Vaccination

2023

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Contents

This pamphlet was created based on the information available as of August 2023.
Please contact your physician or local vaccination information desk for the latest information.

About COVID-19

To stay up to date on COVID-19 and COVID-19 vaccines, visit the following pages on the Ministry of Health, Labour and Welfare website for the latest information.

- More information on COVID-19:

  https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/0000164708_00001.html

- More information on COVID-19 vaccines:

  https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/vaccine_00184.html

- Frequently asked questions about COVID-19:

  https://www.cov19-vaccine.mhlw.go.jp/q

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's good sanitary conditions, well-functioning medical system, and extensive immunization coverage make it 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 due to the relative lack of effective antiviral medications, 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, nurses 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 As sudden side effects may develop, 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.

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.

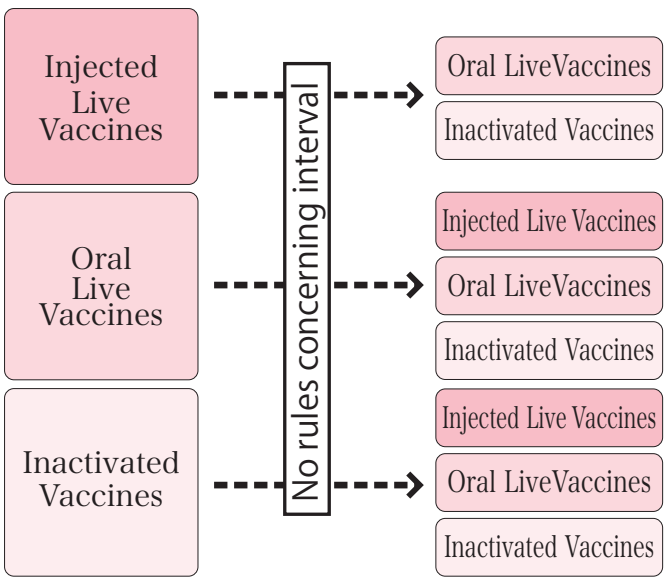
④ Your child may take a bath or shower on the day of vaccination, but do not rub the region where the vaccine was administered.

Protect your child's health
by learning the facts and getting vaccinated.

3. Vaccination Intervals

Interval between different vaccines

Previous inoculation → Next inoculation



Notes

- Symptoms such as fever or swelling at the site of vaccination may appear for a few days after an inoculation. Even when the rules permit a subsequent inoculation, be sure to confirm that there is no fever, swelling at the point of vaccination, or other problem before receiving one.
- Simultaneous inoculation is possible with the specific approval of a physician.
- Please follow the interval rules in the appended document when receiving multiple administrations of the same vaccine.

Refer to the Ministry of Health, Labour and Welfare website (listed on p.1) for more information on vaccination intervals for vaccinations other than COVID-19 vaccines.

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.

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, there are three types of optional vaccines the 23-valent polysaccharide type and 13- or 15-valent conjugate type.

The 23-valent polysaccharide type is available to children aged 2 and over who have an elevated risk of pneumococcal infection, including those with respiratory conditions, cardiac disease, or diabetes, or who have undergone a splenectomy as a result of illness or injury. Note that Japan's national health insurance covers vaccination for those who have undergone a splenectomy.

The 13- or 15-valent conjugate type available as an optional vaccine for people of any age who may have an elevated risk of contracting diseases caused by pneumococcal bacteria, including those with respiratory conditions, cardiac disease, or diabetes, or who have undergone a splenectomy as a result of illness or injury.

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 for those who may come into contact with contaminated blood or bodily fluids, such as medical personnel, family members of carriers, staff members at facilities for the elderly, staff at nursery schools, police officers, and firefighters.

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 with rotavirus gastroenteritis 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, which is part of the routine vaccination program: a 1-valent type and a 5-valent type. Both are administered orally. The 1-valent type is administered two times to infants at age 6−24 weeks, at an interval of at least 27 days. The 5-valent type is administered three times to infants at age 6−32 weeks, at intervals of at least 27 days. 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. The fever is mild, but coughing may cause breathing difficulties in infants and small children and lead to seizures. Complications can include pneumonia and encephalopathy, and 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 2 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

There have been no reported cases of diphtheria in Japan since 1999, 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 can even lead to 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 2 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. Tetanus has a high mortality rate, which is why it is important for people to build immunity to the disease through vaccination.

☆ *Who is eligible for this vaccine?*

Can be prevented in infants with the DPT-IPV* quadruple vaccine beginning at age 2 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.

* DPT-IPV : Adsorbed purified pertussis-diphtheria-tetanus-inactivated polio combined vaccine.
*** DT : Adsorbed diphtheria-tetanus combined toxoid.

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. Recently, cases of polio and evidence of the polio virus in environmental water have even been reported in major cities in the developed world. There is thus 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 sufficient 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 2 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 properties of the inactive polio vaccine lead to a decline in its effectiveness 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.

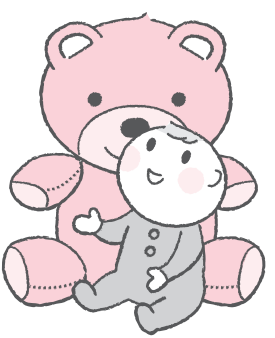
12. Tuberculosis (TB)

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 2021 there were approximately 12,000 cases, primarily among the elderly, and roughly 2,000 deaths. However, the number of pediatric tuberculosis cases in Japan is around 50 per year, a figure lower than the low case count in the United States (where only some individuals receive the BCG vaccine). This relative scarcity is believed to be a result of BCG vaccination. Pediatric tuberculosis is frequently contracted from family member or other nearby adults. Symptoms are minimal, 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. To prevent onset by unexpected 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 domestically, but caution is required as minor epidemics continue to occur in Japan centered on cases imported from overseas and among unvaccinated groups or those who received single-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

Rubella

Rubella is a 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?*

For routine vaccinations, either the combined measles/rubella (MR) vaccine or the rubella vaccine alone is administered in the following stages: Stage 1: 1-year olds; Stage 2: 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 fiscal year 2019, routine vaccinations (Stage 5 vaccinations) were introduced for adult males who have low antibody levels. Males born between 2 April 1962 and 1 April 1979 should undergo rubella antibody testing at a designated medical facility immediately after receiving the coupon from their municipality of residence, and those with a low antibody level should undergo vaccination. It is also important for those who are around adult males in the target group to remind them to do this. In addition, because live vaccines cannot be administered during pregnancy, it is recommended that people seeking to become pregnant and family members of pregnant women confirm their rubella antibody level and vaccination history in advance.

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.

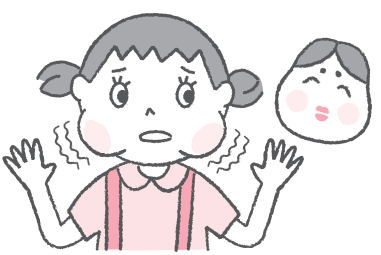
☆ *Who is eligible for this vaccine?*

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 individuals. Hearing loss, in particular, is a frequent complication that is serious and difficult to treat effectively so prevention through the mumps vaccine is important.



☆ *Who is eligible for this vaccine?*

The mumps vaccine is optional, but administtation 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. Consult with your primary care physician about getting the vaccine.

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 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. For more information, contact your local government office.

18. Meningococcal Infection

Meningococcal Infection

Invasive meningococcal infection occurs via the invasion of meningococcal bacteria into 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 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 Eculizumab or Ravulizmab) .

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

19. HPV Infection

HPV Infection

Human papillomavirus (HPV), a virus that can infect anyone, is most commonly transmitted via sexual contact. While the infection is expelled from the body naturally in the vast majority of cases, an HPV infection can cause cervial cancer in more than 5 to 10 years if it persists. In addition to cervical cancer, HPV can also lead to cancer of the vulva, cancer of the vagina, condyloma acuminatum (crest-shaped warts around the genitals and/or anus), and other diseases. Cervical cancer can be detected and treated early through testing, but certain treatments may result in fertility problems or prevent patients from becoming pregnant. Given the risks, vaccination against HPV infection is vital. HPV vaccination is considered most effective when administered at an age before the start of sexual activity.

☆ *Who is eligible for this vaccine?*

The 2-valent vaccine can be administered to girls aged 10 and older and the 4- and the 9-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.

The 2- and 4-valent vaccines became routine vaccinations as of April 1, 2013, and the 9-valent vaccine entered the routine vaccination program as of April 1, 2023. An HPV vaccination can be 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 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 were known, administration of the vaccine was temporarily not being actively recommended. Through their evaluations and discussions, the experts concluded that there were no particular concerns about the safety of the vaccine and determined that its effectiveness clearly outweighed the risks of side effects. The temporary suspension of recommendations for the vaccine thus came to an end on November 26, 2021, and local governments began sending pre-examination forms to vaccine-eligible individuals in April 2022 to encourage vaccination.

Those who missed their routine vaccinations while the recommendations were suspended (those born between 1997 and 2005) will be eligible for catch-up vaccinations for a three-year period beginning April 1, 2022.

Note: For general information on the HPV vaccine, visit the Ministry of Health, Labour and Welfare's "Human Papillomavirus (HPV Vaccine)" website: https://www.mhlw.go.jp/bunya/kenkou/ kekkaku-kansenshou28/index.html (Japanese only).

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 preventing post-infection symptoms and safeguarding against severe outcomes. 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, which the elderly and those with underlying conditions are known to be particularly susceptible to contracting and developing severe symptoms of. Some pneumococci demonstrate resistance to penicillin and other antibiotics, underscoring the need for vaccination.

☆ *Who is eligible for this vaccine?*

Routine vaccinations using the 23-valent polysaccharide vaccine and covered by public funding in accordance with the law are available to people aged 65 (and, through fiscal year 2023, to those aged 70 and over at an interval of 5 years) and to people aged 60 to 64 who have serious heart, kidney, or respiratory conditions. Please contact your local municipal office for details.

In addition, there are three type of optional vaccines (not regulated by law) that an individual can receive at their own expense: a 23-valent polysaccharide vaccine, 13-valent conjugate vaccine, and 15-valent conjugate vaccine.

All three types of the pneumococcus vaccine (the 23-valent polysaccharide vaccine, 13-valent conjugate vaccine, and 15-valent conjugate vaccine) are available to the elderly, individuals with respiratory, heart, liver, or kidney conditions, individuals with diabetes, and individuals who have an elevated risk of pneumococcal infection, such as those who have undergone a splenectomy as the result of illness or injury.

The 23-valent polysaccharide vaccine is available to individuals aged 65 (and, through fiscal year 2023, to those aged 70 and over at an interval of 5 years) and individuals aged 60–64 who have serious heart, kidney, or respiratory conditions as a routine vaccination covered by public funding in accordance with the law. For more information, contact your doctor or local municipal office. Japan's national health insurance also covers vaccinations for those who have undergone a splenectomy. Others wishing to receive the vaccine may do so at their own expense.

The 13-valent conjugate vaccine and 15-valent conjugate vaccine are also available as optional vaccines that individuals can choose to receive at their own expense.

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 vaccine sold in Japan to prevent herpes zoster (shingles) comes in two types: a live type and an inactivated type. The live vaccine, which is the same one used to prevent varicella, is administered in a single dose in individuals aged 50 and over. The inactivated vaccine is administered in two doses in individuals aged 50 and over as well as individuals 18 and over who are thought to be at elevated risk of contracting herpes zoster. The inactivated vaccine is administered in two doses. The live vaccine for preventing herpes zoster 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 2–3 months to recover from. On rare occasions the disease develops into fulminant hepatitis.

☆ *Who is eligible for this vaccine?*

The vaccine is recommended for individuals such as those traveling to any country where hepatitis A is endemic (for business, pleasure, work, or study, etc.), those involved in the production or preparation of marine products, medical and nursing professionals who have frequent contact with hepatitis A patients, those working at facilities such as nursery schools and kindergartens, those with chronic liver disease who are negative for the hepatitis A antibody, and those in the vicinity of a mass or familial outbreak of hepatitis A. 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:
  ▶ http://www.mofa.go.jp/mofaj/toko/medi/index.html
- 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 a yellow fever virus infected 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 available at quarantine stations and medical facilities designated by the Ministry of Health, Labour and Welfare. See FORTH for more information. The vaccinations are administered 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. Even older certificates with set validity periods are now permanently valid; they will never expire. Make sure to keep your certificate in a safe place.

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 2020 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). After being bitten by an animal, even those who have received a pre-exposure rabies vaccination must receive another vaccination to prevent post-exposure onset.

☆ *Who is eligible for this vaccine?*

The number of doses administered and the intervals between administrations differ depending on whether the vaccine is for pre-exposure immunity or post-exposure immunity. Please consult with your physician when getting vaccinated.

*1 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 interval 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 two more doses given at intervals of at least 27 days. Normally a booster shot is given between 12 to 15 months of age, for a total of 4 inoculations. Those who missed their vaccination may be vaccinated according to the following schedule:
If the child is 1 year old when vaccination begins, two doses are administered at an interval of 60 days.
If the child is 2 to 4 years old when vaccination begins, a single dose is administered.
Since June 2014, vaccination has been available to elderly people aged 65 and over.
Since 29 May 2020, vaccination has been available to people ages 6 to 64 “thought to be at elevated risk of contracting diseases caused by pneumococcal bacteria.”
Note that people “thought to be at elevated risk of contracting diseases caused by pneumococcal bacteria” include those:

- who have chronic cardiac, respiratory, liver, or kidney conditions;
- who have diabetes;
- who are or may be immunodeficient due to underlying conditions or treatment;
- who have congenital or acquired asplenia (those with asplenia syndrome or who have undergone a splenectomy);
- who have sickle cell anemia or other hemoglobinopathy;
- who have reduced biological defense functions due to the use of a cochlear implant or to anatomical factors such as chronic cerebrospinal fluid leakage; or
- who have been determined by a physician to require vaccination for some other reason.

Note: Administration methods differ by age: subcutaneous injection for people aged between 2 months and 5 years and intramuscular injection for people aged 6 years and over.

*3 Vaccination started in Japan on April 10, 2023. Vaccination has been available to children since June 26, 2023. The vaccine is administered to elderly people and those aged 18 and over who are thought to be at elevated risk of contracting diseases caused by pneumococcal bacteria via a single intramuscular injection. For those younger than 18 who are thought to be at elevated risk of contracting diseases caused by pneumococcal bacteria, the vaccine is administered via a single subcutaneous or intramuscular injection. For the prevention of invasive infections caused by pneumococcal bacteria in children, 3 doses are administered subcutaneously or intramuscularly at an interval of at least 27 days. A booster shot is administered via a single subcutaneous or intramuscular injection at least 60 days after the third dose. Those who missed their vaccination may be vaccinated subcutaneously or intramuscularly according to the following schedule:If the child is aged 7 months or older but younger than 12 months when vaccination begins, after 2 doses are administered at an interval of at least 27 days, a single booster shot is administered when the child is aged at least 1 year and at least 60 days have passed after the second dose. If the child is 1 year old when vaccination begins, 2 doses are administered at an interval of at least 60 days. If the child is aged 2 years or over but younger than 18 when vaccination begins, a single dose is administered. For examples of people “thought to be at elevated risk of contracting diseases caused by pneumococcal bacteria,” see *2.

*4 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 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.

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).

*5 Age from birth is calculated using the date of birth as the reference date (day 0). The first dose should be administered by the age of 14 weeks and 6 days. Children may be given either two doses of the 1-valent type or three doses of the 5-valent type. On October 1, 2020, the vaccine was introduced as a routine vaccination for all children born August 1, 2020, or later.

*6 DPT-IPV is an acronym for diphtheria (D), pertussis (whooping cough) (P), tetanus (lockjaw) (T), and inactivated poliovirus (IPV). IPV was introduced as a routine vaccination on September 1, 2012, and the DPT-IPV combination vaccine entered the routine vaccination program on November 1, 2012. The administration protocol generally comprises four doses. If the child has already received one dose of OPV (oral [live] polio vaccine), however, he or she should receive three doses of IPV. Since September 1, 2012, OPV has not been available as part of the routine vaccination program. The DPT-IPV vaccine is a DPT-sIPV vaccine mixed with IPV made from an inactivated Sabin strain, a live polio vaccine strain.

*7 Once again available beginning January 29, 2018.

*8 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.

*9 May be administered as an emergency measure.

*10 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.

*11 See https://www.niid.go.jp/niid/images/idsc/disease/rubella/Rubella-HItiter8_Ver3.pdf (Japanese only) for details.

*12 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).

*13 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.

*14 For those who were born betwee n April 2, 1995 and April 1, 2007, have not received all four doses, and are under 20 years of age.

*15 In general, the same vaccine is to be administered intramuscularly in the prescribed number of administrations. The administration interval and number of administrations differ according to the vaccine. The scope of people eligible for the 4-valent vaccine expanded to include males aged 9 years and over in December 2020, but the scope of the routine vaccination program comprises only females in grade 6 of elementary school to year 1 of high school. Females who were born in the years 1997–2005 and have not received a total of three doses of the HPV vaccine will have opportunities to receive vaccinations in the period from April 2022 to March 2025.

*16 Vaccinations are administered to females aged 9 and older via a total of three single 0.5mL intramuscular injections. The second and third administrations take place 2 months and 6 months after the first, respectively. In cases where the individual is unable to receive the second and/or third administrations at the prescribed intervals, the second administration is to be performed at least 1 month after the first administration, and the third administration is to be performed at least 3 months after the second administration. Females aged 9–14 may receive their vaccinations via a total of two administrations, with the second administration between 6 and 12 months after the first administration.

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

*18 Introduced as a routine vaccination on October 1, 2014. A single-dose routine vaccination is available to those who turned 65, 70, 75, 80, 85, 90, 95, or 100 or over in FY2019 (the age stipulation in place in FY2019) or will turn 65, 70, 75, 80, 85, 90, 95, or 100 in the corresponding fiscal year (the age stipulation in place since April 1, 2020) and have not yet been vaccinated. Japan's national health insurance covers the vaccination only in cases where the vaccine is administered to "prevent infection caused by pneumococci in individuals aged 2 or over who have undergone a splenectomy."

*19 As of February 10, 2023, the two available vaccines are a diphtheria toxoid conjugate vaccine (product name: Menactra) and a tetanus toxoid conjugate vaccine (product name: MenQuadfi). These vaccines prevent invasive meningococcal disease caused by serogroups A, C, Y, and W.
Health insurance coverage applies when Eculizumab (product name: Soralis intravenous drip) is administered to control hemolysis in patients with paroxysmal nocturnal hemoglobinuria, control thrombotic microangiopathy in patients with atypical hemolytic uremic syndrome, relapse in whole-body myasthenia gravis, or relapse in neuromyelitis optica spectrum disorder (including neuromytelitis optica); when Ravulizumab (product name: Ultomiris for intravenous infusion) is administered for paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome, or whole-body myasthenia gravis; and when Sutimlimab (product name: Enjaymo) is administered for cold agglutinin disease. In some cases involving the use of complement inhibitors, the administration of a meningococcal vaccine is necessary even in individuals under the age of 2.

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

*21 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.As of October 2022, shipments of the KM Biologics vaccine are suspended indefinitely.

*22 For those aged 50 and over, the vaccine is administered via two intramuscular doses (0.5mL each), usually 2 months apart. For those aged 18 and over who are thought to be at elevated risk of contracting herpes zoster, the vaccine is administered via two intramuscular doses (0.5mL each), usually 1 to 2 months apart. Individuals thought to be at elevated risk of contracting herpes zoster include those:

- who are immunodeficient due to underlying conditions or treatment or those whose immune system is weakened or may be weakened; or
- who have been determined by a physician to require vaccination for some other reason.

*23 Granted approval on February 14, 2021 (Comirnaty intramuscular injection: Pfizer) and available starting February 17, 2021. The vaccine is diluted with 1.8mL of physiological saline (Japanese Pharmacopoeia grade), and two doses (0.3mL each) are administered intramuscularly, usually 3 weeks apart.On June 1, 2021, the minimum age of administration was changed from 16 to 12. Individuals may receive their third dose at least 3 months after their second dose and their fourth dose at least 3 months after their third dose.

*24 Granted special approval on January 21, 2022. The vaccine is diluted with 1.3mL of physiological saline (Japanese Pharmacopoeia grade), and two doses (0.2mL each) are administered intramuscularly, usually 3 weeks apart. Individuals may receive their third dose at least 3 months after their second dose.

*25 Granted approval on February 27, 2023 (Comirnaty intramuscular injection for ages 5–11 (2-valent: Original/Omicron BA.4-5): Pfizer) and available starting March 8, 2023. The vaccine is diluted with 1.3mL of physiological saline (Japanese Pharmacopoeia grade). A booster shot of 0.2mL is administered intramuscularly in a single dose. The booster shot may be administered at least 3 months after the most recent administration of a SARS-CoV-2 vaccine.

*26 Granted approval on October 5, 2022 (Comirnaty intramuscular injection for ages 6 months–4: Pfizer) and available starting October 24, 2022. The vaccine is diluted with 2.2mL of physiological saline, and two doses (0.2mL each) are administered intramuscularly, usually 3 weeks apart. The third dose is administered at least 8 weeks after the second dose.

*27 Granted approval on April 19, 2022 (Nuvaxovid intramuscular injection: Takeda/Novavax) and available starting May 25, 2022. The vaccine, available to individuals aged 12 and over, is undiluted, and two doses (0.5mL each) are administered intramuscularly, usually 3 weeks apart.
Individuals aged 12 and over may receive a booster shot at least 6 months after their most recent dose of a SARS-CoV-2 vaccine.

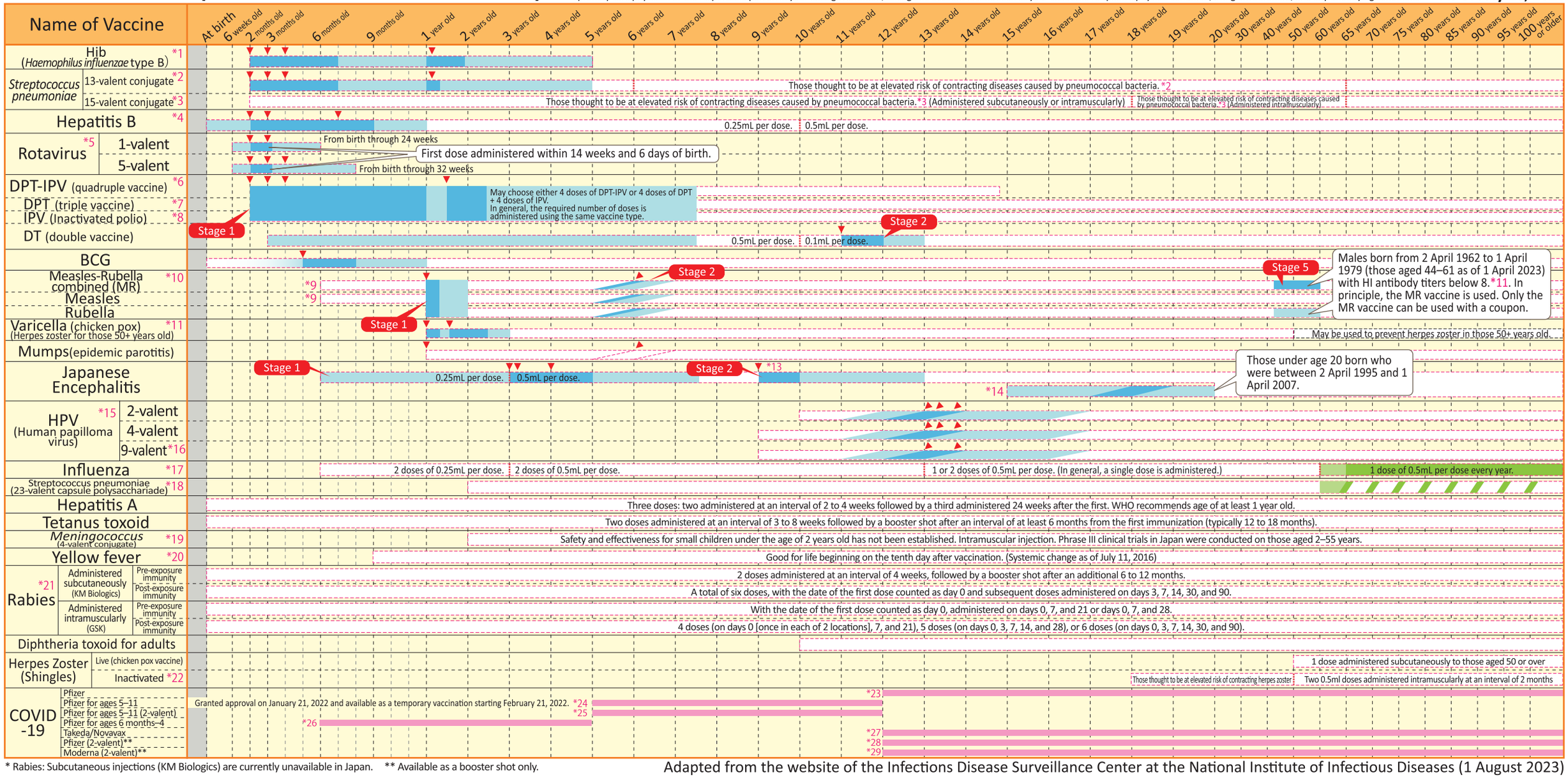
*28 The Comirnaty RTU intramuscular injection (2-valent: Original/Omicron BA.1) was granted approval on September 12, 2022, and made available starting September 20, 2022. The Comirnaty RTU intramuscular injection (2-valent: Original/Omicron BA.4-5) was granted approval on October 5, 2022, and made available starting October 13, 2022.
A booster shot of 0.3mL is administered intramuscularly in a single dose. Individuals aged 12 and over who have already received an initial dose or booster shot of a SARS-CoV-2 vaccine are eligible for the booster shot. The booster shot may be administered at least 3 months after the most recent administration of a SARS-CoV-2 vaccine.

*29 The Spikevax intramuscular injection (2-valent: Original/Omicron BA.1) was granted approval on September 12, 2022, and made available starting September 20, 2022. The Spikevax intramuscular injection (2-valent: Original/Omicron BA.4-5) was granted approval on November 1, 2022, and made available on November 28, 2022. A booster shot of 0.5mL is administered intramuscularly. Individuals aged 12 and over who have already received an initial dose or booster shot of a SARS-CoV-2 vaccine are eligible for the booster shot. The booster shot may be administered at least 3 months after the most recent administration of a SARS-CoV-2 vaccine.

Routine/As-Needed/Optional Immunization Schedule in Japan

The target age for when routine vaccinations based on the Preventative Vaccination Act are to be administered is established by government ordinance as described in this diagram. Outside the target age range, optional vaccinations are available. Note, however, that the target age differs for each vaccine. (▼) show example vaccines. When determining your a vaccination schedule, consult carefully with your primary care physician or the responsible person in your local government, taking into account factors such as your child'sthe recipient's physical condition, living environment, and any underlying conditions.

As of July 16, 2023



* Rabies: Subcutaneous injections (KM Biologics) are currently unavailable in Japan. ** Available as a booster shot only.

Adapted from the website of the Infections Disease Surveillance Center at the National Institute of Infectious Diseases (1 August 2023)

Legend

- Age at which number/volume of doses, etc. changes.
- ▼ Example of vaccination.
- Period when vaccinations are possible.
- Routine vaccination period for Category A diseases.
- Routine vaccination for Category A diseases (standard vaccination period).
  (Rotavirus vaccine: Recommended period for the first dose)
- Routine vaccination period for Category B diseases (for those with certain underlying conditions).
- Routine vaccination period for Category B diseases.
- Administered as needed.
- Ages eligible (when deemed necessary)

Explanations for footnotes 1–29 are listed on pages 30–32.

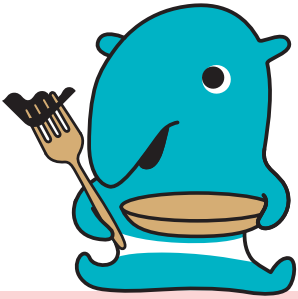
Take a look !

This handy "Schedule of Routine, As-Needed, and Optional Vaccinations" administered in Japan provides a quick reference to help you plan vaccinations for yourself and your children.

Vaccination

VPD

VPD=Vaccine-preventable diseases



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