

新型コロナウイルスワクチン接種のご案内

大切なお知らせです。必ず、開封してください。

重要

親展

料金後納  
郵便

新型コロナウイルス  
ワクチン 接種券 在中

# Novel Coronavirus Vaccination Voucher

- ◎ There is no cost for vaccination.
- ◎ When you can receive your vaccination depends on your age and other factors.
- ◎ Please keep this vaccination voucher safe until the time for your vaccination arrives.
- ◎ Those eligible can use this vaccination voucher to receive 2 doses of the vaccine for the prevention of COVID-19.
- ◎ If you are a medical professional and have already been vaccinated, you cannot use this vaccination voucher.

(Sender)  
( Beppu City Hall)

Health Promotion Division, Novel Coronavirus Vaccination Countermeasures  
Section 15-33 Nishinoguchimachi, Beppu, Oita 874-0931

(Beppu Health Center in Yunomachi  
Kenkou Park)

(For questions, contact:)  
Beppu Novel Coronavirus  
Vaccination Call Center  
0120-797-567 (free call)

※For further details, please see the information sheet enclosed here.

**Your Certificate of Vaccination is your vaccination record. Please keep it in a safe place so as not to lose it.**

Vaccination Voucher			If examined, but cannot be vaccinated			Novel Coronavirus Certificate of Vaccination (provisional) Certificate of Vaccination for COVID-19							
券種	2	ワクチン接種	1	回目	券種	1	予診のみ	1	回目				
請求先	大分県別府市	442020	請求先	大分県別府市	442020	請求先	大分県別府市	442020	1回目	接種年月日	メーカー/Lot No (シール貼付け)		
券番号			券番号			券番号			年	月	日		
氏名			氏名			氏名			接種場所				
券種	2	ワクチン接種	2	回目	券種	1	予診のみ	2	回目	2回目	接種年月日	メーカー/Lot No (シール貼付け)	
請求先	大分県別府市	442020	請求先	大分県別府市	442020	請求先	大分県別府市	442020	2回目	接種年月日	年	月	日
券番号			券番号			券番号			接種場所				
氏名			氏名			氏名							

## To Those Being Vaccinated:

- Bring each sticker sheet to the vaccination site without peeling off the sticker.
- Keep the Certificate of Vaccination found on the right-hand side in a safe place after you have been vaccinated.

氏名 \_\_\_\_\_  
住所 \_\_\_\_\_  
生年月日 \_\_\_\_\_  
大分県別府市長 長野 恭紘

# Prevaccination Screening Questionnaire for COVID-19 vaccine

\*Please fill in or check the  boxes inside the bold frame

**Note:**

**You cannot use this English version of the questionnaire to get vaccinated. Please fill in the Japanese form by referring to the corresponding translations.**

Address on the resident card	Prefecture	City	
	Address		
Furigana			
Name	Tel. No.	( )	
Date of birth	Year	Month	Day ( ) years old
	<input type="checkbox"/> male <input type="checkbox"/> female		Body temperature before examination
			Degrees

Question	Response field	Field filled in by doctor
Are you receiving the COVID-19 vaccine for the first time? (If you have been vaccinated before, date of 1st time: MM/ DD, date of 2nd time: MM/ DD)	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is the city, town, or village where you currently reside the same as the city, town, or village stated on the coupon?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you read the "Instructions for the COVID-19 vaccine" and do you understand the effects and adverse side effects?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you fall into one of the target groups that have a higher priority for this vaccine? <input type="checkbox"/> Medical personnel, etc. <input type="checkbox"/> Person 65 years or older <input type="checkbox"/> Person 60 to 64 years old <input type="checkbox"/> Worker at a senior citizen facility, etc. <input type="checkbox"/> Person with an underlying disease (name of disease: )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are you currently suffering from any kind of illness and receiving treatment or medication? Name of disease: <input type="checkbox"/> heart disease <input type="checkbox"/> kidney disease <input type="checkbox"/> liver disease <input type="checkbox"/> blood disease <input type="checkbox"/> disease that makes it difficult to stop bleeding <input type="checkbox"/> immune deficiency <input type="checkbox"/> other ( ) Nature of treatment: <input type="checkbox"/> blood-thinning medicine ( ) <input type="checkbox"/> other ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you had a fever or gotten sick in the last month? Name of disease ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Are there any parts of your body that are not feeling well today? Condition ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever had a convulsion (seizure)?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever experienced severe allergic symptoms (such as anaphylaxis) from medications or foods? Medication or food that caused the problem ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever been sick after receiving a vaccine? Type of vaccine ( ) Condition ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Is there any possibility that you are currently pregnant (for example, your period is later than expected)? Or are you breastfeeding?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Have you had any vaccines within the last two weeks? Type of vaccine ( ) Date of vaccine ( )	<input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have any questions about the vaccine today?	<input type="checkbox"/> yes <input type="checkbox"/> no	

Field filled in by doctor	In light of the results of the questions above and examination, today's vaccine is ( <input type="checkbox"/> possible, <input type="checkbox"/> not possible). I have explained the effects of the vaccine, side effects, and the Relief System for Injury to Health with Vaccination to the patient.	Signature and seal of doctor
	<input type="checkbox"/> The person to be vaccinated is under 6 years old (fill in if applicable)	

## COVID-19 Vaccination Request Form

After receiving a medical examination and explanation from a doctor and understanding the effects and side effects of the vaccine, do you wish to receive this vaccine?  
( I wish to be vaccinated/  I do not wish to be vaccinated)

The purpose of this preliminary medical examination form is to ensure the safety of the vaccine.

I understand this and consent to this prevaccination Screening Questionnaire being submitted to the municipal government, the All-Japan Federation of National Health Insurance Organizations, and the National Health Insurance Organization.

Signature of vaccinated person or their guardian
Date: _____
(*If the person to be vaccinated is unable to sign the form by himself/herself, a representative must sign the form, and the representative's name and relationship to the person to be vaccinated must be indicated.) (*In the case of a person under 16 years of age, the form must be signed by the guardian; in the case of an adult ward, the form must be signed by the person himself/herself or the adult guardian.)

Field filled in by doctor	Name of vaccine and lot number	Inoculation amount	Vaccination location, name of doctor, and date of vaccination	*Please fill in the medical institution code and vaccination date so that they fit within this field.
	Seal position	ml	Vaccination location	Medical institution code
	*Paste it straightly along with the frame. (Note: Make sure that the expiration date has not expired.)		Name of doctor	Date of vaccination *Example: April 1, 2021 →2021/04/01



# Novel Coronavirus Vaccination Schedule

## ❖ Vaccination Schedule

The order of vaccination is determined by age group.

Those who are between 60 and 65 years of age or have an underlying medical condition or work at facilities for the elderly or are faculty/staff and who wish to be vaccinated will be given **priority** and **appointments will begin from Monday, July 19 at 9:00 a.m.**

After that, it is planned to begin appointments by age group.

The detailed schedule will be announced on the city website and the official City of Beppu LINE account as soon as it has been determined.

	July	August	September	October
Those eligible for priority vaccination (see below)	July 2 Vaccination vouchers sent	Monday, July 19 Appointments begin at 9:00		
Over age 60 but under age 65				
Ages 50-59		Appointments begin from August onward		
Ages 40-49		Appointments begin from early September onward		
Ages 30-39		Appointments begin from late September onward		
Under age 30 Age 12 and above		Appointments begin from October onward		

## ❖ Those Eligible for Priority

Individuals age 60 and above	Individuals born on April 1, 1962, or before
Those with underlying medical conditions ※ Medical certificate not required. Confirm this by self-reporting on the preliminary examination form. For those with severe mental illness or intellectual disabilities, this can also be confirmed by presenting an Intellectual Disability Health & Welfare Booklet, Medical Care in Support of Self-Reliance ID Card, or Care & Education Booklet.	<ul style="list-style-type: none"> <li>● Those who will not reach 65 years of age by the end of 2021, and who have the following illnesses or conditions, and are receiving treatment on an out-patient basis or have been hospitalized</li> <li>• Those who will not reach 65 years of age by the end of 2021, and who have the following illnesses or conditions, and are receiving treatment on an out-patient basis or have been hospitalized</li> <li>• Chronic respiratory illness    • Chronic heart disease (including hypertension)    • Chronic kidney disease</li> <li>• Chronic liver disease (e.g. cirrhosis)    • Blood disease (excluding iron deficiency anemia)</li> <li>• Diabetes being treated with insulin or medication, or diabetes associated with other diseases</li> <li>• Receiving medical treatment that lowers immune function, such as steroids    • Chromosomal abnormalities</li> <li>• Neurological and neuromuscular diseases associated with immunological abnormalities    • Sleep apnea</li> <li>• Illnesses that lower immune system function (including malignant tumors that are undergoing treatment or palliative care)</li> <li>• Decreased physical functioning due to neurological or neuromuscular diseases (e.g. respiratory disorders)</li> <li>• Severe physical and mental disabilities (severe physical disabilities and severe intellectual disabilities combined)</li> <li>• Severe mental illness (hospitalized for treatment of mental illness, possesses an Intellectual Disability Health &amp; Welfare Booklet, or falls under the category of "severe and continuous" in medical care in support of self-reliance (outpatient medical care for mental illness) or intellectual disability (if possesses a Care &amp; Education Booklet))</li> <li>● Obese individuals who meet the criteria (BMI of 30 or higher)</li> <li>• BMI = weight (kg) ÷ height (m) ÷ height (m)</li> </ul>
Employees at facilities for the elderly	Employees at facilities for the elderly or at business places for providers of in-home services; employees at facilities for the disabled, etc.
Faculty and staff	Faculty and staff working at kindergartens, elementary and junior high schools, combined elementary and junior high schools, and special-needs schools; nursery school teachers at preschools and certified childcare center-kindergartens, support staff and assistants for after-school clubs for children, etc.

Beppu Novel Coronavirus Vaccination Call Center (9:00-17:00, including weekends and holidays for the present)

☎ 0120-797-567

Please take care not to dial the wrong number

※ For the hearing impaired, please contact FAX 0977-85-7728 or corona\_kensui@city.beppu.lg.jp

## Vaccination Is Not Compulsory

# Properly Understand the Vaccine and Get Vaccinated Based on Your Own Judgment

Understand the vaccine's effectiveness in preventing infection and the possibility of side effects, and based on your personal judgment, get vaccinated. Do not coerce those around you and do not discriminate against those who do not get vaccinated.

### Side Effects May Occur

◆ **Pain at the site of inoculation, headache, fever, etc.** Side effects may occur within a day or two after vaccination, but most people recover within a few days. Side effects, including fever, are especially likely to occur after the second dose, so it is recommended to rest on the day of and the day after vaccination if possible.

※Some symptoms are more likely to occur with the 2nd dose.

There have also been reports of anaphylaxis (an acute allergic reaction), but this occurs only rarely.

Anaphylaxis occurs within 15 minutes in 70% of cases and within 30 minutes in 90% of cases.

If anaphylaxis occurs, seek immediate treatment at a medical facility or the vaccination site.

\*The Ministry of Health, Labor and Welfare has reported cases of death after vaccination, but all 28 cases reported up to May 12 were categorized as "cases in which the causal relationship between the vaccine and the individuals with symptoms cannot be assessed due to lack of information or other reasons."

Rate of Appearance	Main Side Effects
50% and above	Pain at the site of inoculation, lack of energy, headache
10-50%	Muscle pain, chills, joint pain, fever, swelling at the site of inoculation
1-10%	Nausea

### How effective is the vaccine?

◆ **Effectiveness in preventing the onset of disease is estimated at 95%.**

Results from the clinical trials of Pfizer's vaccine (about 36,000 people) have shown that the incidence of the disease in vaccinated people is 95% less than in those who were not vaccinated.

The vaccine begins to be effective two weeks after the first dose.

It is said that immunity is satisfactorily achieved as of the seventh day after the second dose.

Nonetheless, please continue to take measures against infectious diseases even after vaccination.



It is important that you check the latest information from the Ministry of Health, Labor and Welfare and other sources on a daily basis, consider both the risks and the benefits of vaccination, and make the decision on whether or not to be vaccinated based on your own wishes.

【Consultations Regarding Side Effects】 Oita Prefectural Call Line for Professional Consultations Regarding Side Effects of the Novel Coronavirus Vaccine

☎ 097-506-2850 (available 24 hours a day, including weekends and holidays)

# Novel Coronavirus Vaccination

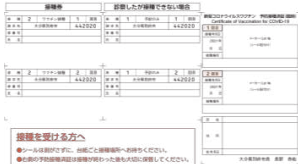
Free

Who is Eligible : Anyone age 12 or above  
 Doses: 2 doses per person  
 Interval between Doses : 2nd dose 3 weeks after the first dose  
 Vaccination Location : At a designated medical facility (see reverse) or at a mass vaccination site (Beppu Arena)

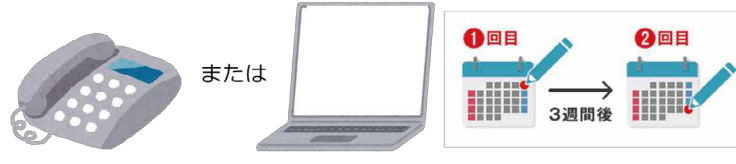
About the Vaccine : It is planned to provide the Pfizer vaccine to residents being vaccinated at this time. If you will be receiving the Takeda/Moderna vaccine through vaccination at your workplace, please check the Ministry of Health, Labour and Welfare (MHLW) website as eligibility and the vaccination intervals differ.

## Vaccination Flow

1 Receive vaccination voucher



2 Make an appointment ※Don't forget the appointment for your 2nd dose



3 Come to the vaccination site on the date/time of your appointment



4 Preliminary Examination → Vaccination



5 Post-vaccination observation (15–30 minutes)



## Day of Vaccination—Notes

### Clothing



Please wear a mask and also clothing that allows easy access to your shoulder.

### Items to Bring

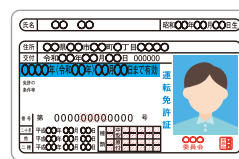
Vaccination Voucher



Preliminary Examination Form



ID



Medication Booklet



To avoid crowds, please fill your voucher out in advance. If you have any concerns regarding pre-existing medical conditions or allergies, please consult your family doctor.

Any one of the following:  
 • Driver's License  
 • Health Insurance Card  
 • Any type of disability booklet  
 • My Number Card, etc.

• Only necessary if you have one

### How to Make an Appointment

- Select your preferred site from the list of vaccination sites on the reverse.
- Review how you can make an appointment at your preferred vaccination site and make your appointment.

#### Method ①

Make your appointment by phone Beppu Novel Coronavirus Vaccination Call Center 0120-797-567

(please take care not to dial the wrong number) 9:00–17:00  
 (including weekends and holidays for the present)

#### Method ②

Make your appointment online

Beppu coronavirus vaccine appointment



Instructions for making your appointment online are posted on the official City of Beppu website. You can find them by searching or accessing them via this QR code.

If you are using a computer, please use **Google Chrome.**

※When we resume taking appointments, they will be available starting from 9:00 a.m. Other than as noted below, the appointment-making service will be available from 5:00 a.m. to 2:00 a.m. the following day.



#### Method ③

Make an appointment at a medical facility

Please see the reverse side for details.

※If you are more than 30 minutes late for your appointment, it will be considered a cancellation.

※If you need to cancel in advance, please be sure to contact the medical facility or call center to prevent the vaccine from being discarded.

# List of Novel Coronavirus Vaccination Sites

(as of June 14, 2021)

## ■ Designated Medical Facilities

- If a medical facility is accepting only regular patients, this will be noted next to the name of the medical facility.
- Please do not call medical facilities marked "x" under "TEL" in order to avoid burdening them.

	Medical Facility		Appointment Method				Medical Facility		Appointment Method		
			Beppu WEB Call Center	Medical Facility					Beppu WEB Call Center	Medical Facility	
				Tel	Reception Desk					Tel	Reception Desk
A	Aoyama Orthopedic Clinic	Regular patients <u>only</u>	×	○	○	TA	Taniguchi Diabetes Clinic		○	×	×
	Akashi M Clinic	Regular patients <u>only</u>	×	○	×	CHI	Chima Hospital for Internal Medicine		○	×	○
	Abe Gastroenterology and Internal Medicine Clinic		○	○	○	TSU	Tsunetomi Internal Medicine and Gastroenterology Clinic		○	×	×
	Abe Daiichi Clinic	Regular patients <u>only</u> (regular patients and their families)	×	×	○		Tsubone Clinic	Regular patients <u>only</u>	×	○	○
	Abe Clinic for Internal Medicine		○	×	×	NA	Nakamura Taka Clinic		○	×	×
	Aloha Clinic		○	×	×		Nakamura Hospital		○	×	×
I	Isayama Orthopedic Clinic		○	×	×		Narumi Clinic	Regular patients <u>only</u>	×	×	○
	Ishigaki Hospital		○	×	×	NI	Nishi Beppu Hospital	Regular patients <u>only</u>	×	×	○
U	Uchikura Internal Medicine		○	×	○ (at time of examination)	NO	Noguchi Hospital	Regular patients <u>only</u>	×	×	○
	Uchida Hospital		○	×	×	HA	Hata Hospital		○	×	×
O	Okajima Clinic		○	×	×		Hamawaki Memorial Hospital		○	×	×
	KA	Kai Clinic		○	×		×	Harashima Clinic for Internal Medicine		○	×
Kakisako Clinic for Internal Medicine		Regular patients <u>only</u>	×	○	○		Baba Clinic		○	×	×
Kaneko Clinic for Internal Medicine			○	×	×	Hida Clinic for Internal Medicine and Surgery		○	×	×	
Kamegawa Otorhinolaryngology (ENT)			○	×	×	Hirose Clinic for Internal Medicine		○	×	×	
KI	Kinoshita Clinic		○	○	○	FU	Fukuda Clinic for Internal Medicine		○	×	×
	Kiyose Hospital		○	×	×	HE	Beppu Ekimae Clinic		○	○	○
KU	Kubo Onaka/Oshiri Clinic	Regular patients <u>only</u>	×	○	○		Beppu Station Yunomachi Clinic		○	×	×
	Kubota Clinic	Regular patients <u>only</u>	×	○	○		Beppu Onsen Hospital	Regular patients <u>only</u>	×	○	○

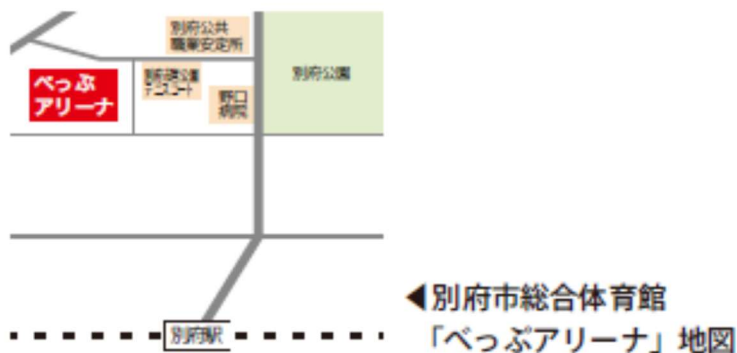
	Kuroki Memorial Hospital		○	×	×		Beppu Central Hospital	Regular patients <u>only</u>	×	○	○
KO	Kojo Pediatric Clinic	Regular patients <u>only</u>	×	○	○		Beppu Tokiwa Clinic	Regular patients <u>only</u>	×	○	○
	Kojo Cardiology Clinic		○	×	×		Beppu Bay Urology Hospital		○	×	×
	Kodama Clinic for Internal Medicine	Regular patients <u>only</u>	×	×	○	HO	Hori Internal Medicine Cardiology Clinic		○	×	×
	Kodama Neurosurgical Clinic		○	○	○	MI	Miyazaki Clinic		○	×	×
	Kodama Hospital		○	×	×	MU	Murahashi Hospital		○	×	×
SA	Sakai Clinic for Internal Medicine		○	○	○	MO	Mochigahama Clinic		○	×	×
	Sato Orthopedic Clinic		○	×	×	YA	Yada Children's Clinic		○	×	○
SHI	Shimazaki Otorhinolaryngology (ENT)		○	×	×	YO	Yokoi Clinic for Internal Medicine	Regular patients <u>only</u>	×	○	○
	Shimoyama Internal Medicine and Cardiology Clinic		○	×	×		Yoshiga Cardiology	Regular patients <u>only</u>	×	○	○
	Shinmori Clinic for Internal Medicine	Regular patients <u>only</u>	×	○	○		Yoshitake Clinic for Internal Medicine		○	×	○
SU	Suemune Clinic for Internal Medicine		○	×	×	WA	Watanabe Clinic		○	×	○
TA	Takei Clinic		○	×	×		Watanabe Internal Medicine Cardiology Clinic	Regular patients <u>only</u>	×	○	○

#### ■Mass Vaccination Site

Beppu General Gym "Beppu Arena"	How to make an appointment: WEB or Call Center
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※The above list is up to date as of June 14. For the most recent information, please visit the official City of Beppu website or contact the call center.

#### ◀Map of the Beppu General Gym "Beppu Arena"





## Instructions for the COVID-19 vaccination

### About the COVID-19 vaccine

This vaccine is part of the national and local government's vaccination program for the COVID-19 (SARS-CoV-2). This vaccine is covered by public funds and is available free of charge to those who wish to receive it. This vaccine is intended for people 16 years of age and older.

### Effects of the vaccine and administration method

The vaccine that will be given this time is made by Pfizer. The vaccine prevents the onset of the COVID-19.

It has been found that fewer people who have received the vaccine have developed the COVID-19 than those who have not.

(The effectiveness in preventing the onset of disease has been reported to be approximately 95%.)

Sales name	Comirnaty <sup>®</sup> intramuscular injection
Efficiency and effects	Prevention of infectious disease caused by SARS-CoV-2
Vaccination frequency and interval	2 times (usually 3 weeks apart) *Intramuscular injection
Inoculation target	People 16 years of age and older (Efficacy and safety for people under 16 years of age is not yet clear.)
Inoculation amount	0.3 mL per dose, total of 2 doses

- After the first vaccination, a second vaccination is usually given after 3 weeks. (Please get the second vaccination as soon as possible if more than 3 weeks have elapsed after the first vaccination.)
- If you received this vaccine for the first dose, be sure to receive the same vaccine for the second dose.
- It is believed that sufficient immunity is not achieved until about 7 days after the second dose of this vaccine has been administered. Its effectiveness in preventing infection has not been determined at this time. You should take appropriate infection prevention measures regardless of whether or not you have received the vaccine.

### People who cannot receive the vaccine

This vaccine cannot be administered to people for which the following apply. Be sure to tell the doctor during the pre-vaccination consultation if you think any of the following apply for you.

- People with obvious fever (\*1)
- People suffering from serious acute illness
- People with a history of severe hypersensitivity (\*2) to any of the ingredients of this vaccine
- People other than those described above who have conditions that make it inappropriate for them to receive the vaccine

(\*1) Obvious fever is usually defined as 37.5°C or higher. However, this does not necessarily apply to cases in which it is judged as a fever in light of the normal body temperature, even if the temperature is below 37.5 degrees Celsius.

(\*2) Anaphylaxis and multiple symptoms suggestive of anaphylaxis, including generalized skin and mucous membrane symptoms, wheezing, dyspnea, tachycardia, and hypotension.

### People who need to be careful about getting vaccinated

Those who have any of the following conditions should be cautious about receiving this vaccine. If you think this applies to you, be sure to tell the doctor during the pre-vaccination consultation.

- People on anticoagulant therapy, people with thrombocytopenia or coagulation disorders
- People who have been diagnosed with immunodeficiency in the past, or people who have close relatives with congenital immunodeficiency
- People with underlying medical conditions such as heart, kidney, liver, blood disorders, or developmental disorders
- People who received vaccines in the past and experienced symptoms suggesting an allergy such as fever or generalized rash within 2 days after vaccination
- People who have had convulsions in the past
- People who may be allergic to the ingredients of this vaccine.

(Continue to the reverse side)

If you are pregnant or may be pregnant, or are breast-feeding, be sure to inform the doctor during the pre-vaccination consultation.

This product contains an additive that has never been used in a vaccine before. If you have had hypersensitivity or allergic reactions to drugs in the past, be sure to inform the doctor during the pre-vaccination consultation.

### What to do after receiving the vaccine

- After receiving this vaccine, please wait at the facility where you received the vaccine for at least 15 minutes (at least 30 minutes for those who have experienced severe allergic symptoms including anaphylaxis in the past, or those who have felt sick or fainted, etc.), and if you feel unwell, please contact your doctor immediately. (This makes it possible to respond to sudden side effects.)
- The injected area should be kept clean. Although bathing on the day of vaccination is not a problem, please do not rub the injected area.
- Please refrain from strenuous exercise on the day of the procedure.

### Side Effects

The main side effects include pain in the injected area, headache, joint and muscle pain, tiredness, chills, and fever. Rare and serious side effects include shock or anaphylaxis. Because this vaccine is a new type of vaccine, there is a possibility that it may cause symptoms that have not been clarified so far. If you notice any concerning symptoms after vaccination, consult the vaccinating doctor or family doctor.

### About the Relief System for Injury to Health with Vaccination

Vaccinations can cause health problems (illness or disability). Although this is extremely rare, the risk cannot be eliminated, and a relief system has been established for this reason.

In the case of health damage as a result of the vaccine from the COVID-19 vaccine, relief (medical expenses, disability pension benefits, etc.) is also available under the Immunization Act. Please consult with the municipality where your residence is located regarding the procedures required for application.

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### About the COVID-19 infection

When an infection caused by SARS-CoV-2 develops, symptoms similar to those of a common cold are seen, such as fever and cough. While many people recover from the disease with mild symptoms, in severe cases, pneumonia symptoms such as breathing difficulties worsen and may even lead to death.

### Characteristics of the COVID-19 vaccine (vaccine manufactured by Pfizer) to be administered this time

This drug is a messenger RNA (mRNA) vaccine, and it is a formulation in which the mRNA, which is the blueprint for the spike protein of SARS-CoV-2 (a protein necessary for the virus to enter human cells), is encased in a lipid membrane. When mRNA is taken into human cells through inoculation with this drug, viral spike proteins are produced in the cells based on the mRNA, and neutralizing antibodies against the spike proteins and cellular immune responses are induced, which is thought to prevent infections caused by SARS-CoV-2.

This drug contains the following ingredients.

Active ingredient	◇ Tozinameran (mRNA encoding the full-length spike protein that binds to the human cell membrane)
Additives	◇ ALC-0315: [(4-hydroxybutyl)azanediyl]bis(hexane-6,1-diyl)bis(2-hexyldecanoate) ◇ ALC-0159: 2-[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide ◇ DSPC: 1,2-Distearoyl-sn-glycero-3-phosphocholine ◇ Cholesterol ◇ Potassium chloride ◇ Monobasic potassium phosphate ◇ Sodium chloride ◇ Dibasic sodium phosphate dihydrate ◇ Sucrose

For more information on the efficacy and safety of the COVID-19 vaccine, please visit the Novel Coronavirus Vaccines page on the website of the Ministry of Health, Labor and Welfare.

MHLW corona vaccine

Search



If you are unable to view the website, please contact your local municipality.