



HGPI

Health and Global Policy Institute

Immunization and Vaccination Policy Promotion Project

**Recommendations for better immunization and vaccine
use along the individual life course for all ages,
occupations, and lifestyles**

Health and Global Policy Institute (HGPI)

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Introduction

■ About Health and Global Policy Institute (HGPI)

Health and Global Policy Institute (HGPI) is a Tokyo-based independent and non-profit health policy think tank, established in 2004. Since our establishment, HGPI has been working to help citizens shape health policy by generating policy options and bringing together stakeholders as a non-partisan think-tank. Our mission is to enhance the civic mind along with individuals' well-being and to foster sustainable, healthy communities by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. We commit to activities that bring together relevant players from various fields to deliver innovative and practical solutions and to help interested citizens understand available options and their benefits from broader, global, long-term perspectives.

■ The significance of immunization and vaccination policy

Immunizations and vaccines have been called “the greatest invention in the history of medicine,” and in the context of infectious disease control, they are considered the most cost-effective public health intervention. The Coronavirus Disease 2019 (COVID-19) pandemic has enabled people in Japan and around the world to reaffirm the value of immunizations and vaccines. In terms of public health and wellness, in addition to protecting individuals, immunizations and vaccines serve to protect society by protecting groups that include those who have not been or cannot be vaccinated as well as members of future generations. In socioeconomic terms, immunizations and vaccines can help prevent severe socioeconomic impacts in the event of an infectious disease epidemic. In particular, COVID-19 has damaged public health, upset familiar lifestyles, and hindered socioeconomic activities. It has spurred global action to improve vaccine research, development, and production systems as part of each country's security, or more specifically, to ensure health security in line with the protections provided by Article 25 of the Constitution of Japan, which guarantees the “right to maintain the minimum standards of wholesome and cultured living.”

Among life stages including infancy, early childhood, childhood, puberty, adolescence, adulthood, and old age, Japan's immunization and vaccination policies have centered on infancy, early childhood, and childhood. These policies have contributed to better health and quality of life for the public. However, in a society facing a declining birthrate and population aging, preventive healthcare with a view beyond infancy, childhood, and adolescence, that is based on each person's life course, and that emphasizes vaccination, screening, counseling, and prophylactic medicine is becoming increasingly important to protect the public from illness or injury.

Immunization and vaccination policies are essential for protecting public health and safety and for securing socioeconomic activities against the threat of Vaccine Preventable Diseases (VPDs). As a public health intervention with a long-established history that serves as a means of primary prevention against infectious diseases, vaccines are a crucial topic that must be included in discussions on reinforcing the primary care system and the family doctor system in the future.

The stated purpose of the Immunization Act is to “contribute in maintaining the health of the people as well as promptly aiding adverse effects from vaccinations by implementing vaccinations and taking other necessary measures from the viewpoint of public health to prevent the outbreak and spread of infectious diseases.” The ongoing COVID-19 pandemic has had effects on efforts to

establish the Basic Plan on Immunization, which aims to promote comprehensive, systematic immunization measures.

Based on advice from the “Expert Meeting on Novel Coronavirus Disease Control” or past discussions and verification studies, measures to be taken to control future infectious disease outbreaks outlined by Prime Minister Kishida include providing a legal basis for the national and local governments to secure medical resources, establishing the “Infectious Disease Crisis Management Agency” (tentative name) in the Cabinet Office to serve as a central command tower, and creating a “Department for Infectious Disease Countermeasures” (tentative name) by uniting relevant sections at the MHLW. These measures demonstrate that it will be necessary to create a more effective, efficient system of operations built on the foundation of immunization and vaccination policy.

■ The purpose of these recommendations

During the deployment of the COVID-19 vaccines, priority was given to healthcare workers, people with underlying medical conditions, and elderly people. At first, it was projected that vaccination rates among elderly people would be slow to grow based on experiences with past programs for vaccinating elderly people for pneumococcal disease and HPV, but Japan’s vaccination rate quickly became one of the highest in the world. Aspects that led to this result likely include the fact that measures were taken to address vaccination access hurdles for people in various life stages by providing mass vaccinations, individual vaccinations, and workplace vaccinations; that there were changes in communication strategies, mainly in the dissemination of information from public institutions and specialists; that understanding toward risk was promoted through media outlets; and that there was a significant shift in awareness throughout society toward immunizations and vaccines as infectious disease countermeasures.

On the other hand, changes in perceived risk of COVID-19 accompanying changing circumstances during the pandemic and the influence of potential adverse effects of the mRNA vaccines approved in Japan resulted in lower vaccination rates among certain groups, such as younger people who were assigned lower priority for COVID-19 vaccines.

In addition, while there is currently high coverage for vaccines on the routine vaccination schedule among children, coverage for pneumococcal vaccines for elderly people and the voluntary shingles vaccine are not proportional to the public health benefits they can provide. Lingering issues regarding the vaccinations needed among various groups must also be addressed. They include providing catch-up vaccinations to those who went unvaccinated during childhood, adolescence, and late adulthood; meeting the need for additional vaccinations people may need over time, even for those who have completed routine vaccinations; providing necessary vaccines to exchange students, people who are dispatched abroad, and other international travelers; and responding to the needs of women of childbearing age, pregnant women, people with chronic diseases, people who immunocompromised, and healthcare providers.

To prevent all forms of loss due to infectious disease, a paradigm shift in thinking must occur. Viewpoints that consider vaccines a matter of pediatric medicine or something to consider when a child is born must change so all medical departments are involved in immunizations, and immunizations must be considered in terms of the life course so adolescents and elderly people can also be covered.

In response to these circumstances, these recommendations summarize discussions with volunteer experts regarding COVID-19, preparations for the next pandemic, and immunization and vaccination policies based on a life course approach. Through these recommendations, we hope to advance domestic immunization and vaccination policy, to expand discussions among industry, Government, academia, and civil society to build a system that can protect the health and security of the public and safeguard socioeconomic activities from VPDs, and to see the implementation of concrete measures for that objective.

In June 2021, HGPI presented, “A Life Course Approach to Immunization and Vaccination Policy – Five Perspectives and Recommended Actions,” which was based on discussions held in FY2020 as part of our Immunization and Vaccination Policy Promotion Project. These recommendations were created as an FY2022 initiative undertaken in accordance with those five perspectives.

Executive Summary

1 Reinforcing immunization and vaccination policies to support the nation's health through better immunization coverage

1.1 Access

- Build systems to eliminate disparities in immunization and vaccine access caused by differences in local vaccination policies or in the vaccination systems of local healthcare institutions

1.2 Affordability

- Provide public funding to reduce out-of-pocket costs and increase immunization coverage
- The need for perspectives on cost-effectiveness when considering public subsidies and for a system for evaluating cost-effectiveness

1.3 Awareness

- Reinforce systems for providing easy-to-understand, effective information regarding disease and vaccination information for the life course
- Strengthen efforts to disseminate information while taking primary information sources for each age group into account

1.4 Acceptance

- Add information to compulsory education curriculums that fosters comprehensive public understanding toward immunization and vaccination policies and the risks and benefits of vaccines
- Foster understanding toward VPDs and their disease burdens to create a basis for understanding toward vaccination benefits, and reinforce communication strategies for this purpose
- Reinforce appropriate communication strategies for topics like vaccine safety, adverse reactions, and the Relief System for Adverse Drug Reactions

1.5 Activation

- Enhance reminders to provide the right information at the right times for each life stage and horizontally expand best practices from each municipality
- Promote messaging from schools, workplaces, and other organizations people belong to

1.6 Initiatives needed from each stakeholder

- Build an environment for decision-making in which broad stakeholders surrounding vaccinated people and society are united and without information disparities
- Conduct thorough analyses of the effects that vaccination categories (routine or voluntary, Category A or B, etc.) have on vaccination rates as well as periodic reviews of the system based on the latest evidence
- Create systems that foster creativity and ingenuity among municipal governments, the organizations responsible for implementing vaccination programs

- Review the influence of the media in disseminating information and consider its role more closely in the future
- Reinforce education for healthcare professionals that covers immunizations and communicating related information to patients in their roles as health specialists
- Refer to the immunization and vaccination system used during the COVID-19 pandemic to better utilize public health centers and regional public health laboratories and to enhance multi-stakeholder collaboration

2 Promoting immunization and vaccine program administration along the individual life course

2.1 Steps for promoting immunization and vaccination policies along the life course

- Reinforce systems for conducting vaccination programs along the life course

2.2 Reinforcing the immunization environment surrounding parents to promote immunizations for infants and children

- Advance efforts to promote vaccinations together with maternal and child health programs and school health programs
- Strengthen messaging on the importance of vaccinating children to achieve herd immunity during emergencies

2.3 Effectively disseminating information to adolescents and adults with relatively low vaccination rates

- Reinforce strong recommendations from the national Government to reach those eligible for vaccination
- Consider methods of handling the spread of biased information on adverse reactions and adverse events
- Reinforce infectious disease countermeasures with both antibody tests and immunizations to aim for herd immunity

2.4 Promoting the spread of accurate, easy-to-understand information through health and long-term care professionals who are close to elderly people

- Reinforce systems for building awareness using easy-to-understand information through family doctors and during health examinations for older adults
- In addition to age, recommend immunizations based on VPD prevalence and associated risks

Policy Recommendations

1. Reinforcing immunization and vaccination policies to support the nation's health through better immunization coverage

1-1. Access

Build systems to eliminate disparities in immunization and vaccine access caused by differences in local vaccination policies or in the vaccination systems of local healthcare institutions

Vaccination sites are important in efforts to improve vaccine access, and many countries made significant changes or relaxed requirements for establishing vaccination sites in response to the ongoing COVID-19 pandemic. Efforts were made to provide various venues to conduct COVID-19 vaccinations to improve vaccine access in Japan as well, such as mass vaccination sites (including large-scale vaccinations administered by the Self-Defense Forces), sites for vaccinating individuals, and vaccinations in workplaces. In other countries, vaccinations were conducted at places like pharmacies, stations, shopping centers, and commercial facilities, and Japan must examine good examples like these to further improve access during pandemics. As has been pointed out, people who were unable to visit vaccination sites during the daytime due to work or other reasons lacked sufficient access, so steps to extend vaccination hours should be given further consideration. Even if a variety of vaccination sites with extended hours are provided, physical access remains a major issue in rural areas where population densities are low. Establishing a support system for collaboration with social infrastructure systems like public transportation institutions and taxi companies or other private transportation companies may help achieve broader immunization coverage.

Securing human resources to administer vaccines is an essential step for increasing the number of sites and lengthening hours vaccinations can be conducted, so consideration was given to which professionals can administer vaccines. In Japan, vaccinations were conducted by physicians and nurses working under the guidance of physicians. Although discussions were also held on expanding these efforts to include other professionals, starting with pharmacists, such practices were not implemented into the system, and further considerations will be necessary.

Other important aspects for expanding vaccine access are making the process for receiving a vaccination more convenient and providing support for the transportation required to reach a vaccination site. In the large-scale deployment of COVID-19 vaccines, each basic local government made creative endeavors in operating vaccine voucher systems and in disseminating information. After best practices and lessons learned during the COVID-19 pandemic are identified and verified, discussions must be held on how to further improve the efficiency of future vaccination programs, such as by promoting digitalization.

1-2. Affordability

Provide public funding to reduce out-of-pocket costs and increase immunization coverage

Financial burden is another topic that should be considered. For the COVID-19 pandemic, vaccines were paid for with public funds, meaning there were no out-of-pocket costs for citizens. For some vaccinations, however, public funding is only available if local governments

apply for it. This does not necessarily result in better vaccine access for everyone without significant burdens. Past vaccination programs have demonstrated that the availability of public funding can greatly impact immunization coverage, which makes the decision whether to make public funding available an extremely important one.

The need for perspectives on cost-effectiveness when considering public subsidies and for a system for evaluating cost-effectiveness

The pneumococcal vaccine for older adults provides one example of how public subsidies for a vaccine became widespread due to reports of excellent cost-effectiveness. It was first granted a public subsidy for adults age 65 years and over in Setana Town in the Kudo District of Hokkaido, which resulted in a steep decrease in National Health Insurance expenditures associated with pneumonia among the elderly people there. Hearing reports of this, other municipalities soon followed suit. Demonstrating cost-effectiveness and the effects on public finances in this manner is important within the decision-making processes at municipalities, where financial resources are limited.

However, the characteristics of diseases and vaccines may hinder cost-effectiveness assessment, and this must be taken into consideration. Specifically, there are lingering challenges in assessing the cost-effectiveness of vaccines that require long periods of time before their protective effects can be confirmed. Also, cost reductions achieved by vaccines are not limited to the direct costs associated with the disease in question; vaccines can also result in indirect cost reductions, such as lower long-term care expenditures. A system for studying the costs and benefits of vaccines from a health economics perspective is needed.

1-3. Awareness

Reinforce systems for providing easy-to-understand, effective information regarding disease and vaccination information for the life course

In accordance with the Basic Plan on Immunization, the national Government and local public organizations are currently working to disseminate knowledge about the vaccination schedule, to educate the public about VPDs, and to build awareness toward vaccines and disease. At the same time, many non-vaccinated people simply do not have access to vaccination information and have not been given opportunities to consider getting vaccinated. Measures to reinforce efforts to provide vaccinations for each stage of the life course must be considered. One item of particular note is the fact that while municipal governments recommend and notify eligible residents for vaccinations on the routine vaccination schedule, they do not do so for residents eligible for voluntary vaccinations. The majority of people are not even aware of the existence of those vaccines as a result, and measures to address this must be considered in the future.

Strengthen efforts to disseminate information while taking primary information sources for each age group into account

According to a 2021 survey conducted among first-year high school students and their guardians, when asked about preferred sources of information on the HPV vaccine, many guardians said, “I want information to come from the media” while many of the high school students, who are the parties most affected by said vaccines, said “I want information to come from my school.” Furthermore, there were significant differences by age group regarding points of contact with healthcare, especially if respondents had a family doctor or not and whether or not they attended medical examinations for which they were eligible. Compared to other age

groups, greater proportions of elderly people and infants had family doctors and higher frequencies for attending regular medical examinations, so it is likely informing these groups about vaccinations at medical examinations and consultations will be effective. Steps to proactively utilize such points of contact with healthcare should be taken.

1-4. Acceptance

Add information to compulsory education curriculums to foster comprehensive public understanding toward immunization and vaccination policies and the risks and benefits of vaccines

As recent studies have shown, personal emotions and cognitive biases can influence vaccinations. To foster awareness and acceptance toward vaccinations, it is necessary to discuss the benefits and risks of vaccinating and the risks of choosing not to vaccinate. Before those discussions can be held, however, information regarding topics like the disease burdens of VPDs, the risk of infection with a VPD, the benefits of vaccinating, the value vaccines generate for society, adverse reactions to vaccines, and the Relief System for Adverse Drug Reactions must be disseminated in an easy-to-understand manner using various methods. Furthermore, vaccination programs are public health interventions that require nationwide discussions. Expectations are high for further consideration to be given to incorporating information regarding the characteristics of vaccines and vaccination programs into compulsory education curriculums to foster understanding among all citizens.

Foster understanding toward VPDs and their disease burdens to create a basis for understanding toward vaccination benefits, and reinforce communication strategies for this purpose

Knowing specific information about a disease, such as the symptoms one experiences upon infection, can deepen understanding toward the importance of vaccination, regardless of age group or vaccine type. Looking at the COVID-19 vaccine situation, information regarding what happens to someone once infected was conveyed rapidly among both elderly people and their families, which is likely to have encouraged elderly people to rush to be first in line for vaccines. To give another example, many of the people who opt to get vaccinated for shingles are those who have watched an acquaintance, friend, or family member suffer from shingles. Expectations are high for deeper understanding to be achieved through communication strategies that aim to convey, in an easy-to-understand manner, what kind of diseases exist and the benefits of getting vaccinated to prevent them.

Under-vaccination is another problem that requires discussion. Said discussions must consider each disease's risks and the risks faced by each population over the life course. Situations sometimes occur in which people do not understand why they have to get vaccinated, thinking that the risks of going unvaccinated do not apply to them. They do not grasp the importance of getting vaccinated. For example, regarding the pneumococcal vaccine, people must be informed that incidence and mortality rates are higher among those age 65 and older, and a balance must be struck between effectiveness and risk when conveying that information. In addition to communicating which age groups are at risk, it is also important to communicate the risks of contracting VPDs or developing serious complications afterwards for specific diseases. For example, many people hospitalized for cancer treatment develop shingles.

Raising awareness toward disease-related information is the responsibility of relevant

departments at the MHLW, the National Institute of Infectious Diseases (NIID), and basic local governments. During those efforts, emphasis is placed on information accuracy, but there is room for improvement regarding communication strategies that are tailored to the life stages of each target group. There are high expectations for efforts to further promote and utilize information communicated from the private sector and civil society organizations.

Reinforce appropriate communication strategies for topics like vaccine safety, adverse reactions, and the Relief System for Adverse Drug Reactions

Information related to safety and adverse reactions is gathered using systems like the suspected adverse reaction reporting system, which physicians and other healthcare professionals use to submit reports to the MHLW after learning a patient is exhibiting certain symptoms after receiving a routine or temporary vaccination. However, information gathered through these reports is not necessarily used in a manner the general public can interpret and use to independently make decisions on getting vaccinated. Careful attention must be paid to important items in the reports that are gathered.

One problem facing HPV vaccination was the fact that outdated information regarding damage from adverse reactions or information regarding adverse events that stirred up distrust was available online. The anxiety created by such information must be alleviated to increase vaccination rates, so how to best present information regarding adverse events online must be examined.

Proactive measures were taken in recent discussions on HPV vaccination to share information regarding relief systems for adverse reactions when people reported changes in their physical state after vaccination. This can be taken to have helped build the consensus needed for the active recommendation of the HPV vaccine to be resumed. In this manner, messaging for the Relief System for Adverse Drug Reactions in addition to adverse reactions, adverse events, and other vaccination risks is likely to help ease concerns regarding safety.

1-5. Activation

Enhance reminders to provide the right information at the right times for each life stage and horizontally expand best practices from each municipality

Providing suitable information on immunizations and vaccines to the targeted individuals or their guardians is important for when it is time for them to make decisions regarding vaccination. Local governments can play a role in this by mailing vaccine vouchers to residents according to the routine vaccination schedule. However, notices accompanying those vouchers often only contain messages like, “Please get vaccinated,” or “The vaccine will be subsidized.” Awareness-building activities that motivate residents to get vaccinated must be conducted and support to help them do so must be provided. Some municipalities have increased vaccination rates through hard work, but efforts to share best practices from those municipalities have been limited. Efforts to expand those best practices horizontally must be promoted.

Promote messaging from the organizations people belong to, like schools and workplaces

When engaging in messaging according to each life stage, depending on age or other characteristics of the target audience in question, it can be effective to disseminate information from schools and workplaces. In the survey discussed above, many high school students wanted their schools to serve as sources of information on vaccines, so in addition to local governments

issuing recommendations in accordance with the current Immunization Act, there are high expectations for steps to examine an information provision system that involves the organizations to which people belong.

1.6. Initiatives needed from each stakeholder

Build an environment for decision-making in which broad stakeholders surrounding vaccinated people and society are united and without information disparities

To enhance public understanding and awareness toward immunizations and vaccines, the Basic Plan on Immunization outlines the roles of various stakeholders including the national and local governments, healthcare professionals, and vaccinated people or their guardians. Both these and other stakeholders surrounding vaccinated people should fulfill roles that fit circumstances in society, and decision-making should be conducted in an environment free of information disparities.

Conduct thorough analyses of the effects that vaccination categories (routine or voluntary, Category A or B, etc.) have on vaccination rates as well as periodic reviews of the system based on the latest evidence

The Basic Plan on Immunization defines “Awareness-raising and disseminating of knowledge regarding immunization” as the responsibility of the Government. This includes training people involved in carrying out vaccination programs as well as conducting surveys and research to improve vaccine safety and effectiveness. How strongly the Government recommends a vaccine is extremely important. Careful analyses must be conducted on how immunization coverage is influenced by decisions regarding whether a vaccine is categorized as routine or voluntary, whether it is recommended or categorized as a vaccine people are obligated to endeavor to receive, how these decisions are made, and how information is shared.

Even among routine vaccinations, there are significant differences between Category A and B diseases, and whether those vaccinations are recommended or classified as vaccinations people must endeavor to receive. These differences affect vaccination rates. For example, pneumococcal vaccines for elderly people target a Category B disease and are not classified as recommended nor are people obligated to endeavor to receive them. Discussions on whether to classify diseases as Category A or B were held over twenty years ago. A system should be implemented in which the evidence that has been gathered since then is taken into consideration to conduct timely and periodic reviews.

Create systems that foster creativity and ingenuity among municipal governments, the organizations responsible for implementing vaccination programs

The organizations responsible for implementing vaccination programs are municipal governments, so it is important to accurately communicate the significance and value of vaccines in society to the leaders of those governments. When sending notifications to residents eligible for vaccination, as discussed above, any focused efforts to increase vaccination rates, even slightly, are likely to be useful. A system that fosters such creativity and ingenuity must be established.

Review the influence of the media in disseminating information and consider its role more closely in the future

The Basic Plan on Immunization also obligates the media to endeavor to disseminate

information and educate the public so the greater public can obtain accurate knowledge on how vaccines prevent infectious diseases and the risks of adverse reactions. During the deployment of COVID-19 vaccines, the media fulfilled this role by comparing risks and benefits based on the latest scientific findings at the time. Expectations are high for further reflection on activities from the media and their impact, as well as for efforts to examine the media's role in future immunization and vaccination policy.

Reinforce education for healthcare professionals that covers immunizations and communicating related information to patients in their roles as health specialists

In Japan, where the public is covered by universal health insurance, it can be difficult to incentivize the public to take preventive health measures. This means there are limits as to how much coverage can expand for vaccinations that have out-of-pocket costs. As such, it is important to build awareness among healthcare professionals, who possess a certain level of knowledge on all diseases. In addition to promoting education on immunizations and vaccines, it will also be necessary to work together with such professionals to develop easy-to-understand communication methods aimed at encouraging changes in patient behavior.

From a life course perspective, it is important undertake initiatives to build awareness among physicians serving as family doctors and other healthcare professionals toward vaccines for pneumococcal disease, influenza, shingles, HPV, and rubella (especially for men born between April 2, 1962 and April 1, 1979, who may require catch-up vaccinations). As people gain a better understanding of the effects of underlying diseases on infectious diseases, more people are learning that there are roles to play for medical departments which were previously viewed as mostly unrelated to VPDs. Steps must be taken to build awareness among healthcare professionals serving in various medical departments.

The emphasis that the Japan Medical Association and other organizations place on immunization during training programs for lifelong learning will have an especially large impact. In recent years, there has been an increasing number of physicians in private practice who are not members of medical associations, making efforts to build awareness toward immunizations and vaccines among such physicians all the more important. Expectations are high for related academic societies to coordinate initiatives to build awareness among healthcare professionals.

Refer to the immunization and vaccination system used during the COVID-19 pandemic to better utilize public health centers and regional public health laboratories and to enhance multi-stakeholder collaboration

Before the response to COVID-19 and the rollout of COVID-19 vaccines, public health centers and regional public health laboratories had not established a unified approach to vaccination program administration. During the pandemic, in addition to helping conduct vaccinations, they were charged with other responsibilities, such as tracking COVID-19 infections for their basic local governments and assessing the health economic and socioeconomic impacts of the pandemic. There are high expectations for reinforced collaboration with public health centers and regional public health laboratories in the system moving forward.

In addition, as previously discussed, various efforts helped Japan achieve higher COVID-19 vaccination rates. These included family doctors playing key roles in vaccinating individuals; companies providing vaccinations at workplaces; and local governments providing mass

vaccinations.

2. Promoting immunization and vaccine program administration along the individual life course

2-1. Steps for promoting immunization and vaccination policies along the life course

Reinforce systems for conducting vaccination programs along the life course

As discussed above, various stakeholders are involved in conducting vaccination programs, including people being vaccinated and their guardians, the national and local governments, and healthcare providers. Other stakeholders that may be involved can vary greatly depending on the life course of the person to be vaccinated, such as their age or occupation. A system must be established that enables stakeholders surrounding the person to be vaccinated to effectively implement vaccination programs according to the life course.

For example, by age group, there are significant differences in the proportions of people with family doctors and in frequency of visits to healthcare institutions. These differences in points of contact with healthcare are likely to affect opportunities for people to be exposed to information on vaccinations when visiting healthcare institutions. Furthermore, as mentioned above, it has been reported that high school students and their parents or guardians have different preferred sources of information regarding vaccinations. When thinking of how to communicate information on vaccinations in an effective manner, it is important to keep in mind there may be differences in trusted information sources and primary forms of media used on a daily basis by age or other characteristics.

2-2. Reinforcing the immunization environment surrounding parents to promote immunizations for infants and children

Advance efforts to promote vaccinations together with maternal and child health programs and school health programs

Vaccinating infants and children requires understanding from parents and guardians in addition to understanding from the individual. Cooperation with maternal and child health services is important for providing accurate information regarding vaccinations and raising awareness toward vaccinations. This might be done at checkups and parenting classes before birth, during infant checkups or postpartum care, or through school health programs, like school health examinations. There are high expectations for the proactive and effective use of such programs as opportunities to raise awareness both on the individual level, at medical examinations and other such checkups, as well as among groups, such as at parenting classes.

Strengthen messaging on the importance of vaccinating children to achieve herd immunity during emergencies

Many people are currently voicing opposition to COVID-19 vaccines for children, which has created a sense of unease similar to the past situation with the HPV vaccine. This is a difficult issue that has even led to differences in use in Europe and the United States. The Government must establish an appropriate system for the scientific analysis of vaccine safety and effectiveness, make calm decisions regarding the balance of risks and benefits, and be fully accountable to the public.

It is highly likely that informing parents of the risks of contracting diseases will change how they perceive vaccines. Their understanding toward the importance of vaccination will be further

deepened if they are informed of specifics regarding infection symptoms, including the benefits of vaccinating, the risks of vaccinating, and the risks of not vaccinating. The decision to vaccinate should be left up to parents after informing them of the risks of a disease spreading from children to adults and elderly family members and the importance of preventing infectious disease in the home.

2-3. Effectively disseminating information to adolescents and adults with relatively low vaccination rates

Reinforce strong recommendations from the national Government to reach those eligible for vaccination

Generally, vaccinations provided during infancy are administered at infant health checkups without omission. However, active steps must be taken to promote awareness toward vaccinations provided during and after adolescence. In particular, to ensure everyone eligible for the HPV vaccine and other routine vaccinations for Category A diseases receives vaccination information and is informed of the obligation to endeavor to be vaccinated, the Government must take steps to build awareness in the same manner as for COVID-19 vaccines. When the Government stopped actively recommending the HPV vaccine, the vaccination rate dropped significantly, so it is easy to see the importance of national policies and the presence of recommendations from local governments.

Consider methods of handling the spread of biased information on adverse reactions and adverse events

Pharmaceuticals, including HPV vaccine and other vaccines, carry the risk of adverse reactions. When people check the internet for information on these topics, they may find information on adverse reactions and events, which may cause them to feel unease. To foster acceptance, steps must be taken to examine how to best publicize information online.

Reinforce infectious disease countermeasures with both antibody tests and immunizations to aim for herd immunity

Measures that take antibody retention rates into consideration are effective when attempting to achieve herd immunity through immunizations. Males were not covered by routine vaccinations for rubella from the time they began in 1977 to March 1995. During that period, those who were originally eligible for vaccination were not administered the vaccine. This resulted in low antibody retention rates among adult men, particularly for those in their 40s to 60s, which led to a rubella epidemic. Combining antibody testing and routine vaccinations is an effective method of addressing such situations. Basic local governments are now conducting antibody testing and vaccination programs, while activities aimed at building awareness are being conducted at specific health checkups for the insured. Continued efforts will be necessary moving forward.

2-4. Promoting the spread of accurate, easy-to-understand information through health and long-term care professionals who are close to elderly people

Reinforce systems for building awareness using easy-to-understand information through family doctors and during health examinations for older adults

Promoting accurate, easy-to-understand recommendations through family doctors, who are close to elderly people, is likely to result in changes to behavior. To achieve this, the system for educating physicians and other healthcare providers on immunization should be strengthened.

Taking opportunities such as frailty checks in questionnaires at specific health checkups and similar opportunities to provide people age 75 and older with easy-to-understand pamphlets and other information sources is also likely to be an effective method of recommending vaccinations.

In addition to age, recommend immunizations based on VPD prevalence and associated risks

There are times it seems some elderly people feel they do not need to be vaccinated even if they are in the eligible age group because they are not experiencing health problems or because they are already in good health. To address this, it will be effective to inform people that the risks of infection, hospitalization, mortality, or other severe outcomes can increase at certain ages, which is why certain age groups are targeted for immunizations.

Acknowledgements

Over the course of creating these recommendations since the beginning of FY2021, we have received input from many people representing industry, Government, academia, and civil society. In particular, we would like to express our deepest gratitude to every member of Working Group 1 for their expert advice on the life course approach, as well as for their support for the objectives of these recommendations.

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These recommendations were compiled based on working group meetings, expert hearings, and related meetings hosted by the HGPI Immunization and Vaccination Policy Promotion Project in FY2021, as well as on discussions held under the Chatham House Rule and policy trends and other developments in this area as of June 30, 2022.

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