

Table 2 The alteration of the frequency of the keywords

A Tokyo	[shaded]										[shaded]																			
M Tokyo	[shaded]										[shaded]																			
N Tokyo	[shaded]										[shaded]																			
S Tokyo	[shaded]										[shaded]																			
Y Tokyo	[shaded]										[shaded]																			
	11 ^{a,b}	12 ^c	13	14	15	16	17	18	19 ^d	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8	9	10
	June																				July									

The shaded box indicates that the article reporting this case was published; upper gray box, that the articles including the keywords, “prepared and kept” was published; lower black box, that the articles including the keywords “lower black box, swabs or towels or sterilization” were published

A Asahi, M Mainichi, N Nihon-keizai, S Sankei, Y Yomiuri

^a The case uncovered

^b Intravenous drip solutions found to be prepared and kept

^c Identified bacteria was *serratia* spp.

^d *Serratia liquefaciens* was detected on multiple medical instruments

found that items that were essential for understanding the issues of this incident were in fact reported at least once. The problem is that only part of the issue had been emphasized because of a poor balance in the number of news reports. During the long investigation of malpractice, new facts that were later revealed in regard to this investigation were rarely reported. The reason for this phenomenon is that the interest among the public tends to decline rapidly. It is believed that this is a structural problem inherent in the media that report on a wide range of fields that target the general public.

Authors’ proposal

Several methods can be considered in resolving these problems. First, it would be useful to have experts actively provide information to the media as soon as possible when a case is reported. In the incident described here, because the facts had not yet been revealed, it would have been difficult for the experts to make specific comments regarding individual cases, but a simple explanation of the general facts would have helped media-related parties to understand the issues accurately. For the sake of reference, in this incident, no academic society, such as the Association for Infectious Diseases or the Medical Association, pointed out problems in the newspaper reports. Next, it may also be useful to provide accurate information to the media, by supplementing newspapers, by for example, the use of internet media, blogs, and specialized magazines. Because media such as specialized magazines do not sell quick reports in the first place, they often conduct investigations carefully before reporting the results. The provision of information by such media may correct any inaccurate interpretation by the general public that has been planted by the mass media. Thirdly, it is essential for the

medical community to evaluate the content of medical news reports by the mass media. This attempt has started in several countries, in the form of media doctors [1]. It may take time, but this is considered to positively contribute to an improvement in the level of medical news reports by the mass media.

In conclusion, this study has provided valuable information on the structural reason why news reports on malpractice in newspapers cause discomfort among healthcare professionals. In order to provide accurate and high-quality medical information to the public, the media and the medical community must integrally work together. We, healthcare professionals, should become thoroughly familiar with the characteristics of media reports in order to utilize them as a means of providing information to the public.

Conflict of interest statement The authors declare no conflict of interest.

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when the MHLW's prohibition against vaccinating people other than members of priority groups was unrealistic in clinics and hospitals. Under such pressures, clinicians and patients might have chosen to receive a shot instead of missing their chance and taking the risk of influenza A (H1N1) in addition to their underlying diseases.

The MHLW made the vaccine that was dispatched on 29 January and thereafter available to all [10]. The circulation of vaccine available to all at the discretion of clinicians and vaccinees may partly explain the lack of deaths after March, together with the decreased number of vaccinees.

The vaccine manufactured by Novartis and GlaxoSmithKline obtained regulatory approval on the basis of clinical trial data, but the vaccine made by Japanese manufacturers went through the routine process of strain change for the annual seasonal influenza vaccine, which did not require clinical data. The details of the approval process have not been revealed by the MHLW.

The withdrawal of the MHLW's interference in clinicians' decisions regarding the administration of vaccines may save lives. We also recommend that a legal basis for a national vaccine program, including some type of regulatory approval process that can be implemented quickly in an emergency, be discussed in Japan.

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Informal Network of Communication Tools Played an Important Role in Sharing Safety Information on H1N1 Influenza Vaccine

Safety monitoring of H1N1 influenza vaccine is an important component of the vaccine program [1]. We recently reported the risk of fatal adverse events in elderly Japanese patients given H1N1 influenza vaccine [2]. Japanese physicians recently informed their patients of the risk of H1N1 influenza vaccine, although no formal safety information has been published. We investigated the trend in frequencies of fatal cases and the formal and informal communication tools used among Japanese physicians and patients.

We searched Nikkei Telecom, a Web-based database containing all Japanese newspaper articles, for articles on the safety of H1N1 influenza vaccine. We also searched for articles on the vaccine's safety in 5 major weekly magazines: *Weekly Gendai*, *Weekly Post*, *Weekly Bunshun*, *Weekly Asahi*, and *Weekly Shincho*. We searched for safety information via Google and Twitter as well. The study period was from 19 October 2009 through 31 January 2010.

To investigate the trend in frequencies of fatal cases after H1N1 influenza vaccination, we collected the numbers of fatal cases and estimated recipients from the information provided by the Ministry of Health, Labor and Welfare.

The frequency of fatal cases (number of fatal cases/estimated number of vaccine recipients per week) peaked at 0.42 in late November (59 cases per 1.4 million recipients) and rapidly decreased to 0.032 (50 cases per 15 million recipients) (Figure 1).

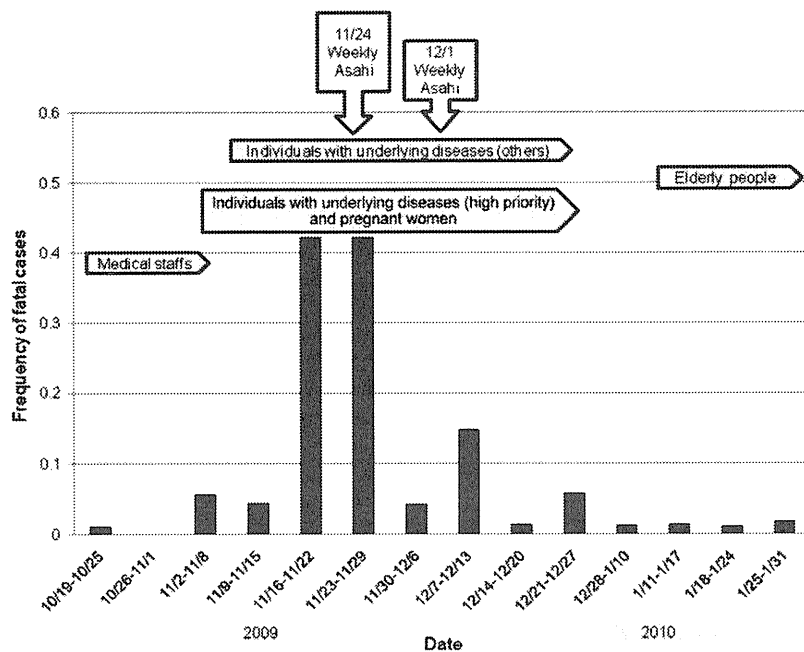


Figure 1. Frequency of fatal cases after H1N1 influenza vaccination per week per 10,000 estimated recipients. The frequency peaked on 16–29 November and sharply decreased thereafter. The priority groups in the vaccination schedule were decided by the government. Individuals with underlying diseases included elderly people. The weekly data from 16 November to 22 November and from 23 November to 30 November were the average of the 2 weeks, because the Ministry of Health, Labor and Welfare provided the data together for those 2 weeks.

The difference was statistically significant using Fisher’s exact test ($P < .001$).

No article doubted the safety of H1N1 influenza vaccination in the 5 major newspapers (*Asahi*, *Mainichi*, *Yomiuri*, *Sankei*, and *Nihon Keizai*), with a total of 27 million annual circulation during the study period. The Ministry of Health, Labor and Welfare committee did not announce the vaccine’s risk on the record of conferences. In contrast, the magazine *Weekly Asahi*, with 0.27 million annual circulation, released articles on its risk twice, consecutively (24 November and 1 December 2009), which coincided with the sharp decrease in the frequency of fatal cases.

A Google search using the keywords “H1N1 influenza,” “vaccine,” “safety,” and “Weekly Asahi” retrieved ~850 Web sites from 24 November to 1 December 2009, which increased to ~22,000 from 24 November 2009 to 31 January 2010. As many as 2200 comments on H1N1

influenza vaccine were made via Twitter on 19 April 2010.

This study suggested an important role for informal communication tools in medical information sharing. Surprisingly, the number of Web sites containing the 4 keywords increased 26-fold in 2 months. The information originated from *Weekly Asahi* might have been shared through various communication tools, including Web sites and Twitter. Mailing lists, blogs, and personal communication may also contribute to the information sharing. Although no formal safety information was published, people soon shared the concern about the risk of H1N1 influenza vaccine. These factors might have affected optimization of vaccine indication and the rapid decrease in the frequency of fatal cases.

These situations were comparable with a previous study reporting that the rapid information sharing on adverse events of

bortezomib therapy optimized its administration [3]. The Internet plays a key role in real-time communication among physicians and the public. We should be aware of the importance of the network of communication tools.

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Japan's health policy

In his Offline piece on Japan's health system (Sept 11, p 858),¹ Richard Horton criticises the fact that large vested interests dominate and that the voice of the academic community is almost silent in Japan. The Ministry of Health, Labour and Welfare (MHLW) was indeed formerly the only think tank involved in Japan's health policy, but the political power shift in 2009 enabled the public to participate in policy making.

Before the regime change, MHLW held absolute authority over policy decisions and some problems inevitably could be pointed out. First, MHLW bureaucrats exclusively selected members of policy board meetings.² Such a procedure tapped into a limited range of opinions, leading to biased policy making. Second, scientists and doctors could not express their opinion against MHLW's policy. They feared offending the bureaucrats since they had the power to shuffle personnel.

However, the regime change enabled patients, doctors, and scientists to convey their opinions to the government. Medical students appealed for an increase in the number of doctors on television and the newspapers, and I was provided with an opportunity to discuss the matter with several politicians. These actions contributed to an increase in medical school quotas after a 24-year stagnation. This public-led reform seems similar to that of the UK during the Blair administration.

We hope that this trend will continue; however, the government and bureaucrats could collude

again. We should take note of whether the Democratic Party truly maintains public participation in policy making.

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Richard Horton¹ discusses Japan's endemic political crisis and the threats to its health-care system. However, he does not mention the ongoing drastic revision of health-care policy after regime change from the Liberal Democratic Party of Japan (LDP) to the Democratic Party of Japan (DPJ) in 2009. These changes in Japan are similar to the New Labour health reforms in the UK² in many respects: increases in medical expenditure and doctors' supply directed by political leadership.

Over the period 1961-2009 of the Japanese universal health insurance coverage, the LDP governed the Japanese health-care system. Under the initiative of the bureaucracy and its regulation, the LDP had reined in the total medical fee, which triggered medical facilities' closures. The collapse of regional health care has been caused by this flawed policy and by physician shortages.³

After the change of government in 2009, the DPJ took the political initiative and placed 100 political appointees in the ministries. For the first time in 10 years, the DPJ increased the total medical fee to 0.19%, adding 570 billion yen.⁴ Moreover, greater remuneration was allocated to first-stage inpatient treatment in the departments of emergency medicine, obstetrics, paediatrics, and surgery, as well as to hospitals for complex operations. These strategies turned the trend of doctors' resignations and

helped to prevent the further collapse of medical services. The education ministry now plans to establish new medical schools to cover a deepening shortage of doctors.⁵

Japan should learn from the British lessons on health reform²—DPJ's ability to make radical changes of health policy is tested.

We declare that we have no conflicts of interest.

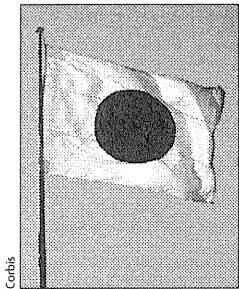
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Post-MBBS exit test for doctors in India

I am writing in response to a *Times of India* article dated Sept 17, 2010, which describes a common post-MBBS examination—"an exit test before docs can practice".¹ Apparently the newly constituted board of governors at the Medical Council of India (MCI) has accepted the fact that not all fresh medical graduates are ready for serving in society, meaning that they agree about the deterioration of medical education in our country. The story of the tainted president of the MCI, Ketan Desai, who is still in custody, has already been covered in *The Lancet*.²



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