

# The Japanese H1N1 Vaccination Strategy

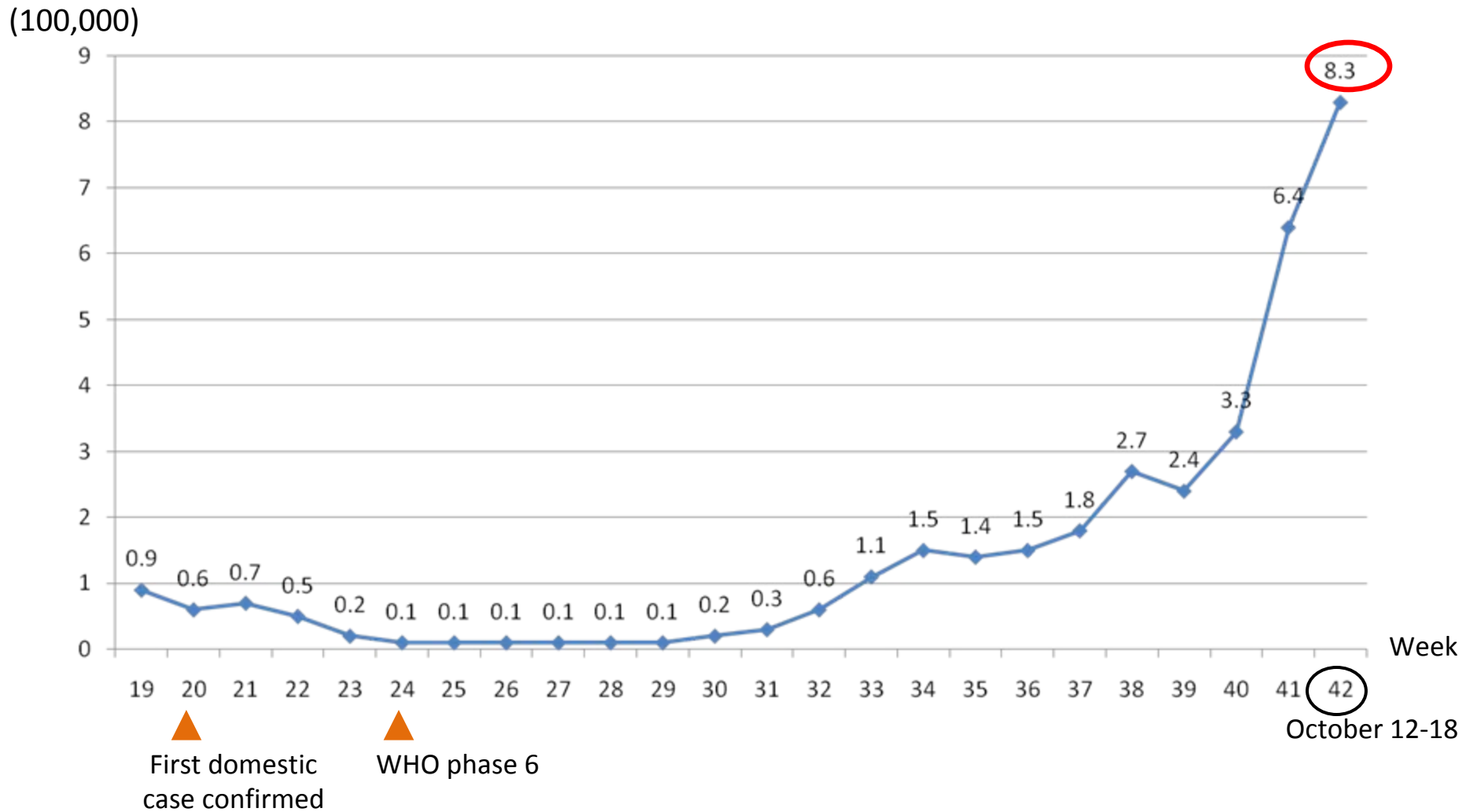
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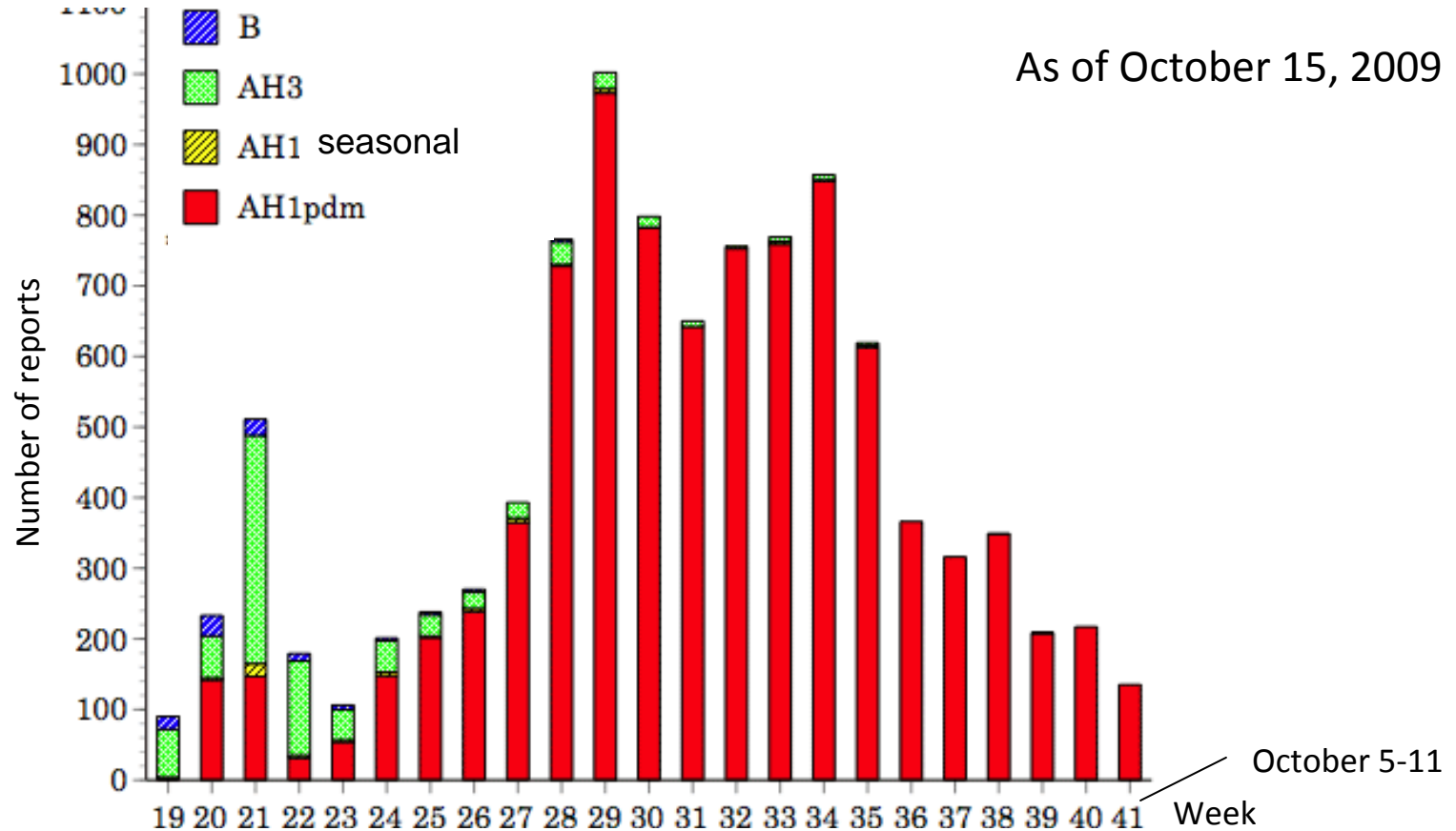
# Estimated Number of Patients (Weekly)



Estimate based on reports from around 5,000 sentinel healthcare facilities

# Virus Surveillance

The number of samples testing positive for influenza in Japanese sentinel virological schemes by subtype and week (week19-41, 2009)



Infectious Agents Surveillance Report, Infectious Disease Surveillance Center, National Institute of Infectious Diseases



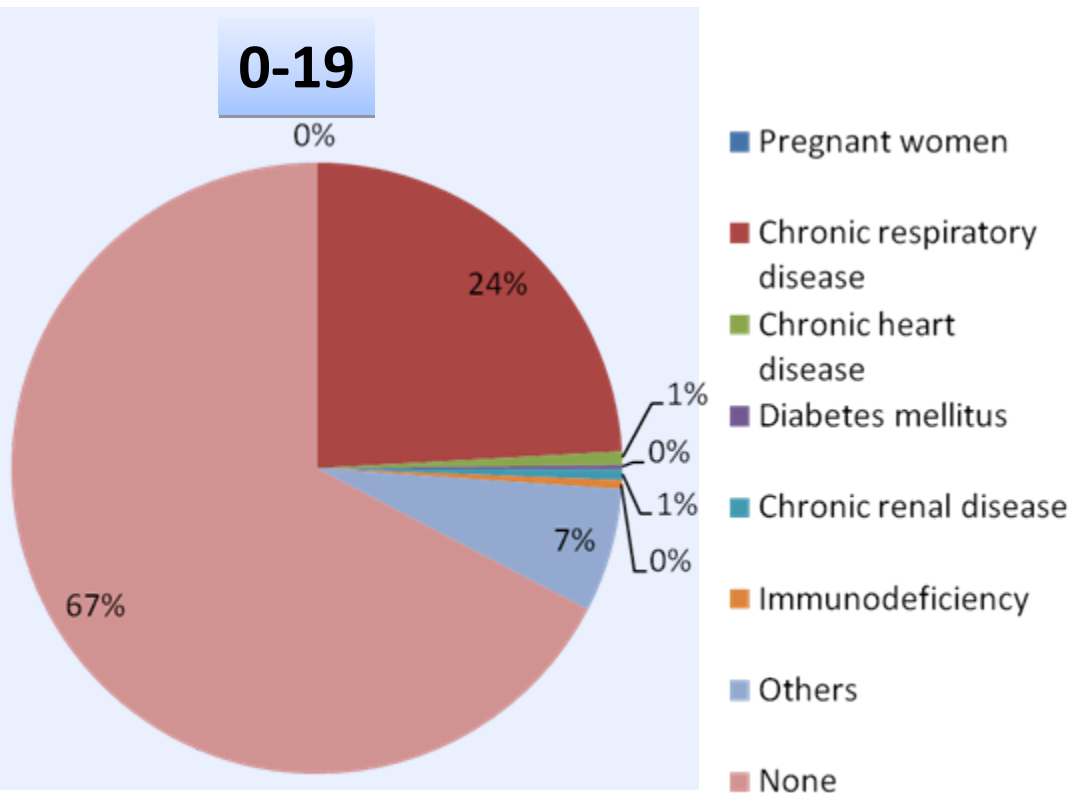
# Admission Surveillance

Reported during  
July 28 - October 27

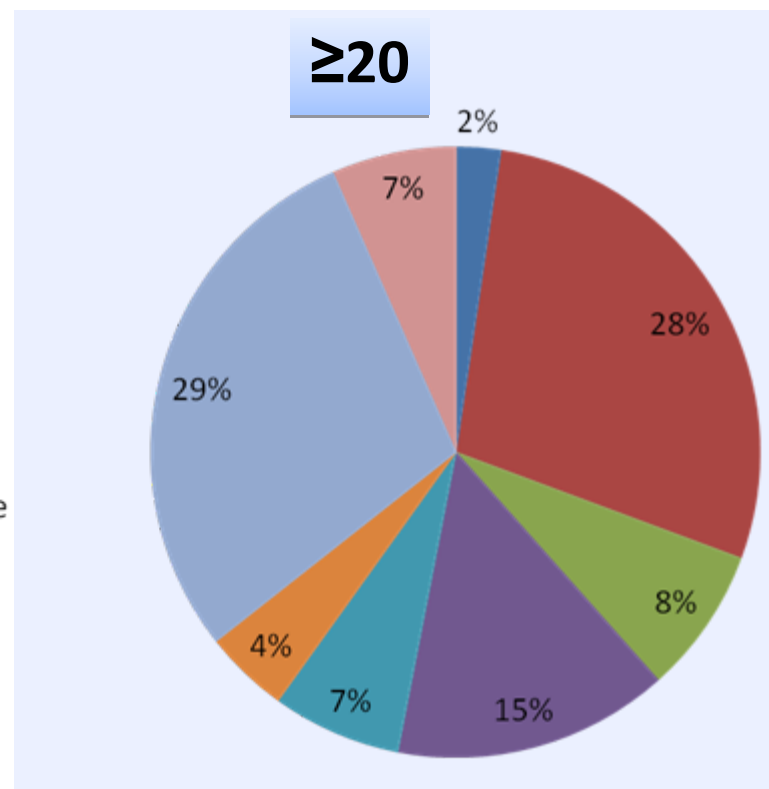
- 3,746 admissions
  - 3,238 (86%) < 20 y.o.
- 124 encephalopathy cases
  - 118 (95%) < 20 y.o.
- 35 deaths
  - 9 cases (26%) < 20 y.o.

# Characteristics of admitted patients (by age)

As of October 20, 2009



N=1,799



N=347

Based on report to MHLW

# Characteristics of H1N1 infection

- Similar to seasonal influenza

1. Strong infectability, but most patients recover with mild symptoms
2. Sensitive to Oseltamivir & Zanamivir

- On the other hand,

1. Persons with underlying condition, pregnant women etc. may become severe
2. Most people don't have immunity, gives potential for wide spread.

# The purpose of vaccination program

Flu vaccine is

- expected to prevent severity
- not guaranteed to prevent infection



- The purpose of vaccination program

1. minimize number of fatal and severe cases
2. prevent clutter at medical facilities and maintain necessary medical capacity

\* Not infection spread prevention

# Some difference...

- Taking account of opinions from patients groups who insisted on individual decision making on vaccination,
- The vaccination program is planned to be spontaneous.
- The government just provides opportunity of vaccination, not recommends vaccination.
- Japanese gov't doesn't emphasize infection prevention (herd immunity), but only emphasize severity prevention (personal benefit).

# Vaccine Procurement

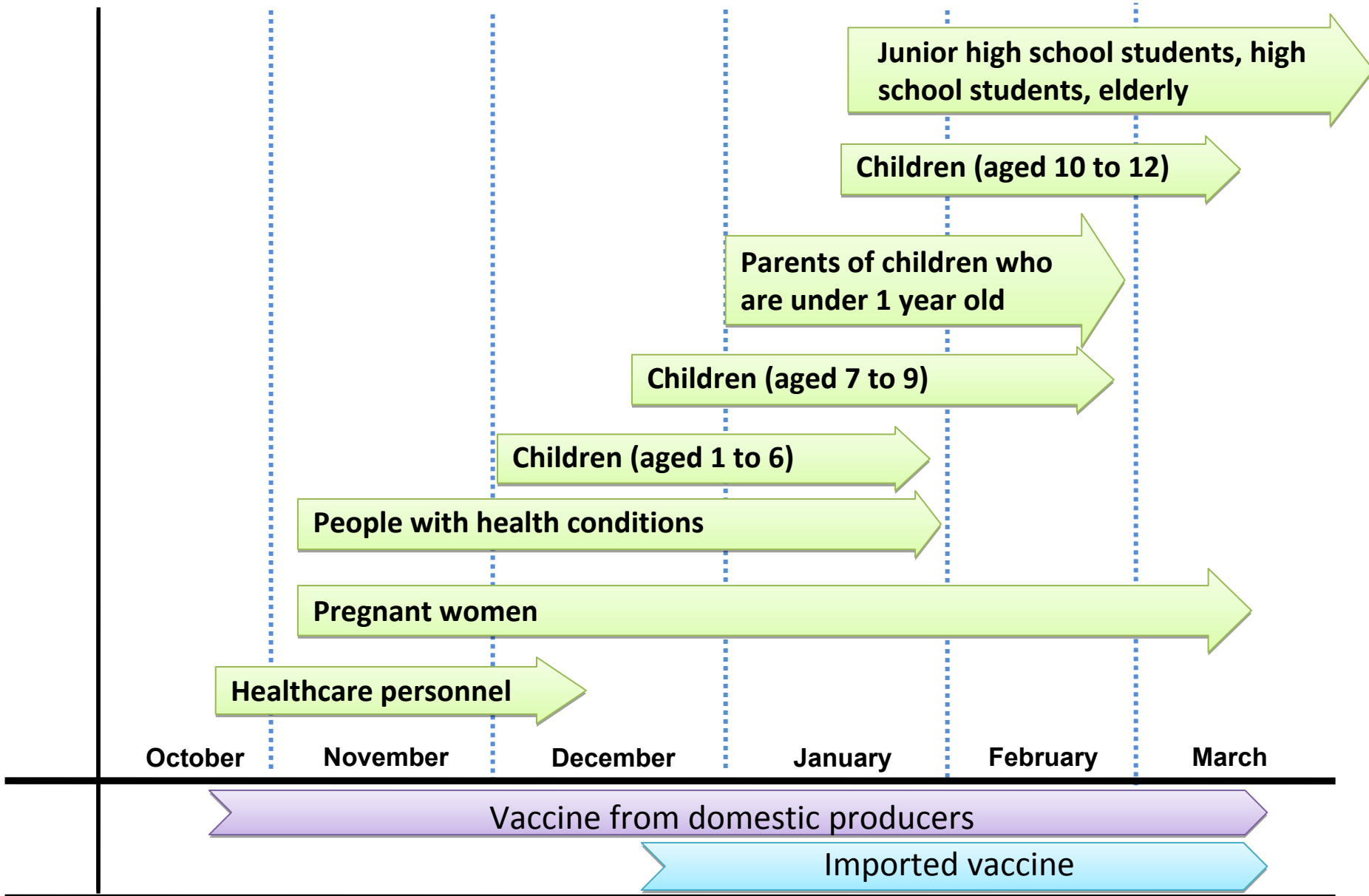
- 153 million doses of vaccine is expected to be distributed by March 2010
  - Domestic products: 54 million doses  
(from October 19, 2009)
  - Imported vaccine: 100 million doses  
(from December 2009 or January 2010)

# Vaccination Priority Groups

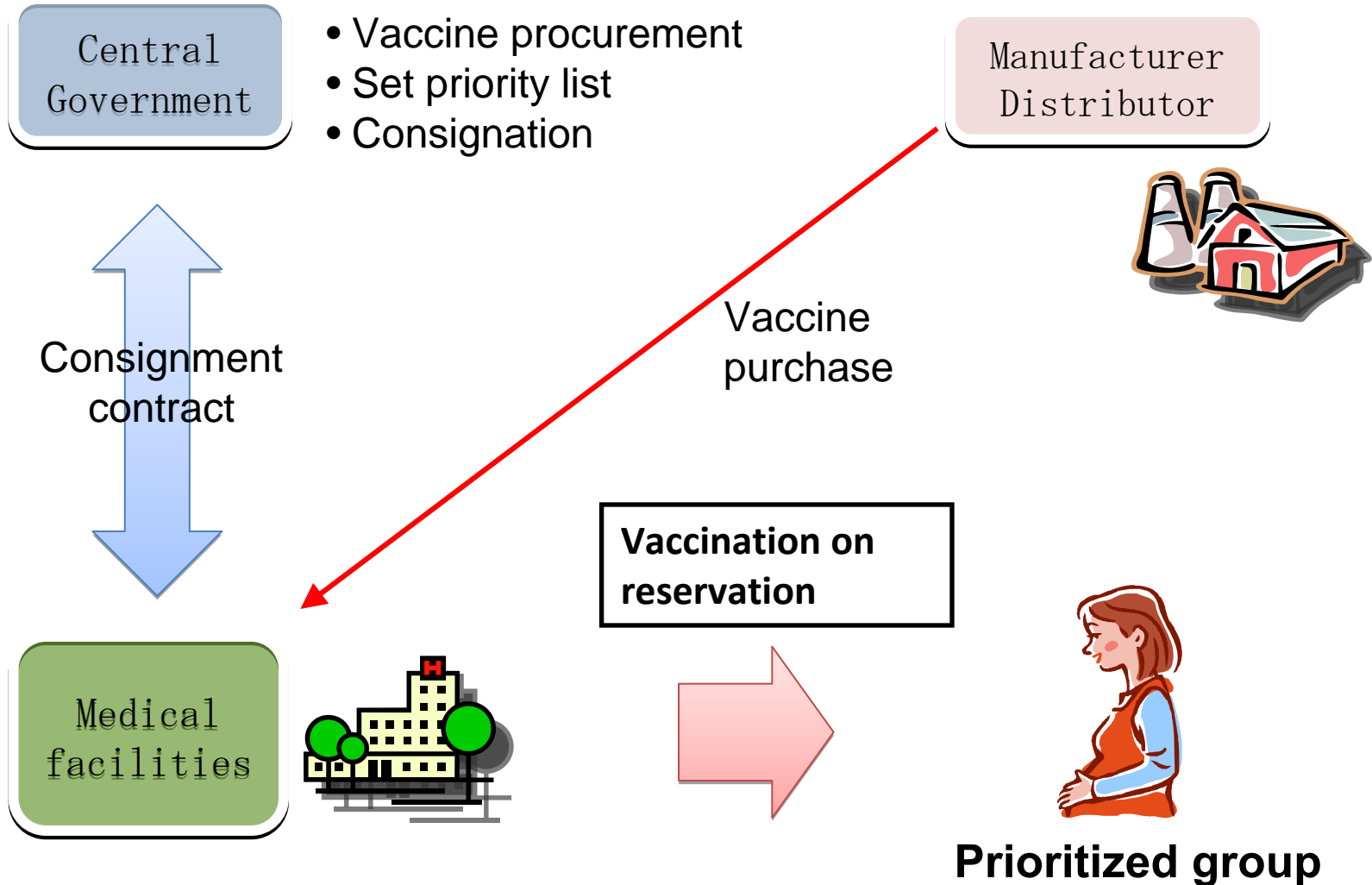
Priority Groups		Estimated number
(1) Healthcare personnel (including comedicals)		1 million
(2)	Pregnant women	1 million
	People with underlying health conditions	9 million
(3) Children aged 1 to 9		9.5 million
(4) Parents of children who are under 1 year old		2 million
(5) Children aged 10 to 18		10.5 million
(6) People $\geq$ 65 y.o. without underlying health conditions		21 million

Total of 54 million

# Vaccination Schedule (tentative)



# Program Framework



# Vaccination Charge

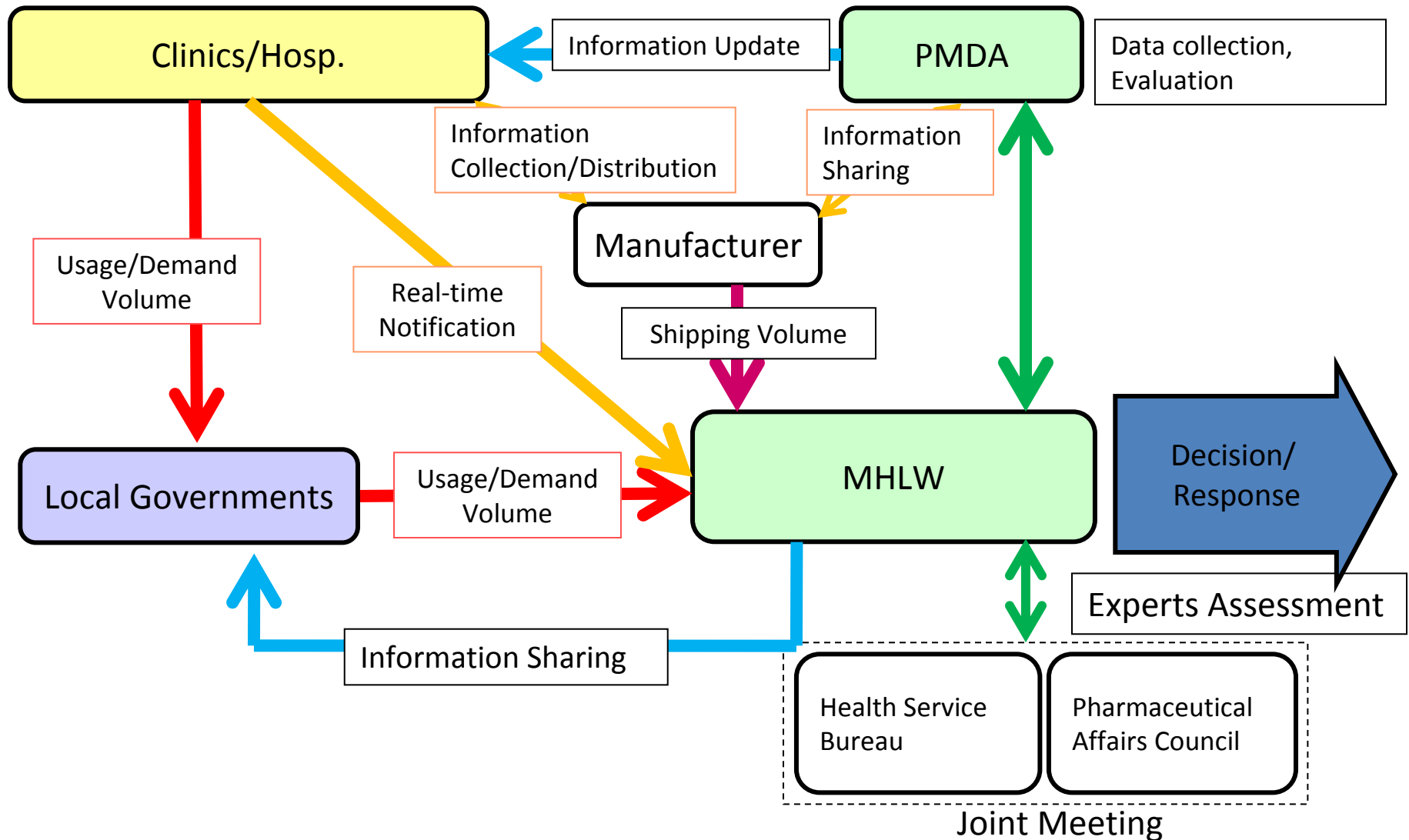
- Charge for actual cost (including vaccine products and medical service)

Charge :	Total	68 USD
	1 <sup>st</sup> inoculation	40 USD
	2 <sup>nd</sup> inoculation	28 USD(*)

\* When inoculated at the same medical facilities

- Waiver for low income family

# Vigilance Operation Flowchart for Adverse Event Related to Influenza (A/H1N1) vaccination



# Clinical Trials

- To investigate efficacy and safety
- Administered at national hospitals
  - Healthy adults (9/17 – mid Nov, 200 cases)
  - Pregnant women (mid Nov – mid Jan)
  - Adolescent 13 – 18 y.o. (late Nov – late Jan)

# Vaccination Dosage

Groups		Dosage Recommendation
(1) Healthcare personnel within 20-59 y.o.		<b>1 time</b>
(2)	Pregnant women	<b>TBC</b>
	People with underlying health conditions	<b>TBC</b>
(3) Children aged 1 to 12 y.o.		<b>2 times</b>
(4) Parents of children who are under 1 year old		<b>TBC</b>
(5) Children aged $\geq 13$ y.o.		<b>TBC</b>
(6) People $\geq 65$ y.o. without underlying health conditions		<b>TBC</b>