

Immunization and Vaccination Policy Promotion Project

A Life Course Approach to Immunization and Vaccination Policy – Five Perspectives and Recommended Actions

Health and Global Policy Institute (HGPI)

Perspective 1 – Immunization and vaccination policies based on a life course approach should be advanced.

1. Eligibility requirements for routine vaccinations should be expanded to cover people with certain underlying medical conditions and risk factors so high-risk individuals can receive the benefits of vaccination.
2. Special measures should be taken that expand catch-up vaccinations among unvaccinated people or people who have lived abroad and that reduce the cost burden on people who receive catch-up vaccinations.
3. To improve access, more facilities should be allowed to provide vaccinations.
4. Steps to offset the cost burden of vaccinations should be considered. These may include establishing progressive out-of-pocket payment rates by income bracket, granting public health insurance coverage, or revising the medical service fee schedule.
5. Methods of managing individual vaccination records should be reviewed, individual vaccination records over the life course should be made viewable, and those records should be sharable among municipalities.

Perspective 2 – Dissemination, awareness-building, and communication strategies that target healthcare professionals and the public should be created.

1. Departments responsible for science and risk communication should be established, and efforts should be made to promote the dissemination of and awareness-building for immunizations and vaccinations by providing appropriate information at appropriate times.
2. Training systems should be introduced and best practices should be shared with the goal of improving awareness and literacy among healthcare professionals.

Perspective 3 – To achieve science-based policy decision making and evaluation, steps should be taken to promote the creation of a system that analyzes and shares the epidemiological effects of vaccinations by linking vaccination practices with information systems that track outbreaks of targeted diseases.

1. The systems for gathering information and managing vaccination ledgers should be revised and a joint platform that is useful to healthcare professionals and municipalities, who are the parties responsible for entering registry information, should be built.
2. An information registration system for accurately recording individual vaccination histories and that makes effective use of medical IDs and other such tools should be built.
3. Steps should be taken to make information on adverse events viewable by revising the information utilization system for evaluating vaccine effectiveness and safety.
4. A unified evaluation system for the collection and analysis of adverse event information should be built.

Perspective 4 – Steps should be taken to create a system that enables multi-stakeholders to hold continuous discussions on vaccine policy.

1. The public and specialist organizations should be invited to participate in efforts to foster social consensus.
2. Protective measures should be developed to guard against biased, alarmist disinformation or medical misinformation.

Perspective 5 – Investments should be accelerated in immunization policies that address both non-emergency and emergency situations and anticipate future vaccine demand.

1. Special approval processes that reflect the significance of vaccination during public health crises must be established. A system that remains operational during non-emergencies must be built for distributing vaccines, selecting targeted groups for vaccination, and assigning vaccination priorities.
2. A domestic R&D and provision system for vaccines must be established.

Perspective 2 – Dissemination, awareness-building, and communication strategies that target healthcare professionals and the public should be created.

The Basic Plan on Immunization requires the national Government, municipalities and special wards, healthcare institutions, related academic societies, and the media to engage in communication from their respective perspectives based on the latest evidence. Hesitating or refusing to be immunized even when a vaccine is available is called vaccine hesitancy. Communication is considered one tool for addressing vaccine hesitancy, but some have pointed out that poor quality communication may hinder efforts to raise vaccine acceptance. We can look to the HPV vaccine as an example. The HPV vaccine was administered by obstetricians and gynecologists in addition to internists and pediatricians, but it was physicians of other specialties who had to treat the various symptoms people experienced after vaccination. Some say it was impossible to mount an adequate response because each physician was treating a different group of patients. It is not only important for the Government and companies to ensure information on vaccine effectiveness and safety is high quality; it is also important for stakeholders like the local governments that administer vaccinations, parties involved in education and awareness-building, and Government agencies (the Government, the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Education, Culture, Sports, Science and Technology (MEXT), and local government officials) to discuss how to best communicate vaccine risk in a unified manner. Achieving this will require the two efforts described below.

1. Departments responsible for science and risk communication should be established, and efforts should be made to promote the dissemination of and awareness-building for immunizations and vaccinations by providing appropriate information at appropriate times.

Vaccination has been demonstrated to be a cost-effective form of primary prevention. However, to ensure society makes effective use of vaccination, the public must be provided with scientifically sound information in a manner people can understand. To achieve this, it will be necessary to establish a government department to be responsible for disseminating reliable information and for conducting risk communication, and for them to provide appropriate information at the appropriate times to the groups being addressed. It is also urgent that a system is created for science communication and risk communication, which would allow for activities like briefing the public and the media on inaccurate information. Public outreach from healthcare professionals and local government representatives will also be important. The effective use of online tools by healthcare specialists, organizations specializing in healthcare, local governments, and other such parties is likely to help promote public understanding. Rather than sending out uniform messages addressed to the general public, however, it will be important to carefully select which form of media to use according to the targeted age group, to customize the content of each message, and to make preparations for bilateral communication. Methods of creating more opportunities for people to see or hear about vaccines in their everyday lives should also be considered. We should also be aware of the need to ensure vaccine recipients are given valid vaccine information at various life stages and occasions in that process.

2. Training systems should be introduced and best practices should be shared with the goal of improving awareness and literacy among healthcare professionals.

The need to improve awareness and literacy among healthcare providers, who are the parties responsible for administering vaccines, has been recognized as an issue. Healthcare professionals play key roles in promoting and raising awareness toward vaccination. However, in order for them to be able to promote and raise awareness toward vaccination based on a life course approach, medical associations and academic societies should help a broad range of healthcare professionals build experience and improve their understanding by providing training opportunities, introducing a certification system, assigning credits when medical specialists apply for license renewals, and including vaccination in clinical resident and medical specialist training. The sharing of best practices among physicians and healthcare institutions who are actively working to increase vaccination coverage at the local level is also likely to be effective.

