

2024

Faculty and Staff Medical Examination

Medical Service Center
Division of Human Resources

This year's Medical Examination will be carried out as described below. By undergoing a Medical Examination, unnoticed changes to your physical condition hopefully will be detected at an early stage. Thus, for your health and safety, we recommend you to undergo this medical examination. Please note that RU faculty and staff members are obligated to take the medical exam once a year as Industrial Safety and Health Act, Act on Infectious Diseases Control, School Health and Safety Act and outlined in the Ritsumeikan Faculty and Staff Medical Examination Regulations.

The University has thus arranged an alternative that allows faculty and staff members to take the examination at off-campus affiliate medical institutions. However, the time spent for the medical examination does not count as working hours, so please use work-life balance leave, etc., to take the medical examination.

The University also recommends faculty and staff members aged 35 and older to undergo a complete medical check-up known as Ningen Dock. They can receive subsidies for the complete medical checkup fees from the Promotion and Mutual Aid Corporation for Private Schools of Japan (Differs depending on the position). Please take advantage of the Ritsumeikan Trust Health Management Support Program. Faculty and staff members can substitute their complete medical checkup results for the annual medical examination results by submitting the former to the Medical Service Center. If they take new employee, pre-travel, or post-travel medical examinations in or after April 1, 2024, they can also substitute the results of those examinations for the annual medical examination results.

How to reserve	Reservation starting on 12:30 September 11 for male, 12:30 September 12 for female. ※The URL for the reservation system will be provided by e-mail around the end of August.
Medical Examination Schedule	Please see page 2.
Distribution of medical examination information	Questionnaires and containers will be distributed in late September for Suzaku, early October for Kinugasa and OIC, and mid-November for BKC. * Suzaku and Kinugasa will be using the web-based medical questionnaire. *Those who wish to receive an information envelope by mail need to apply for it. Application instructions will be sent by e-mail around the end of August.
Request to be examined at another campus	Application instructions will be sent by e-mail around the end of August.
Influenza vaccination	Vaccinations will be administered at Suzaku, Kinugasa, and OIC during medical examinations. *Influenza vaccinations will not be given during the annual medical examination at BKC. There will be an opportunity to receive the flu vaccine at the Medical Service Center at BKC on the afternoons of November 1 (Fri.), 5 (Tue.), and 6 (Wed.). We will inform you about the details once they are decided via email.

2024**Faculty and Staff Medical Examination**Medical Service Center
Division of Human Resources**Suzaku**

Month	Date	Day	Reception Hours		Reception venue
			Men	Women	
10	9	Wed	13:00~14:45	14:45~16:15	Multipurpose room
	10	Thu	14:45~16:15	13:00~14:30	

Kinugasa

Month	Date	Day	Reception Hours		Reception venue
			Men	Women	
10	21	Mon	13:00~14:45	14:45~16:30	Igaku-kan (B1) Multipurpose room1
	22	Tue	14:30~16:30	13:00~14:15	
	23	Wed	9:15~10:15	10:15~11:00	
			13:00~14:45	14:45~16:00	
	24	Thu	9:15~10:15	10:15~11:00	
			13:00~14:30	14:30~15:45	
25	Fri	14:45~16:30	13:00~14:30		

BKC

Month	Date	Day	Reception Hours		Reception venue
			Men	Women	
12	2	Mon	13:30 ~ 14:45	15:00 ~ 16:00	Core Station 2F In front of the main conference room
	3	Tue	9:30 ~ 11:00	11:15 ~ 12:00	
			14:30~ 16:00	13:30 ~ 14:15	
	4	Wed	14:30~ 16:00	13:30 ~ 14:15	
	5	Thu	10:30 ~ 12:00	9:30 ~ 10:15	
			14:45 ~ 16:00	13:30 ~ 14:30	
6	Fri	9:30 ~ 11:00	11:15 ~ 12:00		

OIC

Month	Date	Day	Reception Hours		Reception venue
			Men	Women	
10	28	Mon	9:30 ~ 10:45	10:45 ~ 12:00	Building B 2F Grand Hall
			13:30 ~ 15:00	15:00 ~ 16:00	
	29	Tue	10:45 ~ 12:00	9:30 ~ 10:30	
			14:45 ~ 16:00	13:30 ~ 14:30	
	30	Wed	9:30 ~ 10:45	10:45 ~ 12:00	
			13:30 ~ 15:00	15:00 ~ 16:00	

The Reception hours are subject to change.

1. How to reserve

You need to reserve from the website below.

Reservation starting on 12:30 September 11 for male, 12:30 September 12 for female.

※The URL for the reservation system will be provided by e-mail around the end of August.

If you log in before reservation starts, you can select the way where you would like to receive the result and answer the questionnaire. If you are going to be examined at another campus, please choose "Prefer to receive it at home" and enter your address correctly.

※Those who wish to be examined at a campus other than the one to which they belong due to business reasons will receive an email around the end of August with instructions on how to apply.

2. Health Exam Details You need to take the all exam items

Exam Items	Those Required to Take The Item	Notes
Health Questionnaire	All	Please fill in an enclosed Health Questionnaire with a pencil beforehand and bring it and OCR on the day of the exam. DO NOT BEND . Otherwise you cannot take the medical examination. * Suzaku and Kinugasa will be using the web-based medical questionnaire.
Chest X-ray	All	Please do not have an x-ray taken if you are pregnant or there is any possibility of being pregnant.
Height and Weight	All	
Waist Circumference	35* and older/as instructed	Related to Metabolic Syndrome
Urinalysis	All	Please bring a urine sample taken on the day of the exam . Please don't take it during menstruation or menstruation before and after 3days.
Blood Pressure	All	
Eyesight	All	
Hearing	All	
Blood Test	All	TP • AST • ALT • ALP • LDH • γ-GTP • LDL-C • HDL-C • T-Cho • non-HDL-C • TG • Cre • eGFR • UA • GLU • HbA1c • WBC • RBC • Hb • Hct • Plt
Blood Test Screening for Cancer	For eligible person	1) ABCD screening (Blood test for stomach cancer risk screening) 2) PSA (Prostate Specific Antigen)
Seeing a physician	All	
Electrocardiography	35* and older/as instructed	
Stool Examination	40* and older	Please bring two samples with you. Please take stool sample within 5days including a day of the exam.

※Please indicate your age as of March 31st 2025.

3. Influenza vaccine

This year's vaccine contains the following four types, A/H1N1, A/H3N2, B/Yamagata, and B/Victoria.

- 1) If you want to take vaccine, you must take medical examination at the same time.
*Influenza vaccinations will not be given during the annual medical examination at BKC. There will be an opportunity to receive the flu vaccine at the Medical Service Center at BKC on the afternoons of November 1 (Fri.), 5 (Tue.), and 6 (Wed.). We will inform you about the details once they are decided via email.
- 2) Those who brought your result of a complete medical checkup "Ningen Dock", new employee, pre-travel, or post-travel medical examinations to Medical Service Center can also get Flu vaccine. Please come to the Medical Service Center or a multi-purpose room (Suzaku campus) in reception hours during a medical examination. We cannot receive your result on exam day, thus, please bring your result to the Medical Service Center beforehand.
- 3) If you are currently undergoing treatment for a chronic disease or pregnant, we recommend you to receive a flu shot by your own personal doctor. However, if you wish to receive this shot from a doctor at Ritsumeikan, please consult your own personal doctor first. Those who are pregnant need to consult your personal doctor.
- 4) Those who are over 65 years old and those who are from 60 to 65 years old having disease such as heart, kidney, respiratory, or immune disease can get subsidization from municipality. Please check the municipal homepage for the detail. This system will not be accepted at Ritsumeikan Medical Service Center.
- 5) It costs **2,000 yen** this year. It will be deducted from your salary.

4. Points of consideration

- 1) You need to take the all exam items.
- 2) At the medical examination reception, please give your official name (not a nickname / alias.)
- 3) Please bring the required documents and samples (urine / stool) in the containers and envelopes provided.
- 4) Urinalysis / Stool Examination
 - ① Please bring a urine sample taken on the day of the medical examination.
 - ② Because the stool samples should be tested twice, please bring two stool samples. (taken on different days within 5days including the day of the medical exam) Stool samples more than 5 days have passed are not able to be tested correctly.
 - ③ You cannot submit your urine/stool sample without taking the medical examination.
- 5) Blood test
 - * If you often have high blood sugar and triglyceride, please skip meal (breakfast or lunch) before taking the examination.
 - *The blood sugar and triglyceride may be affected when you eat meals. Other items are hardly affected.Please inform the medical staff of your most recent meal when you have the examination.
- 6) Others

The chest X-ray will be taken, while you are stripped to a T-shirt. If possible, wear a thin, plain shirt under your clothes on the day of the exam.

If you are over age 35, your waist circumference will be measured. Therefore we ask you to wear clothes that will make it easy to take this measurement. Please do not wear a dress.

5. Alternative to Medical Examination

If you received a complete medical checkup "Ningen Dock" ,new employee, pre-travel, or post-travel medical examinations in or after April 2024, they can also substitute the results of those examinations for the annual medical examination results.

6. Purpose of use and handling of personal information in a medical examination

- (1) To provide personal information such as name and date of birth to the outsourcing contractor for preparation of medical examination and reporting the results.
- (2) In case a doctor/medical staff use the results of a medical examination for medical education or research, it will be used on condition of anonymity.
- (3) To provide required data to Promotion and Mutual Aid Corporation for Private Schools of Japan if you are a subject of a specific medical examination.
- (4) To report the notification required by law and statistics.
- (5) To report the participation and the evaluation of a medical examination to a corporation.

Screening for Cancer in Ritsumeikan

※ Please indicate your age as of March 31st 2025.

◆ ABCD screening (Blood test for stomach cancer risk screening)

Most of stomach cancers are developed from the gastric mucosa on the basis of fundic gland atrophy (atrophic gastritis) following helicobacter pylori infection. The ABCD screening is a test to classify the subjects into ABCD 4 groups according to the risk level for gastric cancer generation, by measuring serum pepsinogen level (PG) and helicobacter pylori antibody level (HP).

To prevent gastric cancer, it is important to check for H. pylori infection as early as possible, and if infection is confirmed, to eradicate the bacteria as soon as possible. Therefore, although the target age group had been 35 years old or older, from FY2024, we have decided that the target age group will be those who receive their first medical checkup after joining the Ritsumeikan University, regardless of age.

After risk screening test, you should regularly take gastric fiber scope in other medical institutions at the interval recommended for each risk group.

【Eligible Person】

- 1) Those who have never had an ABCD screening at Ritsumeikan University (those who will have a medical examination for the first time at Ritsumeikan University)
- 2) Those who are 25, 30, 35, 40, 45, 50, 55, 60, 65, 70 or 75 years old and were classified into Group A before.

*Please note that if you were eligible for the Gastric Screening test in the year in which you were substituted for the medical checkup at the time of employment, you will be eligible for the screening test in the next fiscal year described in 2) above.

*Please read the explanation and select "No" on the reservation system if you do not wish to undergo ABCD screening because you are taking stomach acid suppressants, have been sterilized, etc.

◆ Prostate cancer screening (PSA test)

PSA (prostate-specific antigen) is a protein produced by the prostate gland. PSA is leaked into circulating blood in prostate disorders including prostate cancer. The normal range of PSA level is less than 4 ng/ml. Increasing levels of PSA are associated with prostate cancer; therefore PSA is approved as an early indicator of prostate cancer.

【Eligible Person】

Man of 50 years and older.

Those who do not want to take PSA test, please choose "decline a PSA test" on the reservation system.

◆ Colon cancer screening (fecal occult blood test)

This is a test of stool for hidden bleeding. If occult blood was found in your stool, we strongly recommend you to have follow-up colonoscopy.

【Eligible Person】

Those who are 40 years old and older.

*Please bring 2 stool samples together, which are taken on the different days, on the day of medical examination. (taken within 5 days including the day of the medical exam.)

◆ Breast Cancer Screening (Mammography this year)

We perform mammography and ultrasound alternately for every woman over 30s.

Mammography is an X-ray examination exclusively for the breast, that is, an X-ray examination. It is one of the effective diagnostic imaging methods that is indispensable for early detection of breast cancer. You may feel pain because the image is taken by pressing the breast. Mammography can capture images of fine calcifications, which are the initial symptoms of breast cancer, and small lumps that are difficult to find by self-checking or palpation.

Ultrasound examination is to lie down on the bed and apply ultrasonic waves (echo) from above the breast to project the reflections on the image. Ultrasound is harmless to the body, but it can also pick up benign changes that are not needed for treatment. See the details→ [file.jsp \(ritsumei.ac.jp\)](file.jsp (ritsumei.ac.jp))

【Eligible Person】

Female of 30 years and older.

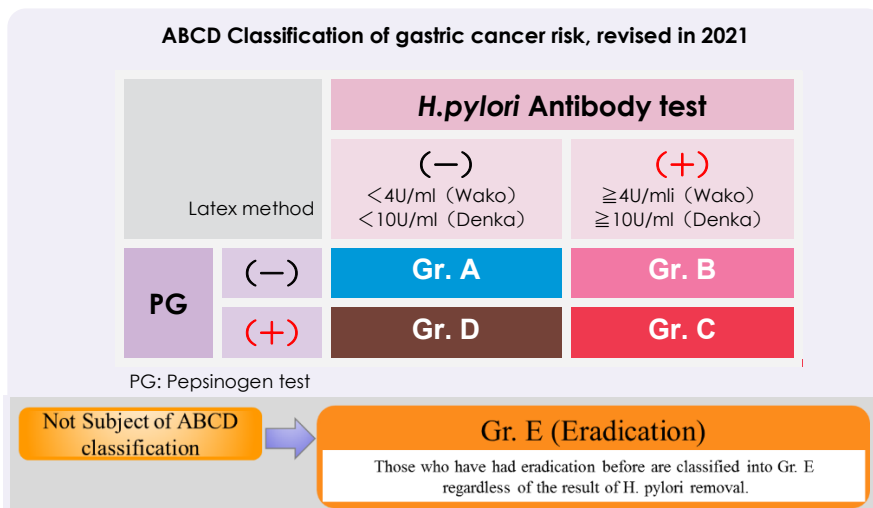
If you wish to have an examination, please log in to the reservation system for faculty and staff to make a reservation.

“ABCD Gastric Cancer Risk Screening”

Ritsumeikan Medical Service Center

Since we introduced the “ABCD Gastric Cancer Risk Screening” test to Ritsumeikan University ten years ago, over 3,000 faculty and staff have had this screening and about 250 have successfully had *Helicobacter pylori* (HP) eradicated. This screening identifies whether examinees have the cancer causing HP bacteria and classifies examinees into 4 groups (A, B, C, and D) depending on the result of HP antibody and pepsinogen test. According to the risk level, examinees are encouraged to have a gastro fiberscope (GF) examination periodically. HP eradication therapy is recommended to examinees in Group B and C. “ABCD Gastric Cancer Risk Screening” is an revolutionary screening because it not only efficiently detects gastric cancer in early stages, but also can prevent the growth of gastric cancer through eradication of HP.

Unfortunately, it was determined that some cases of cancer were found from persons in Group A, although those in this group who have HP antibody-negative results are reported to be risk-free of cancer. There have been cases of people being mistakenly being diagnosed as Group A after HP eradication, HP infected people or those who have previously been infected being mixed in with those who's HP antibody level is below 10U/ml; as well as a small number of people have developed stomach cancer regardless of HP. While the risk of gastric cancer decreases after HP eradication, it is not completely eliminated, with the amount of post-eradicated-gastric cancer also reportedly increasing.

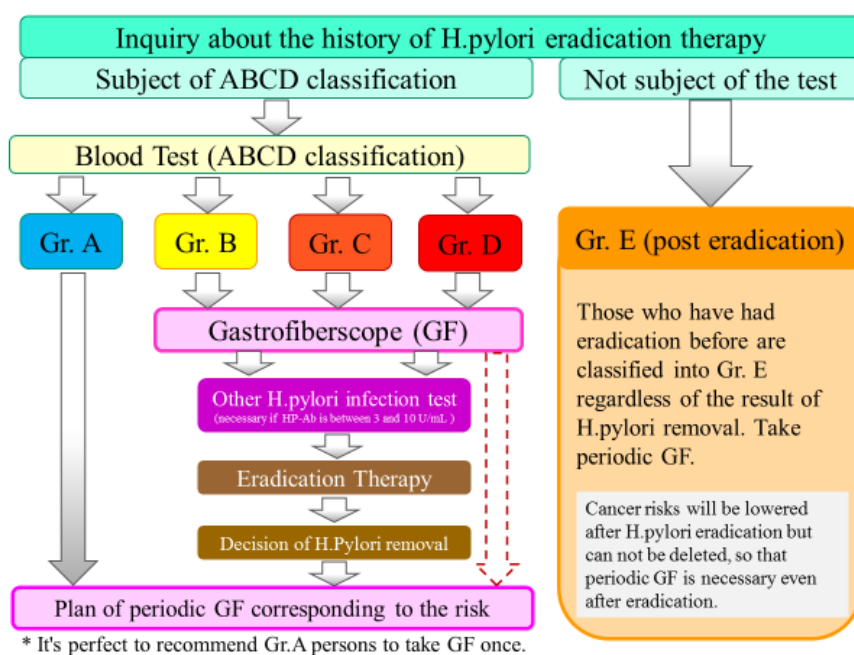


Thus, the screening was revised in 2016, with the screening criteria and the protocol after dividing into groups also being updated. The screening was renamed the “ABCD Classification of Gastric Cancer Risk.” First of all, the cutoff levels for the HP antibody test kit (E-plate Eiken HP Antibody II) was lowered from 10 U/mL to 3 U/mL. While this revision reduced the number of false-negative Group A cases, it also increased the number of false-positive Group B cases. After this, new latex test kits with higher sensitivity were released by Wako Pure Chemicals Industries Ltd. and Denka Seiken Co. Ltd., and the number of both false negative and false positive results were reduced and accuracy was improved. Cutoff testing levels of 4.0 U/ml (Wako) and 10 U/ml (Denka) are used, respectively.

At Ritsumeikan University, for medical examinations from fall 2017 onwards, the protocol was changed to that of the “ABCD Classification of Gastric Cancer Risk.” In addition, in 2021, the HP antibody test changed to the latex method, with those taking the test at Kinugasa and BKC use Denka's latex test, meaning a test result of 10 U/ml or higher is positive, while those taking the test at OIC use Wako's latex test, meaning a result of 4.0 U/ml or higher is positive.

When classified into Group B, C, D or E (post eradication), people are encouraged to periodically have a GF examination under the instruction of GI specialist, and it is not possible to repeat the ABCD classification test. Only those being tested for the first time and those who have previously been determined to be in Group A are eligible for testing every 5 years.

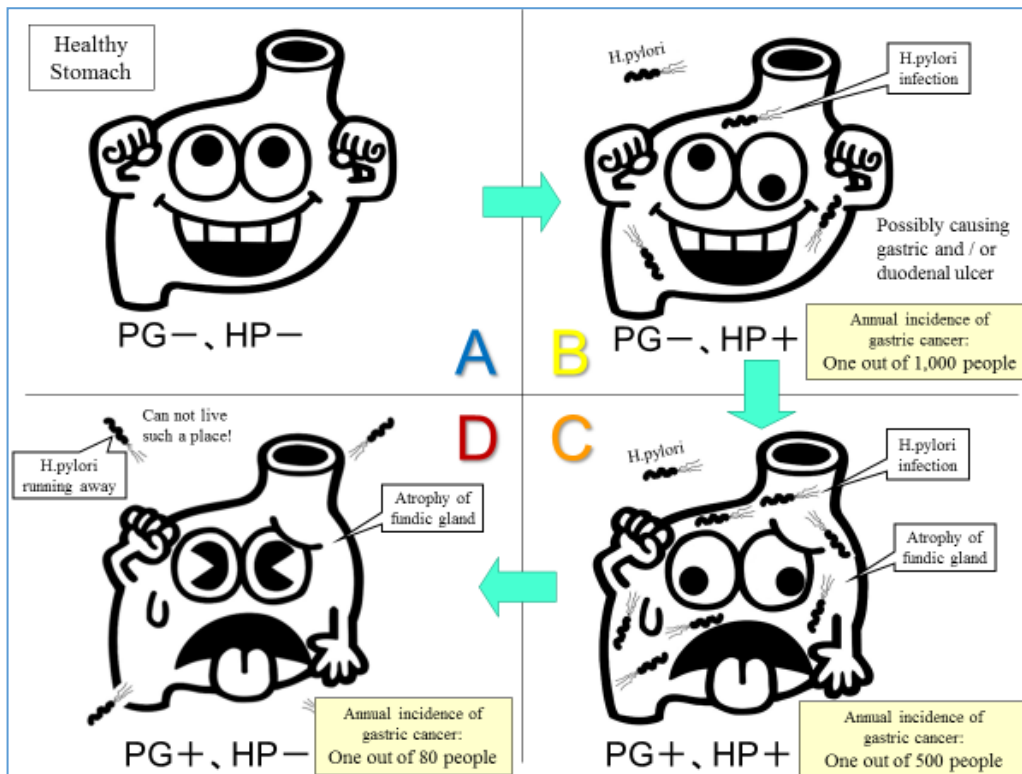
Even now, approximately 100 people at Ritsumeikan University have not had a GF examination yet even though they are in Group B or C. To our regret, multiple cases of advanced cancer have been found among these people in recent years. For those in Group B, C or D, please do not neglect the results of the ABCD screening and promptly consult with the Medical Services Center.



People who have received HP eradication treatment (Group E) are also recommended to periodically have a GF examination. If you are classified into Group B, C, D, or E, please consult Medical Service Center on your campus. You are always welcome.

How to read ABCD classification by gastric cancer risk

Gr. A	Your stomach is in good health and the risk of gastric cancer is very low. Most people in this group are not infected by H. pylori. Only a small part of this group is infected or has been infected with H. pylori. Everyone in Group A is recommended to take gastrofiberscope once in his /her life.
Gr. B	You are infected by H. pylori but the atrophy of fundic gland has not progressed yet. As your stomach is slightly damaged, be careful with a gastric and / or a duodenal ulcer. There is a small risk of cancer too. H. pylori eradication and periodic gastrofiberscope by a GI specialist is recommended. Annual incidence of gastric cancer is one out of 1,000 people in group B.
Gr. C	Your stomach may easily produce cancer because gastric mucosal atrophy has advanced due to H. pylori infection. Eradication therapy and periodic gastrofiberscope by a GI specialist is recommended. Annual incidence of gastric cancer is one out of 500 people in group C.
Gr. D	H. pylori no longer can stay in stomach in Group D. Individuals in Group D are at the highest risk of developing gastric cancer. Periodic gastrofiberscope by a GI specialist is recommended. If H. pylori existence was revealed by other H. pylori infection test, we recommend you take H. pylori eradication therapy, too. Annual incidence of gastric cancer is one out of 80 people in group D.
Gr. E	Everyone after H. pylori eradication is classified into Group E. The risk of developing gastric cancer is believed to decline to two third after eradication, but will not become zero. We recommend you take periodic gastrofiberscope by a GI specialist.



Note

If you leave H. pylori infection alone, atrophy of your gastric fundic mucosa will progress sequentially like B -> C -> D and risk of gastric cancer will get higher.

Subjects of this ABCD classification are people at the age of 35, 40, 45, 50, 55, 60, 65, 70. Only those who have never taken this test before and those who were classified into Group A before.

Those who have had H. pylori eradication therapy before (group E) and those who were classified into Group B, C, or D before are not included in the subject of this test. Please take periodic gastrofiberscope at GI specialist.

Those who are taking medication of proton pump inhibitors like Vonoprazan, Lansoprazole, Omeprazole, Rabeprazole, Esomeprazole etc. and those who have had gastric surgery before are not diagnosed properly by this test. Please take periodic gastrofiberscope at GI specialist.

Information of Prostate Cancer Screening (PSA test)

PSA assay has been carried out from 2010.

Ritsumeikan Faculty Annual Health Check-up have been grading up year by year, by adding cancer screening tests, such as fecal occult blood test for colon cancer, ABCD examination for stomach cancer, on standard checkup item ruled by Industrial Safety and Health Act.

Furthermore from 2010, we started PSA assay for screening of prostate cancer in men of 50 or more.

Rate of prostate cancer has been increasing in JAPAN in recent years

Prostate cancer develops primarily in men over fifty. Rate of this disease in Japan has been increasing, probably because of aging society and westernized food. Fortunately, prostate cancer can be early detected by PSA blood test. It has been reported that PSA assay for periodic screening of prostate cancer decreased cancer death in Europe.

Function of prostate and prostate cancer

The prostate is a part of the male reproductive organ which function is to secrete and store seminal fluid, which size is as big as walnut. It is located under the urinary bladder, surrounding urethra. Prostate cancer is generating from peripheral zone of prostate. On the other hand, benign prostate hypertrophy (BPH) is an enlargement of central zone of prostate.

Most prostate cancers are slow growing; however, once advanced, they will cause symptoms like hematuria, painful or difficult urination. The cancer cells may metastasize (spread) from the prostate to the bones, which may cause lumbago.

PSA assay

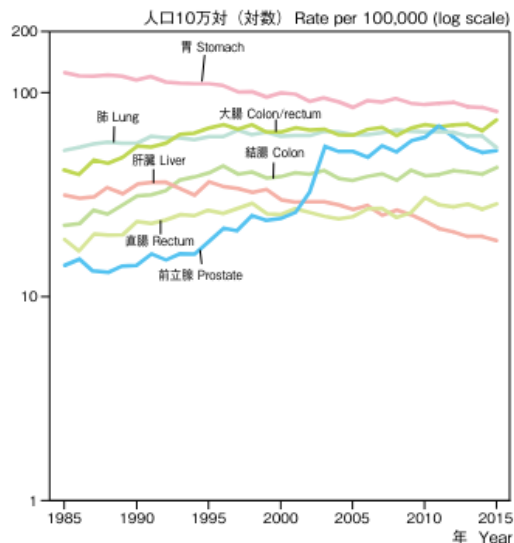
PSA (prostate-specific antigen) is a protein produced by the prostate gland. PSA is leaked into circulating blood in prostate disorders including prostate cancer. The reference range of PSA level is less than 4 ng/ml. Increasing levels of PSA are associated with prostate cancer; therefore PSA is approved as an early indicator of prostate cancer. However, rising levels of PSA do not necessarily mean prostate cancer because prostatitis or BPH also increases PSA level. Mild increased level of PSA (4-10ng/ml) would suggest prostate cancer at a probability of 30%. Further examination (biopsy), will be required for definite diagnosis. It was reported that annual PSA screening test often detects prostate cancer at an early stage before metastasizing to other organs. Early detection enables early treatment.

Merit and demerit of PSA test

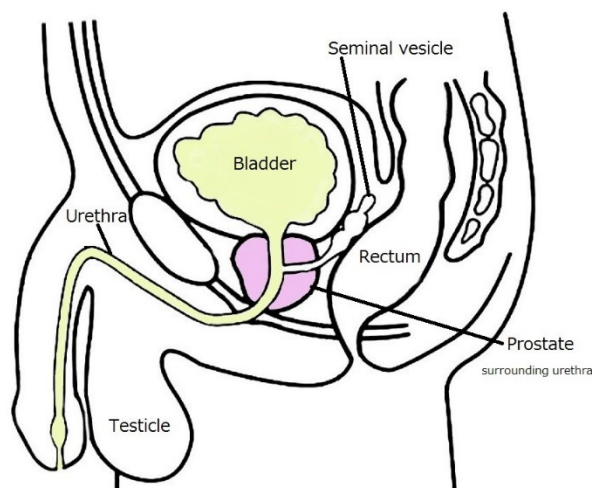
Since most prostate cancers are slow growing, some of them may not affect life expectancies without any treatment. About 10 percent of prostate cancers found by the annual PSA screening test are thought to be such dormant cancers. While annual PSA screening test has a merit of early detection of prostate cancer, it also may have a risk of over diagnosis and over treatment. Read carefully the FACT SHEET on the other side, before taking a checkup.

To Persons who do not intend to take PSA screening test

If there are persons who are already undergoing treatment, who already took PSA test elsewhere this year, who do not want to take PSA test after reading the FACT SHEET, please choose "Decline" on the reservation system.



Age-Adjusted Prevalence Rate
Yearly Change Particular
area (main part) Male



Fact Sheet: Prostate Cancer Screening

1. About prostate cancer and the method leading to the final diagnosis of prostate cancer

- The incidence of prostate cancer in Japan is rapidly increasing due to a more westernized lifestyle and aging society. Prostate cancer, ranked 3rd in 2014, has now overtaken stomach and lung cancer to become the most common cancer among men in 2015 and 2016.
- Although the number of deaths from prostate cancer had increased from 1970 to 2013, it started to decline in 2014 for the first time since statistics began in 1970. Prostate cancer is the 6th cause of cancer death in Japanese men.
- Prostate cancer screening is often included in the resident health checkup or Ningen-dock. Usually only PSA blood test is held, but sometimes supplemental digital examination may be added.
- There is no specific symptom in early stage of prostate cancer, so that early detection is thought to be very difficult without taking a PSA blood test.
- Generally, the risk for prostate cancer increases significantly after the age of 50. Now the screening program for age of 50 or more implemented by 80% of municipal governments.
- In the PSA screening test, the PSA level is abnormal in about 8 percent of subjects, who will need to see a urologist for the further examination. As the further examination, you will take a PSA blood test, a digital examination, an ultrasound, and MRI. Those who are suspected for suffering prostate cancer, will be required, a prostate biopsy for the definite diagnosis. The standard method of prostate biopsy is to take 8-12 tissue samples by pricking thin biopsy needles into prostate.
- The prostate biopsy is held under local anesthesia or lumbar epidural anesthesia. This test is done on both inpatients and outpatients.
- Prostate cancer will be found in 40 percent of subjects who take prostate biopsy. The higher the level of PSA, the possibility of cancer is the higher. The possibility of cancer is about 20% if the PSA level is slightly high above the reference range.

2. Advantage, disadvantage and uncertainty of the prostate cancer screening test

- PSA screening reduces prostate cancer mortality.
- 30% of prostate cancers, which are found by some symptoms related to urination, already metastasize to other organs such as bone. By taking the prostate screening test with PSA, you can surely reduce the risk of metastasized cancer.
- The cases in which the PSA level is within normal range are found in 2-3% of prostate cancer and are difficult to diagnose by PSA test.
- After prostate biopsy test, you may have a fever, rectal bleeding, hematuria and / or blood in semen. Severe complication is rare.
- Even if the cancer is not found by biopsy, you have to consult with a urologist about the follow-up, because 20-40% of cancers might be missed even by the standard biopsy of prostate.
- In the subjects who are suspected for cancer by PSA test and digital exam, 20-40% of those whose PSA levels are between 4 and 10 ng/ml, will be diagnosed for prostate cancer. On the other hand, 60-80% of them will be diagnosed as normal, which means that painful biopsy will turn out unnecessary. If the PSA levels are high enough, prostate cancers are likely and unnecessary biopsy will be minimal.
- The autopsy of subjects who were not diagnosed as prostate cancer while alive showed that 30-50% of them had small prostate cancers (latent cancers) which did not affect life at all. Sometimes such small prostate cancers are detected by PSA test or digital examination.
- While prostate cancer screening tests can reveal lot of prostate cancers which are curable by treatment, well-behaved cancers which are not life threatening will also be found (overdiagnosis).
- It is difficult to diagnosis "Not life threatening cancer" before treatment. As you get older, it tend to be difficult to extend your life expectancy even if you got aggressive treatment and reduce QOL because of treatment complications. Those with slightly elevated PSA levels or with low malignant potential tumors may have a possibility of overdiagnosis.

The Influenza Vaccine

Before you receive vaccination against Influenza, the doctor needs to know about your health condition in detail. Please enter precise information in the questionnaire to the best of your knowledge.

1. Influenza and its complication

Influenza is transmitted through the air by coughs or sneezes, creating aerosols containing the virus or through contact with contaminated surfaces. The most common symptoms of the disease, which begin 1-5 days after infection, are chills, high fever, sore throat, muscle pains, coughing, sneezing and fatigue. Usually these symptoms are healed within a week in self-limited way. But sometimes, especially in case of seniors, babies or immunodeficient patients, it may cause severe complications like pneumonia and / or even death.

2. Efficacy and side reactions to the vaccine

Vaccination against influenza can prevent influenza infection or lessen symptoms in severity. Vaccination is expected to prevent complications and death that may result from influenza infection. On the other hand, known side reactions to influenza vaccine are mild in general. Redness, swelling, induration, feeling hot and pain may occur at the injection spot. There are a few people out of 100 have a fever, and, approximately 1 person out of 10 have swelling. It has been reported that following side reaction may occur very rarely. (1) Shock / anaphylaxis (urticaria, dyspnea, and angioedema etc.), (2) Acute disseminated encephalomyelitis (fever, headache, convulsions, dyskinesia, transient loss of consciousness occur within several days to 2 weeks after inoculation), (3) Guillain-Barré syndrome (Numbness of limbs, gait disturbance etc.), (4) Convulsion (including fever convulsion), (5) Hepatic impairment and jaundice, (6) Asthma, (7) Thrombocytopenic purpura, Thrombopenia, (8) Vasculitis allergic purpura, Allergic and granulomatous angiitis, Leukocytoclastic vasculitis, (9) Interstitial pneumonia, (10) Encephalitis, Encephalosis, Rachiomyelitis, Optic neuritis (11) Mucocutaneous ocular syndrome (Stevens-Johnson syndrome), (12) Nephrotic syndrome, (13) Tremor.

3. You cannot receive vaccination if you have any of the following conditions.

1. Overt fever (over 37.5)
2. Confirmed presence of serious acute disease.
3. Previous episode of anaphylaxis to influenza vaccine.
4. Other conditions unsuitable for the vaccination in the opinion of the doctor.

4. You have to seek for doctor's opinion about appropriateness of the vaccination if you have any of the following conditions.

1. Presence of heart disease, renal disease, hepatic disease, or hematological disease.
2. Previous episode of physical abnormality, such as skin rash, in reaction to any drug or any food (chicken or egg, etc).
3. Previous episode of convulsion.
4. Previous episode of suspected allergic symptoms, such as fever, rash, and urticaria, occurring within 2 days following vaccination.
5. Previous episode of test-proven abnormality of immune function in you or your near relatives.
6. Presence of respiratory disease, such as interstitial pneumonia, and bronchial asthma
7. Suspected pregnancy.

5. Precautions in post-vaccination management

1. Side reactions may occur abruptly during 30 minutes after vaccination. You should be alert on occurrence of side reaction and make a contact with a doctor if you notice it. It is advised for you to stay in the medical institution for a while after vaccination to monitor occurrence of side reaction.
2. Please consult your doctor immediately in case that abnormal symptoms such as high fever and convulsions occur. It may occur within 24 hours after vaccination.
3. Side reaction such as redness, swelling, indurations and pain may occur at the injection site but will usually resolve in 4-5 days. Please consult your doctor immediately in case that you do not feel well.
4. You can take a bath on the day of vaccination but should not rub the injection spot.
5. You are recommended to do usual daily living on the day of vaccination. Please refrain from taking strenuous exercise and heavy drinking of alcoholic beverages.

Please fill in Questionnaire for Vaccination against Influenza HA and see a doctor. If you have any questions, please feel free to ask a doctor.

In case you have some problems because of the vaccine, you might be able to receive medical expenses. Please check Pharmaceuticals and Medical Devices Agency homepage for the details.