

Efforts of the Japan Medical Association toward the Resolution of Vaccine Gaps*1

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Takashi KOMORI¹

The influenza A/H1N2 subtype prevalent worldwide in 2009 engendered global confusion at that time, but the mortality rate remained extremely low in Japan in comparison with other countries worldwide, thanks to the cooperation of numerous health professionals and citizens of this

country (Fig. 1). It seems that relevant background situations included high awareness of public health and hygiene among Japanese people, with good accessibility to and the high level of health care services in Japan and dedicated efforts of health professionals in providing

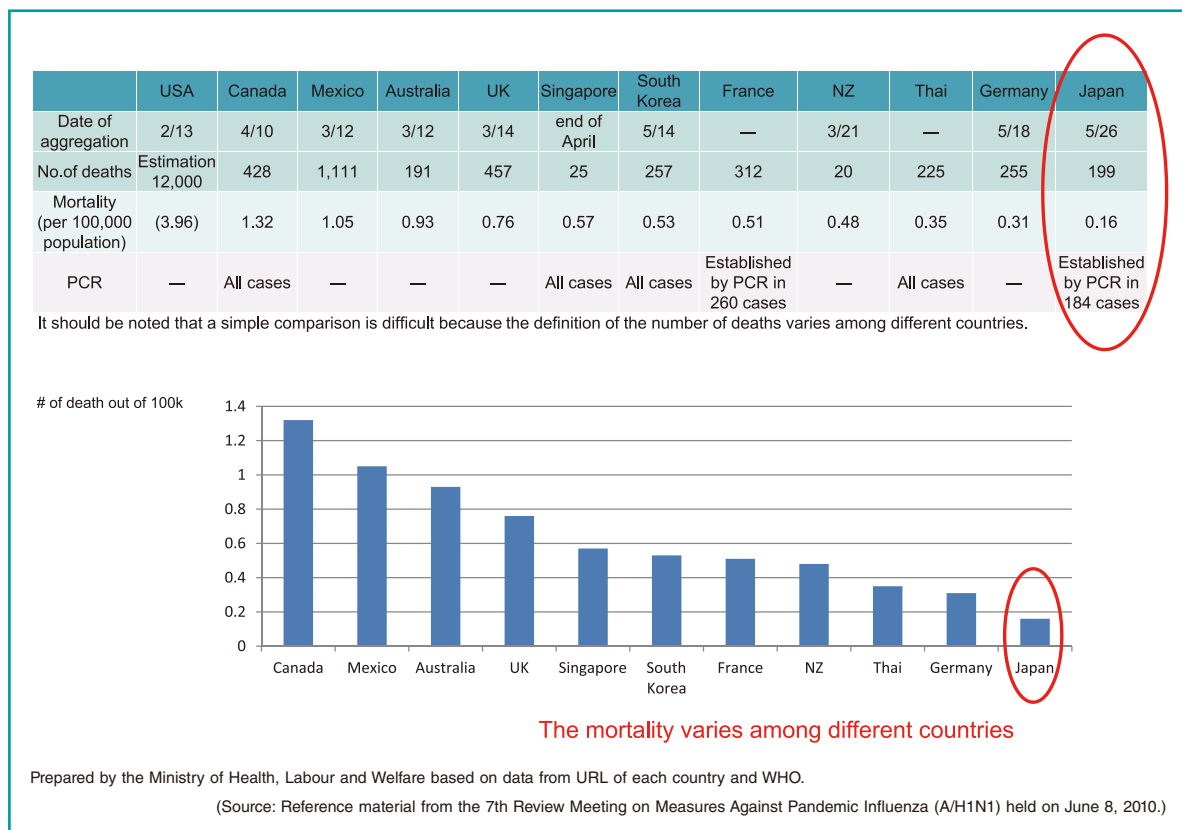


Fig. 1 Comparison of influenza (H1N1) mortality in various countries in 2009

*1 This article is based on the presentation made at the JMA-PhRMA Joint Symposium “How should we operate the vaccination for resolving the issues on Vaccine Gaps?” held on May 21, 2014.

¹ Executive Board Member, Japan Medical Association, Tokyo, Japan (jmaintl@po.med.or.jp).



Photo 1 Poster to promote vaccination among children “Child Vaccination Week March 1 to 7” from JMA, MHLW and Japan Pediatric Association

patients with anti-influenza drugs virtually within 48 hours of onset.

The Japan Medical Association (JMA) has formulated “Children’s Vaccination Week” as the first week of March every year since 2003, providing counseling about vaccination at local medical facilities collaborating with the local medical associations (Photo 1). The local medical associations have also prepared a system to provide the opportunity to receive vaccinations on a Saturday or Sunday or during evening hours to people who cannot come during usual office hours, and has also been continuing educational activities by means of training sessions aimed at vaccination facilities and the general public.

In 2010, JMA produced an enlightening TV commercial and aired it as part of their activities toward resolving the issue of vaccine gaps. This TV commercial aimed to facilitate the national government providing seven vaccines including human influenza type B (Hib), pediatric pneumococcus, varicella, and adult pneumococcus vaccines, making them routine, because these remain voluntary vaccinations in Japan in contrast to other countries where they are given routinely. Our sincere message that we want to protect the people of Japan including children, was contained in this work.

The JMA began to launch a signature-

collecting campaign to demand the enhancement of routine vaccination in August of the same year. We have undertaken a series of activities including airing TV commercials and providing open lectures for the public. Thereafter, the JMA resumed the signature-collecting campaign to demand routine vaccination with the above vaccines in January 2013 in parallel with deliberation on a bill to amend the Preventive Vaccination Act.

During a short period of just one month, the JMA collected signatures from more than 1,600,000 people, and submitted a written demand to the Minister of Health, Labour and Welfare under the name of Yoshitake Yokokura, President of the JMA. The demand of citizens and our organization came to fruition, i.e., the amended Preventive Vaccination Act was enacted on April 1, 2013, making Hib, pediatric pneumococcus, and human papilloma virus (HPV) vaccines became routine. Two of the remaining four vaccines, i.e., varicella vaccine and adult pneumococcus vaccine, were scheduled to become routine starting in October of 2014.

In 2009, a new type of influenza became prevalent worldwide. However, the mortality rate in Japan was lowest in the world, because of the rapid response and high awareness of public health and hygiene in this country.

How to Solve the Revenue Shortage Problem

On the other hand, the issue of revenue shortage for promoting enhancement of vaccination has been pointed out. In Japan, routine vaccinations are carried out by municipal governments. Therefore, the financial burden imposed on municipalities rises as the need for and number of routine vaccines increase and the implementation of vaccinations may itself be disturbed. In fact, all seven types of vaccines were not made routine at one time despite our longstanding demand. Three types of vaccines above which were considered to be of higher priority, preceded the other four.

Vaccination serves as means of safety assurance during peacetime, and therefore, it is desirable that vaccination be implemented by the national government with responsibility under a system in which the vulnerable people are protected by entire population of Japan. The JMA

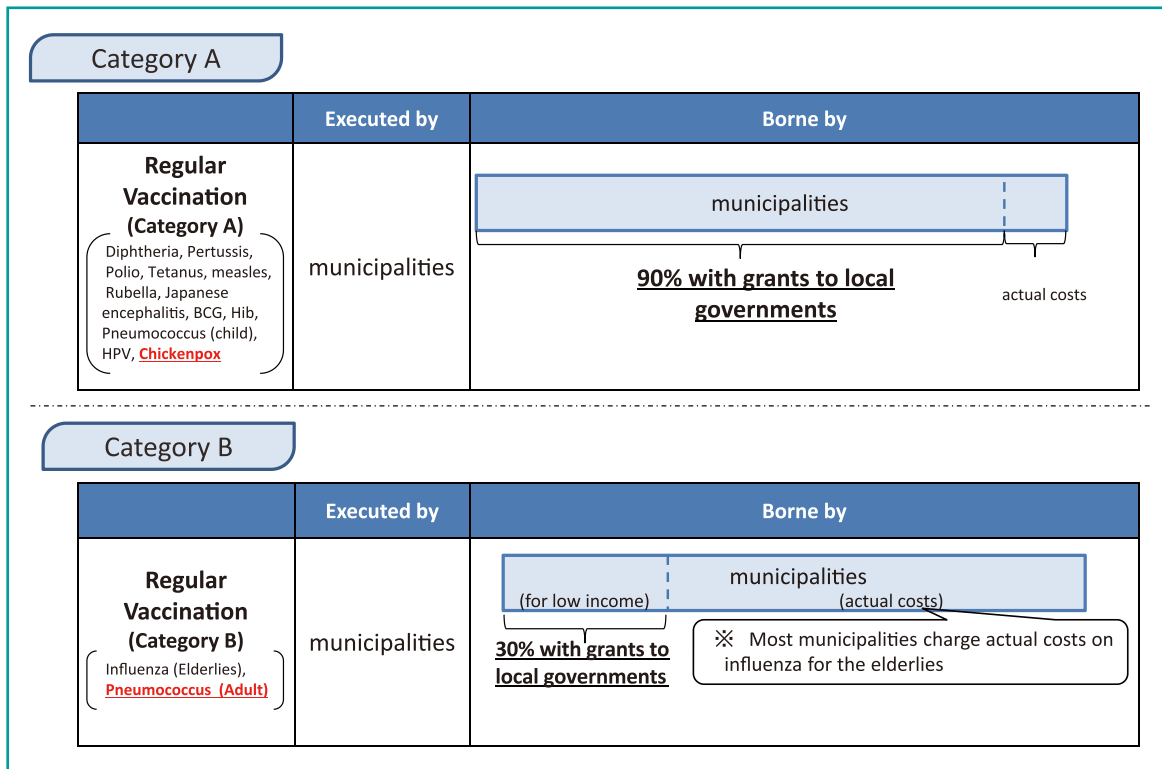


Fig. 2 Costs of regular vaccination (after the 2013 revision of Preventive Vaccination Act)

has been requesting that the national government agree to this claim. As a result, the amended Preventive Vaccination Act achieved 90% coverage of the vaccination cost for Category A diseases*² utilizing public expenditures by means of ordinary tax allocation, the same extent of coverage as for the HPV vaccination project (Fig. 2).

Many municipalities have limited financial resources and are facing difficulty in continuing vaccination projects according to their financial conditions, and disparities among municipalities have been pointed out. Although the financial issue has rarely been highlighted, finance is considered to be an extremely important issue from the aspect of resolving vaccine gaps. This fiscal move by the national government should be appreciated in that it assured a stable financial resource as the government's responsi-

bility, in addition to the correction of disparities among municipalities, although problems awaiting resolution remain, such as the need to give consideration to bodies that do not receive tax allocations.

Future Tasks for Resolving Vaccine Gaps

Tasks to achieve the resolution of vaccine gaps may include spreading correct response and knowledge about rare, but certainly present, adverse reactions to vaccination, and decreasing mislead by information on the Internet, which can be either useful or useless, or by other data sources. To resolve the current vaccine gaps and to enhance the system to protect people from infectious diseases, it is necessary to take educational activities to widely diffuse the proper

*² In Preventive Vaccination Act of Japan, Category A diseases are diphtheria, pertussis, tetanus, polio, measles, rubella, Japanese encephalitis, TB, Hib, pediatric pneumococcus, human papilloma virus (HPV) and chickenpox. The vaccination for these diseases which is on a voluntary basis aims at preventing mass infection and critical diseases.

knowledge of the effect and need of vaccination over people in Japan. For this purpose, it is important for the national government, local governments, health professionals, and the media to send accurate and easily understandable information and to develop effective public relations activities in a unified and coordinated manner. Transparency of information and the fulfillment of accountability represent a first step

toward the resolution of vaccine gaps.

JMA further intends to deepen the discussion with people and continue to ask ourselves what we can do to accomplish our mission from the viewpoint of preventing the spread of infectious diseases and protect people's lives from vaccine-preventable diseases (VPD), i.e., infectious diseases for which an effective preventive vaccine exists.