

ACP Japan Chapter Official Policy Statement

Request for Expanding Access to Routine Pneumococcal Conjugate Vaccination for Adults Aged 66 Years and Older

July 1, 2026

To:

The Honorable Kenichiro Ueno

Minister of Health, Labour and Welfare, Japan

Submitted by:

American College of Physicians (ACP) Japan Chapter

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Executive Summary

The ACP Japan Chapter respectfully requests that the Ministry of Health, Labour and Welfare expand access to publicly funded routine pneumococcal conjugate vaccination for older adults in Japan.

Recommendations

The ACP Japan Chapter respectfully requests that the Ministry:

1. Establish a publicly funded catch-up vaccination program for older adults who did not receive routine pneumococcal vaccination at 65 years of age.
2. Expand eligibility for routine pneumococcal conjugate vaccination to adults aged 66 years and older.
3. Include the 20-valent pneumococcal conjugate vaccine (PCV20) and, when approved for the national immunization program, the 21-valent pneumococcal conjugate vaccine (PCV21) as eligible vaccines under the routine vaccination program.

Background

Pneumonia remains one of the leading causes of death in Japan. According to the 2024 Vital Statistics, pneumonia ranks as the fifth leading cause of death. When aspiration pneumonia, ranked sixth, is considered together with pneumonia, these conditions collectively represent one of the most important causes of mortality among older adults.

More than 95% of pneumonia-related deaths occur in older adults, and mortality increases markedly with advancing age. In addition to mortality, pneumonia is associated with hospitalization, functional decline, frailty, long-term care dependency, institutionalization, and reduced healthy life expectancy.

Streptococcus pneumoniae remains the leading bacterial cause of community-acquired pneumonia. Therefore, pneumococcal vaccination is one of the most effective strategies for preventing pneumonia in older adults.

Current Challenges

Japan introduced routine vaccination with the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for older adults in October 2014. However, vaccination coverage among adults aged 65 years remains only approximately 40%.

The transitional catch-up program, which provided vaccination opportunities every five years beginning at age 65, ended in March 2024.

As a result, since April 2024, publicly funded routine vaccination has been limited to adults aged 65 years (with limited exceptions for certain high-risk adults aged 60–64 years). Older adults aged 66 years and above are no longer eligible for publicly funded vaccination despite their increasing risk of pneumococcal disease.

Furthermore, individuals who missed vaccination at age 65 or those who were ineligible before the routine vaccination program was established have no opportunity to receive publicly funded catch-up vaccination.

International Perspective

Several countries, including the United States, the United Kingdom, and Canada, provide routine pneumococcal vaccination opportunities for all eligible older adults.

In many of these countries, pneumococcal conjugate vaccines (PCVs) are recommended regardless of previous PPSV23 vaccination status, and vaccination is recommended for adults who have not previously received a PCV.

Japan should consider adopting a more flexible policy that provides equitable access to pneumococcal conjugate vaccination for older adults.

PCV20 and PCV21

Japan incorporated PCV20 into its routine immunization program in April 2026.

Compared with PPSV23, pneumococcal conjugate vaccines provide more durable immune responses and are expected to offer greater protection against invasive pneumococcal disease and pneumococcal pneumonia.

PCV21 is currently under consideration for future inclusion in the national immunization program and is expected to further broaden serotype coverage.

Health Economic Evidence

Analyses presented to the Health Sciences Council indicate that pneumococcal vaccination with PCV20 remains highly cost-effective.

The incremental cost-effectiveness ratio (ICER) has been estimated at approximately:

- ¥1.16 million/QALY at age 65
- ¥1.91 million/QALY at age 70

Both values are substantially below the commonly accepted willingness-to-pay threshold of ¥5 million/QALY in Japan.

Additional analyses also suggest that both PCV20 and PCV21 are likely to remain cost-effective when offered to the broader older adult population.

ACP Japan Chapter Position

As internists caring for older adults throughout Japan, ACP Japan Chapter members routinely care for patients hospitalized with pneumococcal pneumonia and witness the devastating consequences of pneumonia, including functional decline, recurrent aspiration pneumonia, nursing home placement, and premature death.

Preventing pneumonia is not solely an infectious disease intervention. It is an important strategy for preserving functional independence, extending healthy life expectancy, reducing healthcare and long-term care expenditures, and promoting healthy aging.

Older adults who missed vaccination at age 65 should not permanently lose access to publicly funded pneumococcal vaccination solely because of their age.

Conclusion

The ACP Japan Chapter strongly urges the Ministry of Health, Labour and Welfare to expand publicly funded routine pneumococcal conjugate vaccination beyond age 65 and to establish a catch-up vaccination program for older adults who previously missed their opportunity for vaccination.

Expanding access to pneumococcal conjugate vaccines will contribute to reducing preventable hospitalizations, preserving healthy longevity, and supporting a sustainable healthcare system in Japan's rapidly aging society.

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