



The target age for routine vaccination based on the Preventive Vaccinations Act is specified by ordinance as shown in the above chart. The vaccination at the age other than specified above is available as voluntary vaccine. However, it should be noted that each vaccine has its own specified target age.

A down-pointing arrow (↓) represents an example. The vaccination schedule must be determined in consultation with your primary care doctor or a local government officer in consideration of your child's physical condition, living environment and presence/absence of underlying disease.

- \*1 Vaccination started in Japan on December 19, 2008. Although those of 2 months or older but younger than 5 years are targeted, the standard period for the first dose is from at least 2 months to younger than 7 months old. Vaccination is done by three subcutaneous inoculations. Normally, 3 doses are given subcutaneously at intervals of 27 or more days before 12 months of age (possibly at 20-day intervals if the physician deems it necessary). If the first dose is given after 7 months or older but younger than 12 months, usually 2 doses are given subcutaneously at interval of at least 27 days (possibly as a 20-day interval if the physician deems it necessary). After the first dose, the following dose is given by subcutaneous inoculation after an interval of more than 7 months. If the first dose is given when a child is 1 year or older but younger than 5 years old, it is normally one dose by subcutaneous inoculation.
- \*2 This has been introduced as a routine vaccination replacing 7-valent conjugate vaccines since November 1, 2013. The first dose is given at 2 months or older but younger than 7 months, followed by three more doses given at intervals of at least 27 days. Normally a booster shot is given between 12 to 15 months of age, completing a total of 4 inoculations. Those who missed out on the vaccination may be vaccinated according to the following schedule: if the child is 7 months or older but younger than 12 months, two doses are given at an interval of at least 27 days, followed by a booster shot at least 60 days later, when the child is at least 12 months old. If the child is one year old, two doses at an interval of at least 60 days. If the child is 2 years or older but younger than 6 years, one dose is given. If the child is 5 years or older, vaccination is voluntary.
- \*3 Routine vaccination was introduced on October 1, 2016. It applies to those born since April 1, 2016 and thereafter. Vaccination for the prevention of mother-to-child transmission must be received concomitantly with HB globulin under the health insurance plan (Refer to "Voluntary Vaccination\*10").
- \*4 D: diphtheria, P: pertussis, T: tetanus, IPV: inactivated polio vaccine. IPV was introduced in the routine vaccination program as of September 1, 2012, while DPT-IPV combined vaccine was introduced into the routine vaccination program as of November 1, 2012. It is primarily inoculated over 4 doses, unless the child has taken one dose of OPV (oral polio vaccine), in which case 3 doses of IPV should follow. Since September 1, 2012, OPV is no longer available as the routine vaccination. Started vaccination with DPT-cIPV vaccine mixed with IPV (Salk vaccine), an inactivated wild-type poliovirus, from December 9, 2015. DPT-IPV vaccine (introduced as of November 1, 2012) is DPT-sIPV vaccine mixed with IPV made of inactivated Sabin strain, a live polio vaccine strain (added on December 9, 2015). Since the DPT vaccine expired on July 15, 2016, no DPT vaccine is currently available on the market in Japan.
- \*5 Use an MR vaccine in principle. Those who had received either measles or rubella vaccine within the same period and those who wish to receive the single antigen vaccination can receive the single antigen vaccine.
- \*6 This has been introduced as a routine vaccination since October 1, 2014.
- \*7 As there are no data on the compatibility of vaccines, the same vaccine should be given by intramuscular inoculation three times. Inoculation intervals differ by vaccination type.
- \*8 Those who are 6 months or older but younger than 13 years receive twice yearly vaccination (2 to 4 weeks of interval). Those who are 13 years or older receive annually or twice yearly vaccination (1 to 4 weeks of interval). Routine vaccination is given annually. The dose is 0.25 mL for those under 3 years, and 0.5 mL for those of 3 years and older.
- \*9 This has been introduced as a routine vaccination since October 1, 2014. Vaccination to prevent *Streptococcus pneumoniae* infection in the patient underwent splenectomy is covered by health insurance. Target age is two years and older.
- \*10 Health insurance coverage: [HB vaccines]. Usually, it is preferable to administer a subcutaneous dose of 0.25 mL HB vaccine within about 12 hours of birth (It is also possible to administer after 12 hours depending on the condition of the infant. In such cases, it should be given as soon as possible.), followed by 2 doses of 0.25 mL subcutaneous inoculation at 1 month and 6 months after the first dose. Note that when active HB antibody is not acquired, booster shots are given. [HBIG (used with HB vaccines in principle)]. An intramuscular dose of 0.5 to 1.0 mL HBIG is given as the first dose. The inoculation time is within 5 days of birth (preferable within 12 hours of birth). A booster shot of 0.16 to 0.24 mL/kg dose is given. The inoculation time was changed on October 18, 2013.
- \*11 This has been introduced as a voluntary vaccination since May 18, 2015 in Japan. Prevent invasive infection with *meningococcus* of serotypes A, C, Y, and W. The expenses will be covered by the health insurance when eculizumab (product name: Soliris intravenous drip infusion) is administered, for example, to control hemolysis in patients with paroxysmal nocturnal hemoglobinuria, or to control thrombotic microangiopathy in patients with atypical hemolytic uremic syndrome.
- \*12 Vaccination is given only at quarantine station, not at general healthcare facilities.