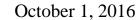
Changes to the Vaccination Schedule Recommended by the Japan Pediatric Society





- 1) Hepatitis B virus (HBV) vaccine has been included in the routine vaccination. Prevention of HBV mother to child transmission continues to be covered by the national health insurance system. In this schedule, we described them separately and categorized prevention of mother to child transmission of HBV covered by national health insurance system.
- 2) We removed diphtheria, tetanus and pertussis vaccine and inactivated polio vaccine from the schedule, and summarized them as diphtheria, tetanus, pertussis and inactivated polio (DPT-IPV, IPV). (No effective DPT vaccine is available after June 15, 2016, and DPT vaccine is currently not manufactured.)
- 3) Varicella vaccine schedule has been changed (Removed the transient measure in the 2014 fiscal year).
- 4) We have added the timing of routine vaccination and subjects of Japanese encephalitis vaccine based on the routine immunization rules by the Ministry of Health, Labour, and Welfare at the Health Service Bureau, Health Service Division. In addition, a perspective regarding vaccination timing by the Japan Pediatric Society has been added.
- 5) A perspective by the Japan Pediatric Society regarding human papilloma virus vaccine has been added.

Vaccination Schedule Recommended by the Japan Pediatric Society

October 1, 2016

Japan Pediatric Society



																											Str. 180
						I	nfan	t					Early Childhood School Age														
Vaccine	Туре	Birth	6w	2m o	3m	4 m	5 m	6m	7 m	8m	9-11 m	12-15 m	16-17m	18-23m	2y	Зу	4y	5y	6у	7y	8y	9у			≥10y		
Haemophilus influenzae type b	Inactivat ed			1	2	3						4 (Fo	otnote 1)							-							
Pneumococcal (PCV13) (Footnote 2)	Inactivat ed			1	2	3						4		(Footne	ote 2)												
Hepatitis B Virus Mother-to-child	Inactivat ed			1	2				(3	3)									(Foo	tnote 4	1)						
(HBV) Transmission		1	2					3																			
Rotavirus Mono- Valent	- Live			1	2			(Fo	otnote	5)																	
Hepta- valent				1	2	3			(Footn	ote 6)																
Diphtheria, Pertussis, Tetanus, Polio (DPT-IPV, IPV) (Footnote 8)	Inactivat ed				1	2			3)		4	(Footnote	(Up to 7.5 y)													
BCG	Live							1																			
Measles, Rubella (MR)	Live								Ţ,				1					_	2 potnote 9)								
Varicella	Live											1		2								(Foot	note 10)				
Mumps	Live											1						(Footno									
Japanese Encephalitis	Inactivat ed															① ②	3	(Up t	o 7.5y))			④ 9-12y				
Influenza	Inactivat ed												Annu	ally (Octo	ber, No	ovembei	r, etc.)	1)2								≥13y①	
Diphtheria, Tetanus (DT)	Inactivat ed											11y 12 (1) y															
Human Papilloma Virus (HPV)	Inactivat ed											(Footnote 12) Gra de 6 Grade 1 Junior High Grade 2 - High School Year 1															
Recommende range for vaccinatio	routine		ran; vol	ommeno ge fo untary cinat	y	ge				ossible for Period possible for Not stated in package insert Period						or the nat nsurance o											

Routine
Vaccination

1	
Ву	Healt
In	suranc

Voluntary
Vaccinatio

Vaccination Schedule Recommended by the Japan Pediatric Society Standard Period, Perspective of the Japan Pediatric Society, Precautions

October 1, 2016



Vaccine	Туре	Standard Age of Vaccination and Vaccination Period	Perspective of the Japan Pediatrics Society	Precautions
Haemophilus influenzae type b	Inactivated	27-56 days (4-8 wks) interval between ①-②-③ 7-13 mos interval Between ③-④	(Footnote 1) ④: can obtain satisfactory immunity if administered from 12 mos	As a routine immunization, \geq 27 days interval between ①-②-③, \geq 7 mos interval between ③-④ If first dose administered between 7 mos and 11 mos: After ①-② an interval of \geq 7 mos then ③ If the first dose administered between 1 yr and 4 yrs: only ① Vaccination possible for children \geq 5 yrs if they have risk factors.
Pneumococal, Conjugate (PCV13)	Inactivated	≥27 days (4 wks) interval between ①-②-③ ≥60 days (2 mos) interval between ③-④ and administered when the child is 1 yr - 1 yr 3 mos	(Footnote 2) A supplemental dose of PCV13 is recommended for children <6 yrs who completed appropriate numbers of PCV7 by the Immunization Law, apart from 8 wks from the last PCV7 (voluntary vaccination).	If first dose administered between 7 mos-11 mos: After ①, ② vaccination, an interval of ≥60 days and after 1 yr of age, followed by catch-up vaccination ③ If first dose administered between 1 yr-23 mos: ①, ② with ≥60 days interval If first dose administered between 2 yrs-4 yrs: only ① (Footnote 2) Administer PCV13 if they did not complete appropriate numbers of PCV7.
Hepatitis B Virus (HBV) Universal Vaccine		①2 mos ②3 mos ③7-8 mos ①-② Interval of ≥27 days (4 wks) ①-③ Interval of ≥139 days (20 wks)	In case of existence of family members with HBV careers other than mother, early immunization is warranted, not waiting till 2 mos of age.	(Footnote 3) Subjects who were born between April 1, 2016 and September 30, 2016 will be subjects for routine immunization. (Footnote 4) Immunization schedule for children who do not receive vaccines during infancy is depending upon the one with universal vaccination.
Hepatitis B Virus (HBV) Vaccines for Prevention of Mother to Child Transmission	Inactivated	① At birth ② 1 mo ③ 6 mos		If mother is positive for HBs antigen, the child will receive vaccine and HB immunoglobulin simultaneously at birth. Vaccine fee is covered by the national health insurance. See in details at JPS Homepage "New strategies for the prevention of mother to child transmission of HBV." Refer http://www.jpeds.or.jp/modules/activity/index.php?content_id=141 (in Japanese)
Rotavirus	Live	Vaccination possible from 6 wks after birth. ①: recommended between 8 wks and under 15 wks RV1 vaccine (Rotarix®): For①-② a total of 2 doses with an interval of ≥4 wks. For RV5 vaccine (RotaTeq®): ①-②-③: a total of 3 doses with ≥4 wks between doses		(footnote 5) Total 2 doses, ② to be completed within 24 th wk of age (footnote 6) Total 3 doses, ③ to be completed within 32 nd wk of age
Diphtheria, Pertussis, Tetanus, Polio (DPT-IPV, IPV)	Inactivated	Interval of 20-56 days between ①-②-③ (footnote 7) ≥6 mos between ③ - ④ Generally, during 12-18 mos after ③		Interval of ≥20 days between ①-②-③ as a routine vaccination (Footnote 8) DPT vaccine has no longer manufactured since July 15, 2016. Please refer to vaccination schedule at http://www.mhlw.go.jp/bunka/kenkou/polio/dl/leaflet_12601.pdf (in Japanese) for persons who did not complete vaccination but was administered OPV vaccine and/or IPV prior to August 31, 2012.
BCG	Live	Administered under 12 mos of age, generally administered during the period from 5 mos to <8 mos	Early vaccination required in areas where incidence of tuberculosis is high	
Measles, Rubella (MR)	Live	①: 1 year - <2 yrs ②: ≥5 yrs - <7 yrs (footnote 9) 1 year before entering elementary school		Vaccination possible ≥6mos for post-exposure prophylaxis; however, the vaccine is not counted, regular ① and ② need to be vaccinated.

Vaccine	Туре	Standard Age of Vaccination and Vaccination Period	Perspective of the Japan Pediatrics Society	Precautions
Varicella	Live	①: 12-15 mos ②: 6-12 mos after ①	(Footnote 10) It is necessary to provide 2 doses of varicella vaccine for children who are not suffered from varicella and unvaccinated.	①-②:Leave an interval of ≥3 months as a routine vaccination ①-②: Leave an interval of ≥4 weeks if ≥13 yrs
Mumps	Live	①: ≥1 yr	(Footnote 11) to ensure vaccination efficacy, 2 doses necessary. ①: early vaccination after the age of 1 ②: simultaneous administration with 2 nd dose of MR (≥5 yrs - <7 yrs, 1 year before entering elementary school is recommended)	
Japanese Encephalitis	Inactivated	①, ②: 3 yrs, leave a 6-28 days interval between ①-② ③: 4 yrs ④: 9 yrs (grade 3-4 elementary school)	We recommend vaccination for Japanese encephalitis (JE) vaccine from 6 months of age in children who will travel or stay in the endemic area of JE, or live in the area where high titers of JE in pigs is confirmed (Japan Pediatric Society Homepage, "Recommendation for JE vaccine from 6 months of age in children with high risks for JE. Refer to http://www.jpeds.or.jp/modules/activity/index.php?content_id=207_(in Japanese))	A dose per vaccination: 6mo- <3 yrs: 0.25mL; ≥3 yrs: 0.5mL For general routine vaccinations, first set administered from 6 mos to under 90 mos (7.5 yrs), and second set at age 9 to under 13 yrs. Interval of ≥6 days between ①-②, ≥6 mos between ② and ③. For children who were born from April 2, 2007 to October 1, 2009, it is possible to receive vaccine as a routine vaccine if they did not receive 1 st stage (①, ②, ③) during 6 mo-<90 mos (7 yr 6mos) or 9 yrs to <13 yrs. Due to the assertive recommendation to refrain from administration in May 2005, a detailed schedule for those who were born between April 2, 1995 and October 1, 2009, refer to the Ministry of Health, Labour, and Welfare Homepage http://www.mhlw.go.bunya/kenkou/kekkaku-kansenshou20/annai.html (in Japanese)
Influenza	Inactivated	Leave an interval of 4 wks between ① and ② (2-4 wks)		<13 yrs: 2 doses, ≥13 yrs: 1 or 2 doses Single dose: 6 mos - <3 yrs: 0.25 mL; ≥3 yrs: 0.5 mL
Diphtheria, Tetanus (DT)	Inactivated	①: At 11 yrs until reaching 12 yrs		According to the Immunization Law, ≥11 yrs, <13 yrs
Human Papilloma Virus (HPV)	Inactivated	Junior high school Grade 1 HPV2 vaccine (Cervarix®): 1 mo interval between ①-②, leave 6 mos between ①-③ HPV4 vaccine (Gardasil®): 2 mos interval between ①-②, leave 6 mos between ①-③ 3	Although active recommendation for HPV vaccine has been suspended since June, 2013, we recommend active immunization because we have strategies for the understanding and analyses of adverse events of HPV vaccine, establishment of reporting system and management/counseling for symptoms after vaccination, and rescue for recipients who received health issues (Refer to the Homepage by the Professional Promotion Counsil of Immunization https://vaccine-kyogikai.umin.jp/pdf/20160418 HPV-vaccine-opinion.pdf (in Japanese))	Vaccine given as intramuscular injection (upper arm, deltoid area) By the Immunization Law, 12-16 yrs (elementary school grade 6 to high school year 1) female (Footnote 12) HPV2 vaccine can be administered from ≥10 yrs, HPV4 vaccine ≥9 yrs (Footnote 13) Vaccination possible as routine vaccination with the interval below if not administered in regular schedule (Note the difference in the interval required for routine vaccination between the 2 vaccines). HPV2 vaccine: ≥1 mo between ① -②; ≥5 mos between ①-③ and ≥2.5 mos between ②-③; HPV4 vaccine: ≥1 mo between ①-②, and ≥3 mos between ②-③

Vaccination Checklist Name: Date of Birth: (dd/mm/yyyy) Routine vaccinations Voluntary vaccinations

					,			(0, 0,	,,,,,								
Vaccines	Type		Dos	e 1			Do	ose 2			Do	ose 3			Dos	se 4	
Haemophilus influenzae type b (Hib)	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)
Pneumococcal conjugate (PCV13)	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)
Hepatitis B (HBV)	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)				
Rotavirus	live attenuated	Lot No. (/	/)	□ (Lot No. (Dose 2 fi	/ nal for R	/ V1 vaccine (Rot)) arix)	Lot No. (/ /5 vaccine (Rota)) aTeq)				
Diphtheria, Pertussis, Tetanus, Poliovirus (DPT-IPV)	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)
BCG	live attenuated	□ (Lot No. (/	/)				_				-				
Measles, Rubella (MR)	live attenuated	□ (Lot No. (/	/)	□ (Lot No. (/	/)								
Varicella	live attenuated	□ (Lot No. (/	/)	□ (Lot No. (/	/)								
Mumps	live attenuated	□ (Lot No. (/	/)	□ (Lot No. (/	/)								
Japanese encephalitis	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)
Influenza	inactivated	(Annual	l vaccinat	tion recom	mended,	refer to 2nd	d sheet))									
Diphtheria, Tetanus (DT)	inactivated	□ (Lot No. (/	/)												
Human papillomavirus (HPV)	inactivated	□ (Lot No. (/	/)	□ (Lot No. (/	/)	□ (Lot No. (/	/)				

October 1, 2016, Japan Pediatric Society



Influenza Vaccination Checklist

Name: Date of Birth: (dd/mm/yyyy)

Age	Dose 1	Dose 2	Age	Dose 1	Dose 2
6-11 mos	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	8 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()
1 yr	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	9 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()
2 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	10 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()
3 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	11 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()
4 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	12 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()
5 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	13 yrs	□ (/ /) Lot No. ()	
6 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	14 yrs	□ (/ /) Lot No. ()	
7 yrs	□ (/ /) Lot No. ()	□ (/ /) Lot No. ()	15 yrs	□ (/ /) Lot No. ()	

October 1, 2016, Japan Pediatrics Society

