



Japan:



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Decreasing HPV vaccination coverage: mapping roles of different stakeholders and societal-historical factors.

Introduction:

Vaccination coverage is the result of a complex interplay between different stakeholders with a specific societal and cultural background. The goal of this poster is to provide a brief overview of major events/aspects that may have contributed to the current situation in Japan. By listing the role or potential role of different stake holders or cultural-historical factors we may be able to compare different countries and find common denominators.

Possible event(s) leading to crisis:

• Early spring 2013 reports of alleged adverse events largely covered by the media. (1)

Position/role of the government/health authority

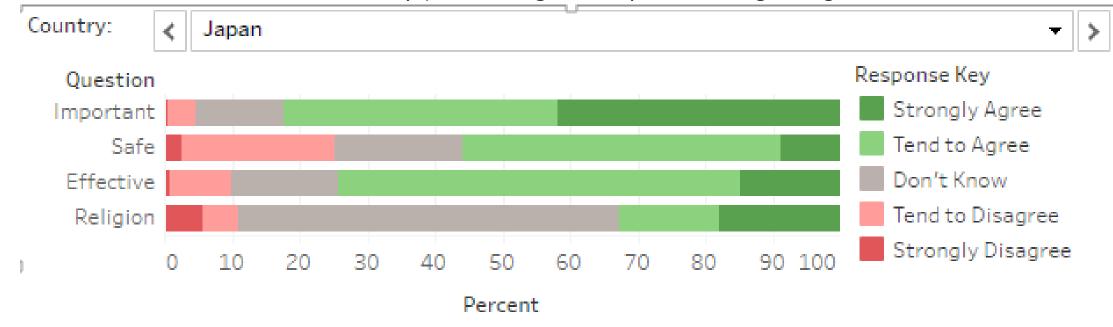
- The Ministry of Health, Labour and Welfare suspended the proactive recommendations for HPV vaccination in June 2013 by advising prefectural governors not to actively recommend the vaccine, and to cease all vaccine promotion. (2)
- Hesitancy among government officials

Other stakeholders

- Many academic groups call the government to reestablish the HPV vaccination program, e.g. Aug 29, 2015, the Japan Society of Obstetrics and Gynecology released a statement about the Government's suspension of recommendation for the use of the HPV vaccine, noting that the current situation in Japan should be evaluated based on scientific evidence.
- The Japan Pediatric Society actively recommends HPV Vaccination
- Media: Japan's media coverage is sensational and not evidence based. (3) A study on newspaper articles published from January 2011 to December 2015 identified 1138 HPV vaccine—related articles. Articles concerning HPV vaccination after March 2013 were more likely to include adverse reaction-related and authority-related keywords; articles that included efficacy-related keywords decreased significantly. (1)

Adolescents/parents

• Confidence level based on confidence survey (based on general questions regarding vaccination, not focussed on HPV) (4)



• A study looking at acceptance of and attitudes towards HPV vaccination in Japanese mothers and adolescent girls prior to the official launch of the national HPV vaccination programme conclude that high uptake may be possible in a publically funded HPV vaccination programme if physicians actively address safety concerns and justify why the vaccine is needed at a particular age. (5)

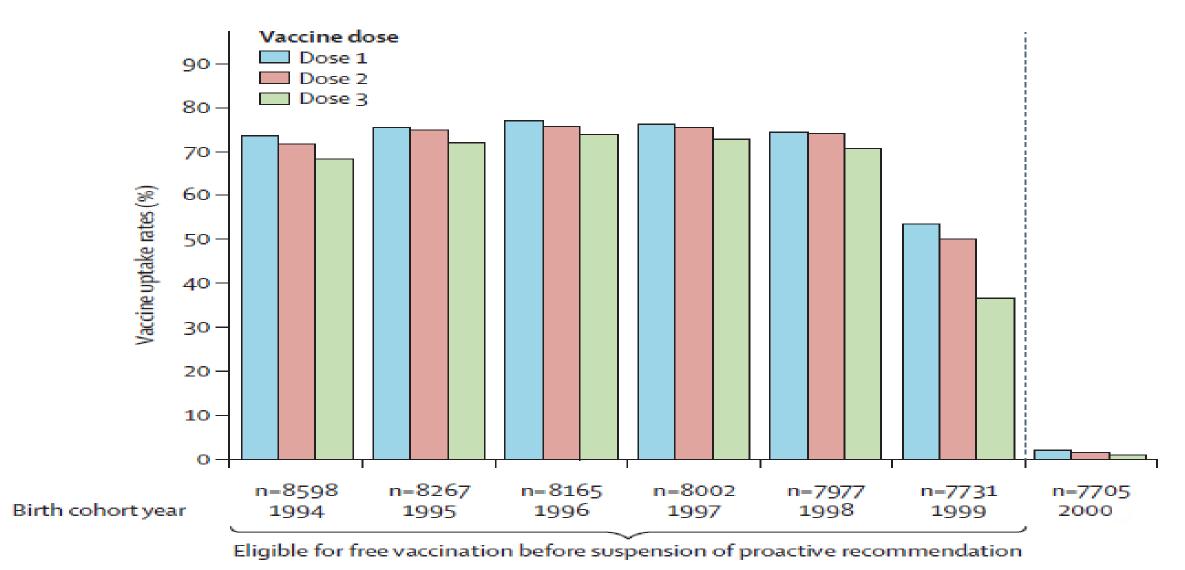
Organized "anti-vaccine" activities

• HPV Victim support groups are very active (3)

Sources

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Uptake rates HPV vaccine in Sapporo, Japan, as of March, 2014 (6)



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Position/role of Vaccine providers/HCW

- Prior to the free vaccination against HPV the vaccine was provided against payment by a wide range of medical professionals, not necessary well trained and informed about vaccination.
- Since HPV vaccination is not conducted as a school-based system in Japan, the physician recommendation has a considerable effect on the decision of the HPV vaccine uptake. HPV is offered by physicians (51%), paediatricians (19%) and gynaecologists (12%). (7)
- Recommendation from a physician and local health authority was a strong motivator. (5)

Vaccine injury reimbursement or court cases

- Approximately 3.38 million girls were vaccinated, and 2,584 complained of health problems. The majority of these received the vaccine shot as a non-routine vaccination. In total, 98 people developed health problems and applied for assistance from 2011 to 2014 (8) Between Apr 2014 and Mar 2017, 284 cases (outside the NIP) have been submitted for compensation. Among 284 cases, 180 were compensated (as vaccine cause could not be ruled out), others (104) were denied.
- One of the doctor's, commissioned by the Ministry of Health Labour and Welfare to investigate the possible adverse events following HPV vaccination, suggested a link between the vaccine and neurological illness and is suing a medical journalist who published an article questioning his research results (9)
- A victims' group filed a multi-plaintiff lawsuit in the district courts of Tokyo, Nogoya, Osaka and Fukuoko against the government and vaccine companies. As of June 2017, the total number of plaintiffs is 125. (10)

Societal-historical factors related to adherence to universal prevention programs.

- Cervical cancer screening coverage in 2013 was 31.1% Screening program targets all women above 20y and every two years. (5)
- Other vaccines in routine vaccination schedule have high coverage. (11)
- For details on the History of vacciination in Japan see poster 8 from Dr Sharon J.B. Hanley