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Executive Summary

Influenza vaccination in Japan is strongly recommended and partially funded by the government for older adults and people with chronic diseases. Japanese citizens aged 65 years and over and those aged 60–64 years with certain organic dysfunctions or immunodeficiency disorders and are restricted in daily activities are eligible for free or subsidised annual influenza vaccination depending on the local immunization schedule.

At a national level, the Ministry of Health, Labour and Welfare (MHLW) leads the annual influenza campaign to oversee and guide local governments and healthcare institutions to implement actions to promote public awareness of influenza vaccination. A series of campaign tools are prepared to convey messages about influenza vaccination to the general public as well as targeted messages to older adults. These tools include web pages, leaflets, videos, public symposiums and a consultation hotline.

In general, civil society has not yet become a strong voice helping to shape and influence the public communication and awareness of the critical importance of adult vaccination. There is also a measurable lack of messages from patient and ageing organizations targeted to their members and constituents, those who are most at-risk of serious complications, hospitalization and death.

With respect to the content of current messages, there is a significant (and uneven) emphasis on preventive measures such as cough etiquette, hand washing and mask wearing at the expense of the most effective intervention, i.e. vaccination. Prioritizing the influenza vaccination in the Japanese awareness campaign is highly recommended considering the suboptimal influenza vaccination national coverage.
Demographic Details

Japan, in 2018, had an estimated population of 126.5 million with some 12.8% under the age of 15 years and 27.5% (34.8 million) aged 65 years and over. Due to low fertility rates, by 2050, the total population in Japan is expected to decrease by 14.8% and more than one in three (36.4%) citizens will be aged 65 years or older.

Parallel to Japan’s rapid population ageing, the burden of noncommunicable diseases (NCDs) is unprecedented, with an estimated 82% of all deaths in Japan attributed to NCDs in 2016. Cardiovascular diseases, respiratory diseases and diabetes are collectively responsible for 37% of all deaths in Japan.

Context

Influenza affects millions of Japanese each year and older people are particularly vulnerable to this infectious disease. During the 2018-19 flu season from September 2018 to late January 2019, a total of 12,642 patients were hospitalized due to influenza, and some 63% of those were 60 years of age and over.

Despite the fact that older adults, especially those with underlying chronic conditions are most at-risk for influenza and its complications, 51% were not vaccinated against influenza in 2017.

In Japan, the Ministry of Health, Labour and Welfare (MHLW) is responsible for coordinating and overseeing the national immunisation programs which is underpinned by the Preventive Vaccination Law. Every year, the MHLW publishes “Influenza Strategies” that set out government plans, preparations, and actions for the coming flu season as well as measures for the annual awareness campaign. This publication aims to guide as well as encourage local governments and healthcare institutions to implement actions to promote public awareness of influenza vaccination.

The MHLW also produced a series of campaign tools, including web pages, leaflets, videos, convened a public symposium and established a consultation hotline to convey messages about influenza vaccination to the general public as well as targeted messages to older adults.

Government Campaign

National Immunization Program

Japan’s National Immunization Program (NIP) is established and regulated under the Preventive Vaccination Law. The 2001 amendment of the Preventive Vaccination Law introduced influenza vaccine as a routine government funded vaccine for people aged 65 years and over as well as those aged 60 – 64 years with dysfunctions of the heart, kidney, respiratory organs, or immunodeficiency disorders.

This amendment called on municipal governments in Japan to take responsibility for offering free or subsidised influenza vaccine to the designated priority populations.

Influenza vaccine alongside other government-funded vaccines are indicated in the National Immunisation Schedule, which serves as a reliable source of information on what vaccines are needed at different ages.

Web page

The Ministry of Health, Labor and Welfare responds to a range of influenza-related questions through its website. This online Q&A is organized by topics including aetiology and symptoms of influenza, prevention and treatment, type of vaccines and side effects, as well as the recommended vaccination schedule.

The key messages consistently conveyed are that adults most at-risk are eligible for annual influenza vaccination at minimum or no cost depending on the priorities of local municipalities.
Leaflet

Several leaflets produced by the Ministry of Health, Labor and Welfare speak to the importance of influenza prevention in the general public, older adults, and healthcare workers especially those in aged care facilities.

The generic leaflet intended for all, answers 10 common questions about influenza, giving the audience advice on how to recognize, prevent and treat influenza. The effect of influenza vaccine in reducing the risk of infection and associated complications is clearly explained, together with a statement about its value for the most vulnerable populations.

Older adults are a special target audience for an additional leaflet designed to reinforce the importance and effectiveness of influenza vaccination, while dispelling myths about potential side effects. At the core of this information sheet is a message that older Japanese people are eligible for a free or subsidized vaccination.

Video

Educating the general public about influenza and the importance of vaccination is the focus of several videos developed by the MHLW, which use both visual and spoken messages to optimize comprehension.

People who are especially prone to the infection are identified in the video including older adults, children, pregnant women and those with certain chronic illnesses.

Consultation hotline

An infectious disease/vaccination consultation hotline has been established by the Ministry of Health, Labor and Welfare to respond to questions and/or concerns from citizens about influenza prevention, epidemic status and the effectiveness and potential side effects of vaccination.

Public symposium

In 2017 the Government of Japan convened a high-level symposium comprising front-line researchers and health care professionals who presented cutting edge research about influenza and future vaccine developments. The aim of this symposium was to increase public awareness of influenza and to discuss potential measures for its prevention. It also drew special attention to the responsibility each Japanese citizen has in protecting themselves and protecting others in the community from the spread of influenza.
## Status of National Influenza Vaccination Campaign

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<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Status</th>
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<tbody>
<tr>
<td>Comprehensive policies and programs</td>
<td>Influenza vaccination is recommended by government and advisory bodies for at-risk populations including older adults and people with chronic diseases</td>
<td>Well-developed</td>
</tr>
<tr>
<td></td>
<td>Influenza vaccination is funded under the National Immunization Program (NIP) and administered through the state program for at-risk populations including older adults and people with chronic disease</td>
<td>Partially developed</td>
</tr>
<tr>
<td>Clear communication strategy</td>
<td>Published context-specific communication strategy and action plan which defines communication goals, target audiences, expected roles of partner organizations, communication tools and timeline</td>
<td>Partially developed</td>
</tr>
<tr>
<td>Well-defined audience</td>
<td>Universal message distributed to undifferentiated population (general audiences regardless of age and underlying health condition)</td>
<td>Not yet developed/No evidence</td>
</tr>
<tr>
<td></td>
<td>Dedicated and tailored information for specific at-risk audience</td>
<td>Not yet developed/No evidence</td>
</tr>
<tr>
<td>Multiple tools and channels</td>
<td>Online communication such as web content, digital technology, social media, online publications, email</td>
<td>Well-developed</td>
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<td></td>
<td>Messages are disseminated offline by TV, radio, printout (e.g. leaflet, poster, brochure, outdoor ads)</td>
<td>Partially developed</td>
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<td>Interactive communication including individual consultation, street campaign and face-to-face mobilization</td>
<td>Partially developed</td>
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<tr>
<td>Realistic timeline</td>
<td>Timely flu season alert and vaccination reminder</td>
<td>Partially developed</td>
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<td></td>
<td>National/regional events scheduled for intensive awareness campaign such as national vaccination day/week/month</td>
<td>Partially developed</td>
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<tr>
<td>Regular updates of information</td>
<td>Information is updated on a regular basis to reflect the most recent evidence and policy, such as recommending newly licensed vaccines for specific recipient</td>
<td>Partially developed</td>
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<tr>
<td>Engagement and support of civil society</td>
<td>Communication on influenza by patient associations, ageing organizations and advocacy groups</td>
<td>Not yet developed/No evidence</td>
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References


