

23-Valent Pneumococcus Vaccine (Pneumovax® NP) Informational Leaflet

Please ensure to read the below:

(1) Subsidy Eligibility

Citizens of Hamamatsu who fulfill either of the criteria listed below:

- ① Those aged 65 on the day of vaccination
- ② Those aged 60 or over on the day of vaccination with a serious heart, kidney, respiratory, or immune system condition which can be verified with a Physical Disability Handbook

※Those classified as eligible under criterion ① will be issued a vaccination voucher. Please ensure to submit this to the medical facility when receiving your vaccination.

※Those who have received the 23-valent pneumococcus vaccine within the last 5 years are not eligible for the subsidy for this vaccination. Any fees already paid for the vaccination will not be refunded.

(2) Vaccination Fee: 4,500 yen

※However, free vaccination vouchers will be issued to members of households in receipt of public assistance.

Members of citizen tax-exempt households (where all members are exempt) can apply prior to their vaccination to receive a free vaccination voucher. For more details, please enquire with your local Health Promotion Center as listed on the reverse of this document. Payment will not be refunded after the vaccination.

(3) Number of Vaccinations: 1

This vaccine does not require yearly boosters like the influenza vaccination. Please ensure to check your vaccination history before applying.

(2) Pneumococcus Vaccine

(1) Effects

The 23-valent pneumococcus vaccine (commercial name: Pneumovax® NP) is administered to those considered to be at high risk of contracting a severe infection caused by the pneumococcus bacteria. This vaccination provides antibodies against 23 different types of pneumococcus and aims to protect the patient from infections caused by these bacteria. The vaccine is effective for at least 5 years in healthy individuals, with no requirement for yearly boosters like the influenza vaccination.

(2) Side-effects

◆Main Side-Effects (usually subsiding within 1-2 days)

Localized reactions in the area of injection (pain, redness, swelling, or itchiness), headaches, or pain under the armpits.

◆Severe Side-Effects (extremely rare reactions)

An anaphylactoid reaction, thrombocytopenia, Guillain-Barre syndrome, or a cellulitis (phlegmon)-like reaction

※If you notice any abnormalities or changes in your physical condition, please see the doctor who administered your vaccination.

(3) Pre-Vaccination

Please speak to the doctor administering your vaccination regarding any concerns or questions you may have. If you still have any doubts or concerns, we ask that you please refrain from receiving the vaccine.

The pre-vaccination medical questionnaire provides important information which will inform your doctor's decision regarding your suitability for the vaccine. We ask that those receiving the vaccine fill out the form completely and accurately.

(1) The following individuals are ineligible to receive the vaccine:

- ① Those with a fever of 37.5°C or higher
- ② Those with a severe acute illness
- ③ Those with a history of anaphylactic shock caused by the ingredients of a vaccine
- ④ Those who have been determined by a doctor to be in a condition unsuitable for vaccination

(2) The following individuals should exercise caution when receiving the vaccination:

- ① Those with underlying cardiovascular, renal, pulmonary, or hemic diseases
 - ② Those who are suspected to have had an allergic reaction within two days of receiving a vaccine, presenting symptoms such as a fever or a full-body rash
 - ③ Those with a history of convulsions
 - ④ Those with a previous diagnosis of immunodeficiency, or those with a relative who has a congenital immunodeficiency disease
 - ⑤ Those who may be susceptible to an allergic reaction to the ingredients of a vaccine
 - ⑥ Those who have previously received the 23-valent pneumococcus vaccine.
- ※ Those who have previously received the 23-valent pneumococcus vaccine within the last five years may experience symptoms such as swelling or stiffening, as well as pain or reddening in the area of injection upon re-vaccination.

(4) Post-Vaccination Cautions

- ① Please avoid strenuous exercise on the day of your vaccination.
- ② Bathing is permitted on the day of your vaccination, but please avoid rubbing the area of injection.
- ③ After receiving your vaccination you may develop a fever and the area of injection may become red and swollen. These symptoms are typically mild and should subside within a few days.
- ④ Please monitor your physical condition after your vaccination and visit your doctor immediately for a check-up if you develop a high fever, your physical condition changes, or if you experience any abnormal reactions.

(5) Relief System for Injury to Health with Vaccination

If the Minister of Health, Labour and Welfare deems any injury to health to have occurred in result of a vaccination, then payment will be made towards the injury as per the Relief System for Injury to Health with Vaccination stipulated in the Immunization Act.

For enquiries, please contact your local Health Promotion Center or the Health Promotion Division

Chuo Health Promotion Centers	
Chuo Ward Office	TEL053-457-2891
Higashi Administrative Center	TEL053-424-0125
Nishi Administrative Center	TEL053-597-1120
Minami Administrative Center	TEL053-425-1590
Hamana Health Promotion Centers	
Hamana Ward Office	TEL053-585-1171
Hosoe Health Center	TEL053-523-3121
Tenryu Health Promotion Centers	
Tenryu Health & Welfare Center	TEL053-925-3142
Health Promotion Division	TEL053-453-6119

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高齢者用肺炎球菌(ニューモバックスNP)予防接種予診票

Vaccine Screening Questionnaire for Elderly Pneumococcus (Pneumovax NP)

Please fill in the blanks and circle the appropriate answer.
(Especially the blanks in bold frames)

Temperature 診察前の体温			℃
Address 住所	Hamamatsu-shi		Telephone 電話
フリガナ		Gender 性別 () M 男 () F 女	Birth Date 生年月日
Your Name 受ける人の氏名			明治 大正 昭和 Year 年 Month 月 Day 日
			Age 年齢
			years old

医療機関確認欄							
対象年齢外					無料		
1 対象 年齢内	2 心	3 腎	4 呼	5 免	区分	6 生保	7 非課税
接種券番号							

Questions	Respuestas	Dr. Use
Did you read the explanation about the vaccination to be administered today? 今日受ける予防接種について説明書を読みましたか	No Yes	
Have you understood the effect and side effects of today's vaccinations? 今日の予防接種の効果や副反応などについて理解しましたか	No Yes	
【Important】 Please make sure to confirm below. 【重要】必ず確認してください Have you ever had the Pneumococcus Vaccine for the elderly (Pneumovax NP) before? 高齢者用肺炎球菌ワクチン(ニューモバックス)の接種を受けたことがありますか	Yes No	
If yes, describe the date 接種したことがある場合は接種年月日 (year年 month月 day日)		
Has 5 years pasted since you last had the vaccine? 前回接種してから5年経過していますか	Over 5 years Less then 5 years	公費対象外です
Did you feel ill after receiving the vaccination then? その際に具合が悪くなったことはありますか	Yes No	
Has your condition ever worsened when taking vaccines other than Pneumococcus Vaccines, Medicines and Foods? 肺炎球菌ワクチン以外の予防接種の際や、薬・食品によって具合が悪くなったことはありますか	Yes No	
Presently, do you have any illnesses and/or Conditions? 現在、何か病にかかっていますか	Yes No	
Disease name 病名 ()		
Are you currently taking any Medical treatment (Medication etc)? 治療(投薬など)を受けていますか	Yes No	
Did the doctor in charge for the treatment approved the immunization today? その病気の主治医には、今日の予防接種を受けてよいと言われましたか	No Yes	
Have you ever been diagnosed with Immunodeficiency? 免疫不全と診断されたことがありますか	Yes No	
Do you have any concerns about the your health today? 今日体に具合の悪いところがありますか	Yes No	
If yes, describe the symptoms 具合の悪い症状を書いて下さい()		
Have you ever had convulsions? ひきつけ(けいれん)を起したことがありますか	Yes No	
Have you received any vaccination within this past month? (If yes, describe the date and the last vaccine name) 最近1ヵ月以内に予防接種を受けましたか(ある場合には最後に接種した年月日と予防接種を書いてください)	Yes No	
Date 接種年月日 year年 month月 day日 Vaccine name 予防接種の種類 ()		
Have you ever contracted any chronic illness such as Heart disease, Kidney Disease, Liver Disease and Blood Ailments etc? 心臓病、腎臓病、肝臓病、血液疾患などの慢性疾患にかかったことがありますか Disease name 病名 ()	Yes No	
Did the doctor in charge for the treatment approved the immunization today? その病気を診てもらっている医師に今日の予防接種を受けてよいと言われましたか	No Yes	
Have you broken out in a fever recently within the last month or contracted any illnesses? 最近1ヵ月以内に熱が出たり、病気にかかったりしましたか Disease name 病名 ()	Yes No	
Do you have any questions regarding today's vaccination? 今日の予防接種について質問がありますか	Yes No	

医師の記入欄 Doctor's Use Only	以上の問診及び診察の結果、今日の予防接種は According to the result, today's vaccination is:	3 可能 Possible	2 見合わせる Postponed	医師のサイン Physician's Signature (注) ワクチンの種類・有効期限を要確認
	接種を受ける本人に対して、予防接種の効果、副反応及び予防接種健康被害救済制度について、説明しました。			

使用ワクチン Vaccines in use	接種量 Vaccination volume	実施場所・医師名・接種年月日 Session location/ Doctor's name/ Vaccination date
ワクチン名	筋肉内・皮下	Session location 実施場所
Lot No.	0.5 mL	Doctor's name 医師名
(注) 有効期限が切れていないか要確認		Vaccination date 接種年月日 (非接種判定日) Year Mounth Day

Pneumococcus Vaccinations Form for the Elderly 高齢者肺炎球菌予防接種希望書

(Please fill in the form after you have received the results of your examination from the Doctor on whether you get the vaccination.)

Will you receive the vaccination, taking a medical examination and listening to the Doctor's explanations, fulling understanding the effects and goal of the treatment and the possible side effects?
(Yes / No)

This questionnaire has the purpose to ensure the immunization's safety.

I'm aware of that and agree with the submission of this questionnaire to the Hamamatsu city.

Date: _____ Year年 _____ Month月 _____ Day日 Vaccinee Signature 被接種者自署: _____ :
(Representative How are you related?)

(※If the Vaccinee cannot sign, the Representative will sign in the Vaccinee's name, then sign under representative as well as state their relation to the Vaccinee.)