HGPI Health and Global Policy Institute

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

The life course approach is a movement to rethink vaccination as a form of public health intervention for all ages rather than one focused on infancy, early childhood, and childhood. A life course approach is also recommended in the global roadmap presented by the WHO in the Immunization Agenda 2030 (IA2030) in 2020. This recommendation is based on the belief that vaccination is an extremely effective method for protecting people's health during all life stages and situations rather than just during infancy. The life course approach will also be useful in achieving the future for society that Japan envisions for the "Era of the 100-year Lifespan" and in enabling the public to enjoy active, healthy longevity. Vaccines have also been shown to protect the people around the person who is vaccinated, which means they not only benefit the individual but also the groups to which they belong. At the same time, there are challenges with the life course approach which will require the following five actions to overcome.

**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.**

The Immunization Act categorizes vaccinations into three types: routine vaccinations, temporary vaccinations, and new temporary vaccinations. Routine vaccinations target two classes of diseases, category A and category B. Vaccinations for category A diseases are carried out with a view toward mass prevention, while those for category B diseases are mainly provided for individual prevention with the aim of protecting high-risk individuals. While eligibility for routine vaccinations for category A diseases is determined by age, eligibility for vaccinations against category B diseases is determined by age and organ function. Category B diseases include influenza and pneumococcal infectious diseases among elderly people. Although academic societies and similar organizations have issued recommendations on the provision of coverage for people with underlying medical conditions like cardiac or respiratory diseases or occupations that face certain risk factors, they have not been included as category B diseases. As a result, vaccines targeting category B diseases are limited and insufficient in number. From the perspective of individual prevention for high-risk people, category B diseases should be expanded to cover a more diverse population. Measures to achieve this will require consideration and may include amending laws or taking steps to secure funding.

**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.**

The Immunization Act sets vaccination periods for diseases eligible for routine vaccination. Within those periods, even people who are outside of the age ranges specified in the Act can receive full or partial coverage for vaccinations through public funding. Also, people who were unable to be vaccinated due to illnesses requiring long-term medical treatments are eligible for routine vaccinations within two years of recovery. However, when a vaccination is provided outside of the vaccination period, or when someone chooses to be vaccinated outside of the vaccination period for personal reasons, it is treated as a voluntary vaccination. In such situations, the person being vaccinated must cover the cost out of pocket. Vaccinations provided to make up for delays in vaccination timing are called catch-up vaccinations, and it is likely that vaccination coverage will increase the longer these catch-up vaccinations are granted cost reductions. Therefore, special measures to provide catch-up vaccinations at public expense should be expanded and amendments to relevant laws and regulations should be considered.

**3. To improve access, more facilities should be allowed to provide vaccinations.**

The Guidelines for the Implementation of Routine Vaccination provide two methods of conducting vaccinations: individual vaccinations at healthcare institutions and mass vaccinations at suitable facilities. In principle, the Medical Service Act does not permit vaccinations outside of healthcare institutions. However, access is likely to improve if options for providing vaccinations outside of healthcare institutions are permitted if certain conditions are met, such as those for providing mobile medical services. Specific options to increase vaccination sites include combining vaccinations with health checkups or providing vaccinations at pharmacies, like in other countries. However, laws such as the Pharmacists Act and the Immunization Act will require revisions before it is possible for pharmacists and other medical personnel to provide vaccinations. Improvements to the training system will also be necessary. It may be possible to pair health checkups and vaccinations by developing a suitable system after considering revisions to laws such as the Industrial Safety and Health Act and the Immunization Act.

**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.**

In addition to the steps to improve vaccine access described above in section 3, it is likely that expanding financial assistance will also contribute to better vaccination coverage. This is based on the belief that out-of-pocket cost burden affects vaccination coverage. For example, it is said out-of-pocket payments are one of the hurdles that cause low vaccination coverage among elderly people for influenza and pneumococcal infectious diseases, which are category B diseases in the vaccine schedule. Establishing progressive out-of-pocket payment rates according to income brackets should be considered as a method of improving vaccination coverage. Anticipation is also high for steps to consider the option of covering those costs through public healthcare services within the universal healthcare system. In that event, revisions to the medical service fee system should also be considered.

**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.**

Vaccination ledger management is left to municipalities, special wards, and other local governments, and these records are not managed in an integrated manner across municipalities or regions. This makes it difficult to identify unvaccinated people or to track vaccination histories when people eligible for vaccinations move from one municipality to another. The data managed by each municipality is compiled by public health centers and reported to the prefectural and national governments. In 2014, a framework to allow people to check their vaccination history online was discussed in the Basic Plan on Vaccination. Although this framework is currently being developed, this plan has yet to be realized. In 2020, the Headquarters for Japan's Economic Revitalization presented their Immunization Roadmap at the Nonstop Working-Level Meeting on Child Rearing which mentioned data standardization and similar topics. However, those discussions did not reach a conclusion. To improve vaccination coverage across all generations, a record management system should be developed that takes life events such as relocation across regions into account and that transcends regional boundaries. To achieve this, it will be important to revise the Immunization Act and to obtain public understanding of the benefits of allowing the Government to manage vaccination records using a common format.


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