antigen vaccines, may opt for a single-antigen vaccine.


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

11. Those who were born between April 2, 2007 and August 1, 2009 may receive Stage 1 vaccination as a routine vaccination during the periods from 6 to 89 months of age and from 9 to 12 years of age.

12. For those who were born between April 2, 1995 and April 1, 2007, have not received all four doses, and are under 20 years of age.
*14 Because there is no data concerning compatibility, either may be chosen with the same vaccine administered intramuscularly three times in succession. The interval between doses differs by vaccine.

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

*16 Introduced as a routine vaccination on October 1, 2014. Beginning April 1, 2019, available as a single-administration routine vaccination to those who are unvaccinated and turn 65, 70, 75, 80, 85, 90, 95, or 100 or more years of age during a given fiscal year. Health insurance is only applicable when used to prevent pneumococcal infections in splenectomy patients who are at least two years of age.

*17 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.

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

*19 There are two vaccines: one from KM Biologics that is administered subcutaneously and one from GSK that is administered intramuscularly. For the number of administrations and the intervals between them, please consult the package insert for each vaccine.
### Routine/Voluntary Immunization Schedule in Japan

<table>
<thead>
<tr>
<th>Name of Vaccine</th>
<th>Manufacturer/Supplier</th>
<th>Age Group</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hib (inactivated)</td>
<td>GlaxoSmithKline</td>
<td>0-2 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Diphtheria, Pertussis</td>
<td>GlaxoSmithKline</td>
<td>2 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Tetanus, diphtheria</td>
<td>GlaxoSmithKline</td>
<td>2 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>GlaxoSmithKline</td>
<td>0-2 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Polio</td>
<td>GlaxoSmithKline</td>
<td>2 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Measles</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Mumps</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Rubella</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Varicella</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Influenza</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
<tr>
<td>Measles, Mumps, Rubella</td>
<td>GlaxoSmithKline</td>
<td>12 months</td>
<td>Primary Immunizations</td>
</tr>
</tbody>
</table>

### Schedule of Routine/Voluntary Vaccinations

1. **1st Year**:
   - 2 months: DTP, Hib, Polio, Hepatitis B
   - 3 months: DPT, Hib
   - 4 months: DPT, Polio
   - 6 months: DPT, Hepatitis B
   - 12 months: MMR, Varicella

2. **2nd Year**:
   - 18 months: MMR
   - 24 months: Influenza

3. **3rd Year**:
   - 26 months: Measles

4. **4th Year**:
   - 30 months: Hepatitis A

5. **5th Year**:
   - 34 months: Yellow Fever

6. **6th Year**:
   - 36 months: Rabies

7. **7th Year**:
   - 38 months: Japanese Encephalitis

8. **8th Year**:
   - 40 months: Hepatitis B

9. **9th Year**:
   - 42 months: Polio

10. **10th Year**:
    - 44 months: DTP, Polio

11. **11th Year**:
    - 46 months: DPT, MMR

12. **12th Year**:
    - 48 months: MMR

13. **13th Year**:
    - 50 months: Influenza

14. **14th Year**:
    - 52 months: Measles

15. **15th Year**:
    - 54 months: Hepatitis A

16. **16th Year**:
    - 56 months: Yellow Fever

17. **17th Year**:
    - 58 months: Rabies

18. **18th Year**:
    - 60 months: Japanese Encephalitis

### Age Groups
- **0-2 months**: Primary Immunizations
- **2 months**: Primary Immunizations
- **12 months**: Primary Immunizations
- **18 months**: Primary Immunizations
- **26 months**: Primary Immunizations
- **30 months**: Primary Immunizations
- **34 months**: Primary Immunizations
- **36 months**: Primary Immunizations
- **38 months**: Primary Immunizations
- **40 months**: Primary Immunizations
- **42 months**: Primary Immunizations
- **44 months**: Primary Immunizations
- **46 months**: Primary Immunizations
- **48 months**: Primary Immunizations
- **50 months**: Primary Immunizations
- **52 months**: Primary Immunizations
- **54 months**: Primary Immunizations
- **56 months**: Primary Immunizations
- **58 months**: Primary Immunizations
- **60 months**: Primary Immunizations

**Adapted from the website of the Infectious Disease Surveillance Center at the National Institute of Infectious Diseases (1 August 2019)**

### Footnotes
- **Primary Immunizations**: Immunizations that are given at birth or shortly after birth to protect against diseases that are common in Japan.
- **Secondary Immunizations**: Immunizations that are given at an older age to protect against diseases that are less common in Japan.
- **Boosters**: Immunizations that are given after the primary or secondary immunizations to boost the immune response against the disease.

**Schedule of Routine/Voluntary Vaccinations**

This pamphlet was created based on the information available as of August 2019. Please contact your physician or local vaccination information desk for the latest information.
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
National Center for Child Health and Development
August 2019
A handy "Schedule of Routine and Optional Vaccinations" administered in Japan has been prepared for quick reference as your child grows.

\[\text{Legend}\]

- **Example of vaccination.**
- **Period when vaccinations are possible.**
- 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 1-19 are listed on pages 30-32.

\[\text{Vaccination 2019}\]

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
National Center for Child Health and Development

August 2019