Letter to the Editor

Rethinking the current older-people-first policy for COVID-19 vaccination in Japan

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As of May 16, 2021, only 2.5% of Japan’s 36 million older people (aged ≥65 years) has received at least one dose of the coronavirus disease (COVID-19) vaccine.\textsuperscript{1} Even among the 4.8 million medical workers who were given first priority, the reported completion rate of the initial vaccination is 72.3%.\textsuperscript{1} Due to the slow implementation, the vaccination rate in Japan is currently ranked 120\textsuperscript{th} among 206 countries/territories, the worst among the 37 OECD member countries.\textsuperscript{2} These statistics imply that, at the current pace, most healthy younger people (aged 20-59 years), who account for exactly half of the entire population and form the core labor force in Japan (around 52 million), will need to wait at least until next year to be vaccinated.

Medical workers and patients with underlying diseases aside, the older-people-first policy for COVID-19 vaccination was developed through vigorous discussions within the Committee on Vaccination Basic Policy of the Inoculation/Vaccination Working Group of the Health Science Council at the Ministry of Health, Labour and Welfare. The main reason underlying this vaccination prioritization decision was that older people were considered more vulnerable, namely being at higher risk of developing serious complications and death, relative to younger people. However, in view of the changes in social circumstances discussed below, this policy should be reconsidered.

First, Japan’s economy shrunk more than expected due to the slow vaccine rollout and self-restraint in going out.\textsuperscript{3} Second, job-hunting younger people have experienced the biggest drop in job availability in 46 years.\textsuperscript{4} Third, there has been a significant increase in suicides, particularly among younger workers, since the beginning of the COVID-19 pandemic.\textsuperscript{5} Fourth, cases are surging among younger people due to the emergence of new variants, such as the N501Y.\textsuperscript{6, 7} Fifth, quite a few younger people, and younger workers in particular, have valid reasons for not being able to adhere to preventive practices, such as the need to commute to work.\textsuperscript{8} Sixth, the Japan’s birth rate, therefore the population of the next generation which will sustain the Japanese future society, declined significantly due to the COVID-19’s impact on pregnancies and worsening economic conditions.\textsuperscript{9} Seventh, regardless of age, many have suffered from cabin fever due to the prolonged restrictions, such as social requests to “stay at home,” for more than a year.\textsuperscript{10} Eighth, research using mathematical modeling from a Swedish group found that “the disease-induced herd immunity level may be substantially lower than the classical herd immunity level…a reduction…from 60% under homogeneous immunization down to 43%…in a structured population,” if we take age cohorts and social activity levels—namely assuming that younger people tend to take risks and maintain the pre-pandemic life, such as actively contacting others, than older people— into account.\textsuperscript{11} If this model applies to the current
state of Japan, only by vaccinating younger people can sufficient herd immunity be
achieved.

Taken together, rethinking the older-people-first policy on vaccination prioritization
in Japan if the vaccines are safe and useful is warranted. The possibility of shifting from the
current policy to an equal distribution policy including younger people should be explored.
In fact, Indonesia prioritizes those of productive ages (18-59 years) for vaccination rather
than older people.12 Our proposed equal-opportunity-for-vaccination policy, however, does
not go as far as Indonesia’s. Rather, the policy must consider a healthy balance from an
ethical standpoint as well. In this sense, our proposed policy can be ethically justified based
on the ethical principle of equal opportunity, or distributive justice.13 Our suggested change
to the policy is to treat younger people as equally vulnerable cohorts as older people from
public policy and economic perspectives.

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ethical and political aspects of the given issues, and revised the paper. KM, KY, and YI
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