Supplementary files

Epidemiology of vaccine-preventable diseases in Japan: considerations for pre-travel advice for the 2019 Rugby World Cup and 2020 Summer Olympic and Paralympic Games

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ANNEX A

Summary of the Epidemiology of Reviewed Infectious Disease in Japan

ANNEX B

Additional material for vaccine preventable diseases under national notifiable disease surveillance in the Results section as reported by the Infectious Agent Surveillance Report governed by the National Institute of Infectious Diseases of Japan.
ANNEX A
Summary of the Epidemiology of Reviewed Infectious Disease in Japan

Rubella: Transmission remains endemic, and in 2013 an epidemic occurred with mostly male cases and persons aged 20–44 years in all 47 prefectures.

IPD<sup>a</sup>: Cases are low from July through September and mostly ≥ 60 years old.

Measles: WHO<sup>b</sup> certified elimination in 2015, though importations still occur.

Viral hepatitis (non-A, non-E): Incidence is < 2 per 1 million with 81% being HBV.

Hepatitis A: Cases peaked every four years, though incidence was < 2 per million.

IHD<sup>c</sup>: Mandatory reporting began in April 2013; more than half of the cases are ≥ 70 years old.

Tetanus: Fewer than 130 cases are reported each year.

Typhoid fever: Most cases are acquired outside of Japan.

IMD<sup>d</sup>: Incidence is < 4 per 10 million, but importation caused an outbreak at an MG in 2015.

JE<sup>e</sup>: Fewer than 11 cases are reported each year, mostly from non-urban western Japan.

Influenza: Seasons run November–May; no human infections with avian viruses have been reported.

Varicella: Cases have declined since 2006, but the virus continues to circulate.


Pertussis: Few cases are reported, but the age distribution has changed from largely infant to mostly adult.

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<sup>a</sup>: Invasive pneumococcal disease; <sup>b</sup>: World Health Organization; <sup>c</sup>: Invasive *Haemophilus influenzae* disease; <sup>d</sup>: Invasive meningococcal disease; <sup>e</sup>: Japanese encephalitis.
ANNEX B

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