



## Commentary

## Consensus statement from 17 relevant Japanese academic societies on the promotion of the human papillomavirus vaccine



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In Japan, human papillomavirus (HPV) vaccines (bi-valent and quadri-valent) became part of the national immunization program following statutory procedures in April 2013. In response to media coverage regarding possible adverse events associated with this vaccine that caused confusion among potential Japanese recipients of the vaccine, the Japanese government (Ministry of Health, Labour, and Welfare in Japan) established an expert team to investigate and review the relevant data on HPV vaccine safety and efficacy and suspended proactive recommendation of its use in June 2013. In the nearly 4 intervening years since suspension of this recommendation, HPV vaccination in Japan has stagnated. Such stagnation is almost certainly related to limitations in access to accurate and up-to-date safety and efficacy data by the general public in Japan.

In light of several changes that have occurred in Japan since 2015, including an improved understanding of the rare adverse events associated with these vaccines, the establishment of a reporting and medical consultation and counseling system for these adverse events and the institution of a relief system for those that received vaccination and exhibited adverse health events, the Expert Council on Promotion of Vaccination (hereinafter referred to as “Council”), which consists of 17 Japanese academic societies

(including one associate society) with interests related to immunization and vaccination, would like to recommend renewed proactive support for the widespread use of the HPV vaccine. We base this recommendation on three main arguments.

First, efficacy data on these vaccines is now very strong. As of January 2016, 65 countries or 33.5% of the WHO membership have included HPV vaccines in their national immunization programs [1]. Several of these countries (e.g., Australia, USA, Denmark and Scotland) have reported that the incident rate of precancerous lesions of the uterine cervix has decreased by approximately 50% since institution of widespread immunization programs [2–5]. Drolet, et al. recently reported on a *meta*-analysis of HPV vaccine efficacy studies that HPV16/18 infections in girls aged 13–19 years old decreased by 68% in countries with vaccination coverage of at least 50% [6]. Excellent HPV vaccine efficacy has now been consistently demonstrated worldwide (reviewed in Ref. [6]). In stark contrast, the mortality rate from cervical cancer in Japan increased by 3.4% from 1995 to 2005 and is expected to increase by 5.9% from 2005 to 2015. This acceleration in disease burden is particularly evident among women aged 15–44 years [7].

Second, the frequency of adverse events associated with use of the HPV vaccine has now been extensively evaluated domestically and overseas. In a domestic survey in Japan, reports of alleged adverse events were made in 2584 cases out of a total of 8.9 million HPV vaccine doses (0.03% of total doses) given to 3.38 million persons (0.08% of total persons). Of those reporting adverse events, approximately 90% have had complete recovery. 186 persons (0.002% of total doses and 0.005% of total persons) are still receiving medical care related to adverse events (Table 1) [8]. In short, 2 people out of 100,000 administered doses have reported long-term health effects. Further safety data using re-investigations done by the European Medicine Agency (EMA) and a large scale re-examination of HPV vaccine safety profiles in France revealed no differ-

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**Table 1**  
Outcome of persons with AE (adverse events) after HPV vaccination in Japan.

	No. of cases	% of immunized	% of confirmed cases
Estimated no. of immunized	3,380,000**	100.00%	
Total no. of persons with AE	2584	0.08%	
Total no. of confirmed cases on onset date and outcome	1739	0.05%	100.00%
Outcome			
Deaths*	3	0.00%	0.2%
Recovered	1550	0.05%	89.1%
Unrecovered	186	0.005%	10.7%

\* Suicide, neoplasm, cardiac diseases.

\*\* 77% of immunized cases received bi-valent HPV vaccine.

ence in the occurrence rates of CRPS (Complex Regional Pain Syndrome), POTS (Postural Orthostatic Tachycardia Syndrome) or auto immune syndromes— all reported as potential vaccine-related issues in the media—between the vaccinated and unvaccinated cohorts [9].

Finally, Japan has now established specialized institutions and a robust nationwide medical consultation and counseling system for those who report symptoms after HPV vaccination. The Procedures for Medical Consultation was issued in Japan in August 2015 and has been distributed to all medical institutions that will be in charge of this clinical practice. The simultaneous creation of a relief system for those who have experienced purported vaccine-related adverse events further supports the viability of the present environment in Japan to support reinvigorated efforts to promote the prevention of HPV infection and cervical cancer.

During the past few years while proactive HPV vaccination promotion and programs have been suspended and cervical cancer rates have risen in Japan, the rates of pre-cancerous cervical lesions have decreased outside of Japan in areas with effective and widespread HPV vaccination policies. The World Health Organization (WHO) strongly recommends HPV vaccination from a public health standpoint. Further, WHO's Global Advisory Committee of Vaccine Safety (GACVS) has reaffirmed this opinion in its statement issued on Dec 17th, 2015, stating that “young women are being left vulnerable to HPV-related cancers that otherwise could be prevented” in areas without access to or promotion of HPV vaccine use. As noted previously by GACVS, policy decisions based on weak evidence leading to lack of use of safe and effective vaccines, can result in real harm” [10]. If proactive recommendation of HPV vaccination continues to be suspended in Japan, we are gravely concerned about the health and welfare of those women in our country that are not afforded the well-described cancer prevention benefits of these vaccines. It is the expert opinion of the Council that efficacy and safety data support nationwide proactive promotion of vaccination programs. We believe that the environment in Japan puts us in a good position to engage in such promotion and to support the small number of vaccinated people who report adverse events after vaccine administration. Part of this proactive promotion should include notification of those who may be interested in vaccination that data support efficacy and safety, that programs are now available for those with suspected adverse events to vaccination and that vaccination is now widely recommended. The Japan Society of Gynecologic Oncology is not a member of this

council, but the association agrees with the above recommendations and has therefore been listed in this document.

### Conflicts of interest

None.

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