

Protecting the Longevity Boom: Adult Immunization in **Japan**

POLICY RECOMMENDATIONS

- 1 Apply the individual-notice standard to Category B vaccination.**
Individual notice is the default under the Routine Vaccination Implementation Guidelines, and the Immunization Section can support municipalities to send notices to older adults as Mynaportal notices roll out through April 2028.^{1,2}
- 2 Publish adult coverage rates and add the newer Category B diseases.**
The Report on Regional Public Health Services and Health Promotion Services collects data on people vaccinated and people eligible from every municipality each year; collating a national total and publicly reporting it provides a complete picture.³
- 3 Complete the older-adult RSV evaluation process recognizing its value.**
The Health Sciences Council started this work in March 2024 and can return to the evaluation and recommendation, advancing the process to add the vaccine to the NIP.⁴ Consider listing under Category A, along with other diseases with a high impact to older adults like influenza, shingles, and COVID.

IMPACT OF THESE CHANGES

19x1

Adult Vax Return
on Investmentⁱ

30-60%

Reduced Risk of
Heart Attackⁱⁱ

3-6

Lost Work Days
Prevented by
Adult Vaxⁱⁱⁱ



WHY IT MATTERS

Vaccinating older adults reduces hospital admissions, keeps older adults and their caregivers healthy and independent, and helps manage non-communicable diseases that are common later in life.

CURRENT POLICY LANDSCAPE

Japan is the world's oldest society, with 29.4% of people aged 65 or over.⁵ Category B of the Immunization Act partially funds influenza, pneumococcal disease, COVID-19 and shingles for older adults, but RSV sits outside it and no adult vaccine is fully subsidized.⁶ Japan collects vaccination figures from every municipality and, since 1 June 2026, holds a national record database that municipalities are expected to join through April 2028.⁷ Routine Vaccination Implementation Guidelines already require individual notices of eligibility, however they do not currently apply to Category B vaccines for older adults, including COVID-19, shingles, and influenza.⁸

KEY FINDINGS

1

Public notice increases uptake.

Estimated COVID-19 uptake ran 1.57 times higher where municipalities mailed eligible residents a notice form.⁹

2

Systems do not report national coverage.

People vaccinated and eligible are collected annually by municipality for influenza, but not publicly reported.¹⁰

3

Coverage and care are uneven.

National financing covers 30% for Category B vaccines, and different local subsidies between municipalities causes gaps depending on location.¹¹

DISEASE & VACCINE SNAPSHOT*

DISEASE	CASES (RECENT)	OLDER ADULT (60+) CASES	NATIONAL RECOMMENDATION/ FUNDING
RSV	147,919 (2025)	No adult-specific data	- Approved for 60+, but paid out of pocket
COVID-19	1,089,167 (2025)	No adult-specific data	- Adults 65+, and 60 to 64 with NCDs - Category B funding; subsidies vary
Influenza	2,432,842 (2025)	No adult-specific data	- Adults 65+, and 60 to 64 with NCDs - Category B funding; subsidies vary
Shingles	Not notifiable	Not notifiable	- Adults 50+ - Category B funding; subsidies vary

ABOUT AP-CHAAI

The Asia-Pacific Consortium for Healthy Aging and Adult Immunization (AP-CHAAI) is a network of healthy aging and economics experts working with global partners to close the data and policy gaps that keep preventive care from delivering its full value. ap-chaai.org



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*Data in the disease burden and vaccine snapshot table is AP-CHAAI's estimate based on publicly available and verifiable government sources. Data relies on sentinel surveillance and the true burden is likely higher.