

HPV vaccination crisis in Japan

Free vaccination against the human papillomavirus (HPV) began in December, 2010, for Japanese girls aged 12–16 years and since April, 2013, the vaccine was included in the national immunisation programme. However, in June, 2013, the Japanese Ministry of Health, Labour, and Welfare suspended proactive recommendations for the HPV vaccine after unconfirmed reports of adverse events following vaccination appeared in the media.¹ In January, 2014, the Vaccine Adverse Reactions Review Committee investigating these adverse events concluded that there was no evidence to suggest a causal association between the HPV vaccine and the reported adverse events after vaccination, but they still did not reinstate proactive recommendations for its use.² We report the resulting effects of such a decision by presenting data from Sapporo, a city of 2 million people in northern Japan.

Before public funding was introduced, we investigated correlates of HPV vaccine acceptance in mothers with adolescent daughters living in Sapporo. Although cost was a large barrier, with

only 1.5% of parents willing to pay the full vaccine price, recommendation from a physician was a strong motivator (odds ratio 12.2, 95% CI 7.1–21.1).³ In the years between becoming free (2011 in Sapporo) and before the suspension of recommendations (2013), rates of HPV vaccination in Sapporo ranged from 73.6–77.2% at initiation and 68.4–74.0% for three dose completion in girls in the 1994–98 birth cohorts (figure). However, in the first birth cohort of 7705 girls eligible for vaccination after suspension, completion rates plummeted to just 0.6%, with only 49 girls finishing the dosing course despite the vaccine still being part of the national immunisation programme and free.

We believe that Japan, whose uptake rates for cervical cancer screening have stagnated at about 30%, might have lost a real opportunity to decrease morbidity and mortality associated with cervical cancer. Other countries with successful HPV vaccination programmes (such as Australia and the UK), who have also dealt with similar adverse event crises, are already documenting substantial reductions in precancerous cervical lesions in those vaccinated.^{4,5}

No vaccine safety signal has been recorded in Japan. Instead, individuals who have the misfortune to be unwell with rare or difficult to treat disorders have been encouraged by antivaccination advocates to blame the HPV vaccine, especially in an unrestrained media environment and with little reassurance and systematic addressing of these events by the government.

According to the Global Advisory Committee on Vaccine Safety, “Allegations of harm from vaccination based on weak evidence can lead to real harm when, as a result, safe and effective vaccines cease to be used.” Sadly, this is what has transpired in Japan.

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For the Global Advisory Committee on Vaccine Safety's statement on HPV vaccination see http://www.who.int/vaccine_safety/committee/topics/hpv/GACVS_Statement_HP_V12_Mar_2014.pdf

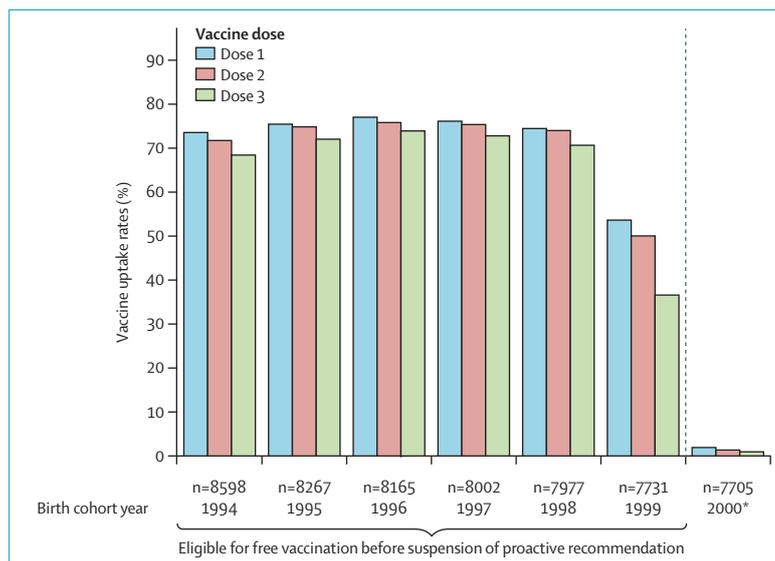


Figure: Uptake rates for the human papillomavirus vaccine in Sapporo, Japan, as of March, 2014. Data are from the Department of Infection Control, Sapporo Health Board (Sapporo, Japan). n=number of girls in cohort. *The first birth cohort who were eligible for free vaccination after suspension of proactive recommendation.

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