



Two viral infections in Japan

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The COVID-19 pandemic has resulted in enormous social disruption and governments globally have worked diligently to minimize its impact. Indeed, intensive searching for a preventative vaccine lies at the heart of an expectant social and economic recovery. In this regard, the Japanese government is no exception. It is, therefore, difficult to comprehend their rationale to abandon the Japanese human papillomavirus (HPV) vaccination program—a deliberate intervention, which has substantially reduced the opportunity to save lives through the prevention of cervical, vaginal, and vulvar cancers in women, and anal, head and neck, and penile cancers in men.

THE COVID-19 PANDEMIC IN JAPAN

As of June 11, 2020, the number of patients who had developed the COVID-19 virus in Japan was 17 055 and the death toll 925. The mortality rate at this point is currently about 5.4%. As is already being experienced in many countries, release of sheltering/distancing policies and reopening of business has garnered slowing of the first wave resolution or enabled deadly second waves of this disease to occur. These observations have placed a premium on prevention policy compliance, which will integrate a vaccine when available.

HPV VACCINATION AND CERVICAL CANCER STATISTICS IN JAPAN

The Japanese government suspended its preventive vaccination program in 2013, 3 years after its introduction, as the successful result of an anti-vaccination movement claiming excessive and serious side effects, despite there being clear and incontrovertible evidence to the contrary. In spite of the effort by many

practitioners this status quo prevails and very few Japanese are receiving the vaccine.

STATISTICS OF CERVICAL CANCER MORTALITY IN JAPAN

According to statistics provided by the Japanese National Cancer Center and Cancer Information Service, 10 776 Japanese women developed cervical cancer and 2813 people died of the disease in 2018, a case mortality rate of 26%. These data can be considered as occurring in an unvaccinated population, so it is clear that, assuming little change in mortality, the only way to improve the situation is by screening and vaccination. Indeed, the Ministry of Health, Labor and Welfare of Japan estimates that the cumulative number of deaths from cervical cancer that will occur over the next 20 years from 2020 to 2039 will be 67 305 (Table 1).

Simms and colleagues have also published a similar study estimating that unvaccinated 12-year-old girls in 2020 will form a cohort of 3400–3800 women with cervical cancer, resulting in 700–800 preventable deaths. Furthermore, 9300 to 10 800 preventable deaths due to cervical cancer will occur in the next 50 years (2020 to 2069).¹

Amazingly, countries where HPV vaccination of both genders is mandated, dramatic reductions in preinvasive disease is already being realized, and projections for reductions in invasive disease are substantial and expected far earlier than initial estimates. Despite these official and scientific observations, the HPV vaccination policy in Japan is unchanged. Therefore, we, as an international community of gynecologic oncologists, need to join forces and bring pressure to bear in order to change this policy and save lives threatened by this preventable disease.

Table 1 Estimated number of deaths by cervical cancer in Japan

Year	Death/year	Cumulative death number
2020–2024	15 155	15 155
2025–2029	16 600	31 755
2030–2034	17 450	49 205
2035–2039	18 100	67 305

Cancer Information Service, National Cancer Center, Japan, https://ganjoho.jp/reg_stat/statistics/stat/summary.html.



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