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Life after corona vaccine and infection aftereffects – Interview survey –

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Life after corona vaccine and infection aftereffects

– Interview survey –[†]

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Abstract

This survey examines the actual life conditions of persons who became ill for long periods after receiving the corona vaccine (hereinafter, corona vaccine aftereffects) and persons who became ill for long periods after coronavirus infection (hereinafter, corona infection aftereffects). Specifically, we conducted interviews of people reporting such aftereffects. The surveys examined what symptoms they experienced, aspects of their daily life, whether they were able to work, and what public and private systems were used. Results of the interview survey revealed several difficulties, such as situations in which these public and private systems were unavailable even if they were sought.

Keywords: Corona vaccine aftereffects, COVID-19 aftereffects, Social security system

JEL: I10, I38

[†] I would like to thank all the interviewees for their cooperation in the preparation of this report. However, any errors are my responsibility.

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1. Introduction

The spread of the novel coronavirus, which began in 2020, has created much confusion, including restrictions on economic activities and medical shortages, and has had a tremendous effect on people's lives. In May 2023, the novel coronaviruses were classified as a category 5 infectious disease.¹ Nevertheless, as of this writing, no restrictions on travel persist. Cities have apparently regained some of their earlier liveliness. However, although it is often thought that the so-called "COVID-19 disaster" is over, people are still experiencing COVID-19-related illnesses. Some people have long-term ill health after receiving the corona vaccine. This state of long-term ill health after vaccination is designated herein as the manifestation of post-vaccine aftereffects.² There are also people who were infected with corona virus and who subsequently experienced long-term ill health, which is designated as the manifestation of corona aftereffects.³ This paper presents a summary of interviews conducted as part of a fact-finding survey with persons affected by coronavirus vaccine sequelae and persons with coronavirus sequelae. Particularly, the interviews specifically examined the symptoms from which they suffered, what public systems they were able to use, and what public systems they were unable to use even if they wanted to use them. By elucidating the actual conditions through the interviews, we were able to clarify the reality of inadequate coverage by the social security system.

The structure of this paper is the following: in section 2, we present a summary of the interviews with six people who cooperated with us as part of our coronavirus vaccine sequelae interview survey; and in section 3, we summarize the content of the interview of COVID-19 infection aftereffects. The final section concludes this paper.

2. COVID-19 Vaccination Sequelae

Case 1

A man in his 30s was taking a leave of absence at the time of the interview. The following is the description of the series of symptoms he sustained after vaccination.

The first administration of the COVID-19 vaccine made by Pfizer Inc. was in September 2021. He had a fever of 38 °C and a strong headache for two days. When he woke up in the following morning, he had a pain in the back of his head stronger than he had ever experienced, coupled with a hyperventilation syndrome and other symptoms. After he was rushed to the emergency room, he underwent an electrocardiographic examination and other tests, which, revealed no abnormal

¹ Ministry of Health, Labour and Welfare "Response to new coronavirus infection after the shift to category 5 infectious disease"

² Regarding the expression of vaccine aftereffects, for example, it is explained as vaccine aftereffects in the Sun TV report (Sun Television News "List of "Post-vaccine sequelae" Articles (3)"). Ministry of Health, Labour and Welfare "New coronavirus vaccine Q&A" shows 'Symptoms that persist after vaccination (so-called sequelae)'.
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³ Ministry of Health, Labour and Welfare "Q&A on post-illness symptoms (so-called sequelae) of new coronavirus infection"

condition. The symptoms that followed and remain today are the following.

- Conditions such as trunk impairment and orthostatic intolerance, by which he was unable to stand even for 10 min.
- Malaise (irritability, dizziness, shortness of breath, agitation, brain fog, etc.)
- Inability to regulate body temperature
- Auditory hyperesthesia, etc.

Various other symptoms have also persisted to the present, leaving him unable to work. Because of such symptoms, he experiences hardships in daily life, is unable to do housework continuously even for 30 min, has difficulty going to a nearby hospital, and has difficulty going out by himself. His cognitive function has also deteriorated, including, specifically, inability to multitask, along with memory loss and confusion.

One system he currently uses is the disability allowance. It is a benefit plan of public health insurance, which pays a certain amount of money for a specific period of time when the policyholder takes a leave of absence because of illness or other applicable reasons.⁴ This allowance supports the daily life of the policyholder when the person is unable to receive labor income because of a leave of absence or other reason. The allowance is considered very important. However, this disability allowance alone is insufficient to provide a satisfactory livelihood. The interviewee says he is considering moving to less expensive rental housing because of the burden of paying the current rent as a result of his declining income.

Additionally, he uses the Medical System for Services and Support for Persons with Disabilities to ease the burden of medical expenses. This system reduces the copayment amount for public medical insurance from 30% to 10%.⁵ However, it limits the range of applicable medical services and does not cover all medical expenses. In fact, the interviewee makes 2–3 hospital visits per month, paying 20,000 yen to 30,000 yen for travel, 15,000 yen for treatment using Chinese herbal medicine, and 40,000 yen to 50,000 yen for medical testing. Because he is unable to use long-term care insurance, but also finds it difficult to go to the hospital by public transportation, he uses a service provided by a

⁴ According to the description, “When you take a leave of absence from work due to illness or injury (Disability allowance),” of the Japan Health Insurance Association, the allowance is provided for a total of one year and six months from the day on which the payment starts. The amount to be paid is two thirds of a monthly amount calculated by averaging the standard monthly income for 12 months before the date on which the payment of allowance starts. The monthly standard income is the amount of monthly salaries and other remuneration divided into 50 grades, ranging from Level 1 (58,000 yen) to Level 50 (1,390,000 yen), for health insurance.

⁵ According to the “Outline of the medical system for services and supports for persons with disabilities” of the Ministry of Health, Labour and Welfare (MHLW), this system is available to those who receive continuous outpatient psychiatric treatment. The copayment amount is reduced to 10%.

transportation service paid by welfare funding.⁶ This service is provided for people who have difficulty using general public transportation, as described on its website. The fare is about half of that for a taxi ride, which is about 10,000 yen for 30 km or 5 hr. Although it is a 30-km trip, the total time including the round trip and the waiting time at the hospital could well be 5 hours or more.

Additionally, he uses the Medical System for Services and Support for Persons with Disabilities because of his mental disability and is certified as Category 4 for disability support by disability welfare services.⁷ In fact, he uses disability welfare services to receive in-home care and personal care. In principle, the users of disability welfare services pay a 10% copayment of the service fee.⁸ He also later obtained Level 3 of the Physical Disability Certificate (trunk impairment).⁹ This interviewee uses volunteer services to live his daily life.

As for the future, the interviewee will not be able to continue receiving the disability allowance for an extended period of time because of its expiration. Therefore, he will have difficulty making ends meet after the term of disability allowance expires, whereas it is yet difficult for him to earn income in the future. The interviewee is currently applying for a disability pension. In the event of certain disability conditions, the public pension system provides basic disability pension and Disability Employees' Pension from the public pension system in addition to old-age pension.¹⁰ However, there are hurdles to overcome to apply for this disability pension. Because of the difficulty in describing his pathological condition, it is sometimes difficult to get a doctor to understand and write a medical certificate. The procedures and paperwork involved are complicated, making it very difficult to process the application while experiencing the pathological condition. If an applicant fails to meet the criteria for the disability pension, the pension will not be provided. Even if the pension is provided, then its grade will be low and will not be expected to provide a sufficient sum of money.

Case 2

A woman in her 40s developed the following symptoms after being administered a Pfizer COVID-

⁶ "Welfare paid transportation" by the Kobe city.

⁷ The section of disability support classification on the website of Aomori prefectural government explains that "Disability support classification is a classification prescribed by the Ordinance of the Ministry of Health, Labour and Welfare as a comprehensive indication of the standard level of support required according to the various characteristics of disabilities and other physical and mental conditions of persons with disabilities, etc., to clarify the necessity of disability welfare services, which is one factor taken into consideration when municipalities decide the types and amounts of services they provide. In other words, available welfare services for persons with disabilities are likely to differ depending on the disability support category.

⁸ Details are available in "Cost of using disability welfare services" by the Kobe city.

⁹ The identification booklet for person with physical disability of the Osaka city explains that it is issued upon application as a certificate necessary for persons with physical disabilities to receive various welfare services such as medical benefits and prosthetic device payments.

¹⁰ Details are available in "Disability pension" by the Japan Pension Service.

19 vaccine in May 2021. She has been suffering from the symptoms since then.

- Her oxygen saturation is normal but breathing is difficult. She suspected a heart problem and took a checkup, which nevertheless revealed no abnormal condition.
- Headaches
- Taste disorder. Recently, food items that she can eat increased gradually. What she can eat includes potato chips, bread, and yogurt, but she often vomits. The doctor told her that there were ways to check for taste disorder, but there is no cure for it.
- Chronic fatigue syndrome
- Reduced amounts of platelets (idiopathic thrombocytopenic purpura, ITP). She has a symptom of bleeding easily, which requires medication. (This symptom started after the second vaccination.)

She is a health care worker and an early inoculator, which exposed her to health hazards posed by the vaccine at an early stage. It is readily imaginable that she had great difficulty in complaining to various medical institutions about health difficulties she experienced after receiving the vaccine when vaccination itself was yet to spread widely in the general population and few health problems with the vaccine had occurred. Chronic fatigue syndrome is accompanied by severe malaise and other symptoms. In addition, although she has difficulty eating because of a taste disorder, she is unable to insert an intravenous drip because of an infection of the port during the drip.¹¹

The copayment of medical fees to treat diseases of platelets, which are categorized as specified diseases, is up to 6,660 yen per month. Fees for home visits are included in this amount. However, treatment for a disease other than such specified diseases requires separate payment for medical expenses. The co-payment of medical expenses for psychiatric outpatient visits is reduced to 10% using the Medical System for Services and Supports for Persons with Disabilities. The copayment in public medical insurance is 30%.

The interviewee retired from her job in April and planned to register with a staffing agency to work as an agency nurse. She is a health care worker. Nonetheless, she had already retired from her job at the time of the inoculation and was therefore unable to file a claim to the hospital; she was ineligible for the disability allowance.¹²

A system exists for claiming the amount of copayment and other expenses incurred through the

¹¹ CV ports are used to administer drugs after implantation of them under the skin. (Details are available in “What are CV port and PICC?” by Meirikai Higashi-Totsuka Memorial Hospital.)

¹² According to “About disability allowance” on the website of the Japan Health Insurance Association. (Kyoukai Kenpo), the following are required: 1, a person must have been insured for at least one year (excluding the period of voluntary continuation of health insurance coverage) by the day before he/she loses the insured status (the day of retirement) in order to receive the disability allowance and 2, he/she is receiving a disability allowance at the time of disqualification or meeting the conditions for receiving such an allowance.

Relief System for Injury to Health with Vaccination in the event of health problems caused by vaccines.¹³ Currently, she has applied for the benefits from the Relief System for Injury to Health with Vaccination. Her health was compromised by the vaccine. She filed an application to receive the benefits under the name of the Idiopathic Thrombocytopenic Purpura (ITP) disease. However, her application, which had been submitted through the local municipal government, had yet to reach the central government when she checked six months later; instead, it was withheld by the prefectural government. Nevertheless, the submission of her application was the earliest in the municipality because she was a medical professional and had received vaccination earlier than many other people. Even under these conditions, progress of the examination of her application was slow. None of the applicants in the municipality in which the interviewee resides has been granted the benefits to date. She is also applying for a disability pension based on the Relief System for Injury to Health with Vaccination.¹⁴

Benefits under the public pension system include disability pensions (basic disability pension and Disability Employees' Pension). In this case, the point of contact was the Japan Pension Service office. She once had applied for a disability pension under the public pension system as a patient of idiopathic thrombocytopenic purpura by preparing her own documents, but the application had been denied. She is now in the process of requesting a social insurance consultant to file an application again as a patient of chronic fatigue syndrome. She revealed in the interview that an appointment for consultation at the pension office was necessary before preparation of the application for disability pension, but scheduling the appointment was difficult. Power of attorney was necessary if a relative were to go to an appointment on her behalf.

The interviewee now holds a Mental Disability Certificate verifying that she suffers from depression. She receives free medical care and subsidized taxi rides for transportation through a program sponsored by the local prefectural government. Although she was not previously experiencing clinical depression, she began to experience vaccination sequelae after receiving COVID-19 vaccines. Her poor health condition persisted for a long time, eventually causing clinical depression. In addition to riding a taxi, she is able to go the hospital by car when driven by her family member. However, she hesitates to impose burdens on her family members and is not easily able to go to a hospital located far from her home to see a doctor. She also has difficulty sitting while waiting for

¹³ According to “About relief system for injury to health with vaccination” on the website of MHLW, benefits are provided when the Minister of Health, Labour and Welfare certifies that a person who has received an immunization under the Immunization Act has experienced a health hazard caused by the vaccination. Types of benefits include lump-sum death benefits and disability pension in addition to medical expenses.

¹⁴ A Yahoo! News article, “Health hazards from COVID-19 vaccination: Exceeding the total number of certifications for vaccine-derived health hazards in the past 45 years (Hyogo prefecture),” explains that the number of certifications for health hazards derived from COVID-19 vaccines is 3,586 (as of July 31, 2023), and currently 4,176 cases have not even been examined. Furthermore, the number of certifications exceeds the total number of certifications for vaccine-derived hazards in approximately 45 years.

her turn at the hospital. Consequently, she lies down to wait for examination. Therefore, going to the hospital alone is a challenge for her. In fact, some individuals with whom the author spoke directly had experienced vaccination sequelae after being vaccinated are bedridden or being confined almost exclusively to their homes. Being unable to go to a hospital, such individuals might opt to receive home medical care. Certain conditions must be met to apply public medical insurance coverage, suggesting the need to establish a system that allows easy access to home medical care.¹⁵

The interviewee also had experienced hospitalization and said an acute care hospital would discharge patients soon after hospitalization. She added that a chronic care hospital had numerous inpatients, including elderly people, making it difficult for her to be admitted. There are likely many people who have hardships in their daily life at home because of the aftereffects of vaccination. A system to provide such people with hospitalization must be established.

Finally, the interviewee was the mother of a child. She had been involved actively in raising her child before the vaccination compromised her health. However, the health hazards caused by the vaccination make it difficult for her to be involved in childcare. Whereas childcare includes walking outside her home to and from kindergarten, for instance, she is unable to do such activities. In response to health hazards caused by vaccination, a system to provide childcare support in place of parents who are facing difficulty in raising their children because of such health hazards might also be necessary in addition to monetary benefits obtained through the Relief System for Injury to Health with Vaccination.

Case 3

A woman in her 30s received COVID-19 vaccination with the vaccine made by Moderna Inc. in June 2021. She showed anaphylactic symptoms immediately after the vaccination and was hospitalized. She then experienced various symptoms, including difficulty breathing and walking. She had worked in Tokyo and returned to her parents' home after her employment contract expired. She is currently recuperating. At present, she visits a hospital mainly for the treatment of chronic fatigue syndrome. She falls ill if she eats meal. Sometimes she is unable even to brush her teeth. She has a hard time walking outdoors and uses a wheelchair to travel.

At the time she returned to her parents' home, she was living on 200,000 yen per month in unemployment insurance benefits for job seekers, rather than on a disability allowance. At that time, she was in a position to receive jobseeker's benefits, which ended in August 2022. Although she would be eligible to receive additional benefits from unemployment insurance if she attended a vocational training school, her current physical condition does not allow her to attend school. Therefore, she is having her benefits extended. The extension of benefits allows a leave of absence of up to three years,

¹⁵ Fast Doctor, "Explaining insurance expenses for home medical care (House calls and visits)"

which requires a doctor's note. Once she has healed, she plans to attend a vocational school.

She had earlier received a disability certificate for attention-deficit hyperactivity disorder (ADHD). After falling ill from the vaccination, she applied for a disability pension for ADHD, was approved as Class 3, received benefits of 1,000,000 yen retroactive to the time of application, and subsequently became eligible for 700,000 yen throughout the year (benefits would begin in June 2023). However, she has developed chronic fatigue syndrome and has been granted a Class 1 disability pension, through which she is receiving benefits.

Some medicines for the treatment of vaccination sequelae are covered by the Medical System for Services and Supports for Persons with Disabilities. She is exempt from copayment because she financially supports her parents living with her. The chronic fatigue syndrome treated as part of vaccination sequelae is outside insurance coverage. She must pay the full amount, unlike the case of treatment covered by insurance. She also must pay fees for medical records and medical certificates issued to complete the procedures for various programs. Although such high medical expenses are covered mainly by her disability pension now, she used her savings before receiving the disability pension. The monthly copayment is approximately 70,000 yen, including intravenous drips, supplements purchased at the hospital pharmacy, and moxibustion, which she applies to herself.

She has been applying for a disability certificate for chronic fatigue syndrome for two years to receive support of various types. However, she has been unable to receive the certificate: physicians respond that they are not designated and unable to issue medical certificates. Although she desires to request a designated physician to issue a medical certificate for her to receive the disability certificate, conditions such as a small number of designated physicians available and the long distance to the hospital make her situation difficult. With the disability certificate, she will be eligible for assistance such as a discount on a rental electric wheelchair. At present, she needs someone to push her wheelchair, but an electric wheelchair will allow her to move around independently, if only for short periods of time.

However, the interviewee is considering receiving support based on the disability support category rather than the disability certificate. She will be eligible for nursing care and other services with aid based on her disability support category. She has difficulty going to the hospital, which requires two-hour travel using public transportation and a wheelchair. Currently, she has her parent drive her while she lies down in the car for the trip of about an hour to the hospital. Any change in these circumstances would make it difficult for her to visit the hospital. Despite the public long-term care insurance system established in Japan, it is fundamentally not available to people of younger generations. She is unable to use long-term care insurance. If long-term care insurance were available to younger generations, then the current situation could be improved somewhat more.

Finally, the following describes the Relief System for Injury to Health with Vaccination. The interviewee was living in Tokyo at the time of the vaccination and subsequently received examinations

in Tokyo. However, she is currently away from Tokyo. Tokyo is far from her parents' home. Returning there to obtain medical records for the examinations received in Tokyo would be difficult for her. Eventually, she negotiated for about six months to arrange for the documents to be sent by mail. However, the document fees for this process cost her approximately 80,000 yen because of the multiple hospital visits. These were out-of-pocket expenses. Because of such expenses, she gave up requesting some hospitals for medical records that were needed for the application for the disability certificate. The issuance fees would have been higher than the actual medical expenses incurred. She has also applied for a disability pension through the Relief System for Injury to Health with Vaccination, which provides disability pensions in addition to those within the public pension system. She suggested that eligibility for a disability pension might not be granted easily. To date, she has yet to be notified of the result of her application for the Relief System for Injury to Health with Vaccination.

Case 4

A woman in her 50s, a health care worker, received the first administration of the COVID-19 vaccine made by Pfizer Inc. in June 2021. She decided to receive the vaccination because there was no one around her who had been vaccinated and fallen ill and because she herself was a health care worker. Although the vaccination was voluntary, she felt pressured to be vaccinated for being a medical professional. She collapsed five seconds after the inoculation. She said it had been an acute allergic symptom. After vaccination, she experienced illnesses of various types. She would go to the hospital by taxi while lying down in the car and would be carried on a stretcher after arriving at the hospital. She had difficulty sitting. She was unable to move around in a wheelchair. This lack of mobility made it impossible for her to travel by public transportation. She would feel the blood rush from her face and be unable to stand for five seconds. She would eat while lying down. She also had a sense of visual discomfort. Her eyes did not appear to have any difficulty. Then she was sometimes recommended to see a psychiatrist. She was a motorcyclist but gave up her motorcycle riding, thinking she was unable to ride it anymore.

Currently, her symptoms are improving. She is able to maintain a sitting position longer than before. However, she is unable to sit and wait for examinations at the hospital. She receives regular visits of a home health care provider every two weeks. She is prohibited from leaving her home by her attending physician.

Her application for the Relief System for Injury to Health with Vaccination is pending. She is applying for both medical expenses and disability pension, it was not nearly possible for her to collect documents for the application when she was in poor health condition. The interviewee was able to complete the application assisted by her mother. For the procedure, they went to the public office of the municipality in which she received the vaccination. The request for first-aid room records of the time when she collapsed had to be made by the patient in person. The request for medical records from

the emergency room in which she was brought was also limited to the patient. The records could not be sent by mail. While she was severely ill, the public office staff was not accustomed to handling applications for the Relief System for Injury to Health with Vaccination. They responded to her while being instructed on the phone. For that reason, she was lying down while waiting a long time for their response. Initially, the physician reacted negatively to her request for the application for the Relief System for Injury to Health with Vaccination, saying that such an application might not be approved. They filed the application as an acute allergic reaction.

The interviewee resigned from her job after a leave of absence following the vaccination. Although she needed efforts to make ends meet, her child had entered the workforce immediately before the COVID-19 vaccination and the interviewee was living on her own and had no burden of her child's education expenses. If this had coincided with the time when much money was needed for her child, then it would have affected educational and other expenses for the child. After taking a leave of absence and subsequently resigning from her job, she covered his living expenses by receiving a disability allowance.¹⁶ Therefore, health hazards caused by vaccination are not covered by workers' compensation even when vaccination is considered necessary such as the case of health care providers.

The interviewee has applied for and received disability pensions under the public pension system. She is a disability pension Class 2 and receives a basic disability pension and Disability Employees' Pension.¹⁷ Additionally, she is covered by an insurance company's unemployment insurance policy and receives insurance benefits. While receiving a disability allowance, she received one-third of the amount of her wage. After a year and a half, when the period of disability allowance expired, she began to receive insurance that she customized when she purchased the coverage, which is presumably the minimum amount that she would need to subsist. She receives those funds currently and will receive them until age 65.

The interviewee thinks that a survey should be conducted to ascertain what kind of support is wanted and what difficulties are faced by people who actually experience vaccination sequelae.¹⁸

¹⁶ As stated in footnote 4, the disability allowance is calculated by adding up standard monthly compensation to determine the average monthly amount and by multiplying the average monthly amount by two thirds to receive the benefit.

¹⁷ A detailed explanation is presented in "Disability pension system" published by the Japan Pension Service. The amount of disability pension received varies depending on the degree of disability. In addition, disability pensions include the basic disability pension and Disability Employees' Pension, and benefits can be received from each of these pensions. However, if the degree of disability is Class 3, then only the Disability Employees' Pension is provided. Moreover, the applicant must meet a certain degree of disability on the date of disability certification. This date of disability certification is defined as "a date on which the disability status is established, which is one year and six months after the date of the initial medical examination for the illness or injury that caused the disability."

¹⁸ Yahoo! News, "'Adverse reactions to COVID-19 vaccines' What's in the fact-finding survey 'Promised' by Minister of Health, Labor and Welfare, Katsunobu Kato? [Chant Kunihiko Oishi provides an in-depth commentary.]" mentions the government's investigations into poor health condition after COVID-19 vaccination.

Even if the government is conducting surveys, no survey involves the interviewee. She also thinks that various surveys should be conducted. The first difficulty is that appropriate medical care is not readily accessible. The second issue is that medical services not covered by insurance received in addition to those within insurance coverage entail heavy financial burdens. Another concern is that public long-term care insurance is not available for those who become ill as a result of vaccination and who need daily nursing care. If the illness is prolonged, then the period of the disability allowance expires, causing difficulty in daily life and eventually forcing the patients to use the Public Assistance System. She hopes that the government will establish a system to make life as easy as possible for parties who experience vaccination sequelae by conducting investigations not only into symptoms, but also into economic issues such as living expenses.

Case 5

A woman in her 40s exhibited an abnormal condition a minute after COVID-19 vaccination. She was attended to by a doctor who was present at the place of inoculation, but was unable to receive adequate medical care. She had to go to the hospital herself again a week later. Symptoms included weakness in the legs and paralysis of the left side of the body with subsequent inability to move the left leg, which then spread to the entire body, leaving her bedridden with only the right arm to move. She also was affected by insomnia. Suspecting various diseases, she underwent medical examination and tests at the hospital, but could not receive a definite diagnosis. Her case was passed around from one hospital to another. Although she consulted with the local prefectural government about hospitals that were able to treat her, the government was unable to refer her to any hospital. Subsequently, the prefectural government contacted her for a hospital referral and asked if she would still seek treatment even though the general hospital would not treat her as having vaccination sequelae. At that hospital, she was diagnosed with acute renal failure. She went to a clinic in Tokyo, which treated vaccination sequelae, to see a doctor. There, abdominal ultrasound scanning revealed abnormalities.

The treatment included, first, B Spot Therapy (Epipharyngeal Abrasive Therapy) and glutathione infusion (no insurance coverage). In addition, she took supplements for vitamin intake. She then improved her diet by actively eating foods that were regarded as good for her body. She also takes Chinese herbal medicines. Among the medical expenses, the medical testing taken while being transferred to several hospitals immediately after the vaccination cost her approximately 150,000 yen. The current treatment costs her approximately 20,000 yen per month. She has now spent all of her savings because of her lack of income and added medical expenses for the poor health condition following the vaccination. She had worked in a nursing home, in which vaccination was recommended strongly despite being left to the decision of individuals.

She returned to work two years after the onset of the symptoms. Nevertheless, the symptoms persist and her body has yet to recover fully to its condition before the vaccination. She continues hospital

visits and treatment because of chronic fatigue syndrome and drug-related allergies. Muscle aches and pains from hard work can cause inflammation of the area. More specifically, she said that numbness and other symptoms would still appear. She was able to return to her nursing job. Nevertheless, she was advised strongly to be vaccinated in that caregiving job but refused another vaccination because of the strong inflammation she experienced after the first vaccination. As a result, she had to leave the job. Following retirement, she has been working in an industry different from nursing care.

After the vaccination, she was completely unable to move and do housework, let alone work. She had to be taken care of by her children. She could not even go shopping. She was receiving a disability allowance, but became able to work before one year and six months had elapsed and became eligible for benefits from unemployment insurance. She even considered applying for a disability pension. She did not apply, however, considering the uncertainty of approval for the pension and the long time that would take between the application and approval even if the pension would be approved. Although she sought to use the Relief System for Injury to Health with Vaccination, she was afraid that it would be difficult to have her application for the relief system approved because there was no indication of her medical examination immediately after the vaccination in her medical records.

There are still people in need today, whose health has been damaged by vaccination and who have become unable to work. The national government's response to such difficulties has been slow. This interviewee actively requested relief from the local prefectural government.

Case 6

The interview was conducted with the mother of a male adolescent junior high school student. The first administration of the COVID-19 vaccine made by Pfizer Inc. was in October 2021. Adverse reactions occurred immediately after the second vaccination, which, however, subsequently became mild. After a week, the boy began to experience a feeling of heaviness, fatigue, headaches, abdominal pain, and diarrhea. He lost 10 kg of body weight in two months.

Since the start of the new school year, he felt better than he did at one point. However, from around the first week of May (the Golden Week holidays in Japan), the school informed his mother that he had a cramp in the leg and that he was feeling ill. Moreover, he experienced a sudden chest pain during a class in June, which almost caused him to collapse. At that time, an x-ray was taken, revealing no abnormality, even pneumothorax.

He found a hospital that would treat vaccination sequelae; there, he received glutathione infusions. However, this treatment was not covered by insurance, therefore entailing a heavy cost burden, which was 9,000 yen per infusion. The medical expenses to date have exceeded one million yen.

The glutathione infusions eased the malaise of the body, which the interviewee reported as feeling like being crushed by a press machine. Current symptoms include throbbing pain that worsens in the morning or after exertion, weight loss, skin symptoms, and brain fatigue. Immediately after the

vaccination, his school attendance was 50%–60%. The number of days on which the boy was able to attend increased gradually. During January–June 2021, he attended 80%–90% of the classes. However, his attendance during June–October was zero; then, it was 20%–30% until March 2023. It is currently 40%–50%. He has yet to recover to the condition necessary for devoting himself fully to his studies. At the time of the interview, he was in his third (last) year of junior high school. He has had to think about his future course.

Vaccination sequelae are not only an issue for working adults, but also a severe issue for children attending school. Working adults are faced by the question of how to secure income to live on if they become too ill to work because of vaccination. For such problems, there are programs within the social security system such as disability allowance and disability pensions. As might be readily apparent, such a system alone might not be sufficient. For children who attend school, one difficulty is that they will be deprived of the opportunities to study to enter society. Hardships in making a living after entering the workforce caused by being deprived of the opportunities to study in the preparatory period before entering the workforce are imaginable.

3. COVID-19 Sequelae

Case A

A man in his 30s was infected with COVID-19 in March 2022. After the infection, he continued to have diarrhea, tinnitus, joint pain, and fatigue, and has been unable to work to date. This interviewee had difficulty communicating through Zoom or Skype because of his health condition. Then he responded to various questions through e-mail.

Currently, he has no income from employment and has only his spouse's employment income within the range of deduction for a spouse. He is receiving disability allowance because of COVID-19 sequelae, which is approximately 150,000 yen per month. His monthly living expenses total approximately 270,000 yen. Because the household's income from work and disability allowance was insufficient to cover the monthly living expenses, he withdrew about 80,000 yen from his savings every month. However, all of his savings had been spent by the time of the interview. He also owes one million yen to a consumer loan company. Furthermore, he uses the loan program of the Japan National Council of Social Welfare.¹⁹ He had cancelled his insurance. His living expenses had been reduced to approximately 200,000 yen. Monthly medical expenses were approximately 10,000 yen. He does not receive medical care without insurance coverage because of his inability to afford it.

This interviewee had a life insurance policy with a rider for incapacity to work, which would provide benefits in the event of incapacity to work when he initially became infected with COVID-19 and was unable to work because of prolonged COVID-19 sequelae. The policy would provide the

¹⁹ According to the Japan National Council of Social Welfare's "Fund for welfare (Loan program)," special loans were provided for patients of COVID-19 infection. (The program is now closed.)

insured with benefits if the insured were to become unable to work and had no income from work if the insured met certain conditions. However, when he claimed such benefits for being unable to work, the life insurance company determined that he was not to be regarded as unable to work on the basis of his ability to drive to the hospital (once or twice a month, an approximately five-minute-drive from his home), which demonstrated lack of an inability to work. He was deemed not eligible for benefits based on inability to work. Following this decision, he cancelled all of his insurance policies, as described earlier.

The public support this interviewee desires to receive is the following: the exemption of medical expenses for those experiencing COVID-19 sequelae and incurable diseases, and the easing of conditions for use of the Public Assistance System. If the Public Assistance System were more accessible, then medical services would be available in the form of medical assistance in the payment of medical expenses. Other desired programs include tuition waivers for children. Assistance programs for children's educational expenses include a schooling aid system, a high school enrollment support grant, and a new system to support students' enrollment in higher education. It is necessary to examine whether the systems are readily available to those who need them.²⁰

4. Conclusions

This paper is a summary of interviews with six and one persons, respectively, who had long-term ill health after COVID-19 vaccination (COVID-19 vaccination sequelae) and after COVID-19 infection (COVID-19 infection sequelae), and the exchanges during these interviews. Through the interactions related to those interviews, the situations of living with post-COVID-19 vaccine and post-COVID-19 infection sequelae were revealed. The respondents are restricted in their daily lives and find it difficult to work and earn an income. For such situations, social welfare systems provide injury and illness benefits, but these benefits are limited in duration. The use of disability pensions and other benefits would also be considered. However, the amount of disability pensions varies depending on the size of the certified disability. Moreover, the benefits are not immediately available. Claims for medical expenses under the Vaccine Health Damage Relief System are also being delayed. The difficulties related to the aftereffects are expected to be prolonged. The lives of those affected by the aftereffects have become a major issue. It is considered necessary to prepare social welfare systems in a form that is easy to use to address such difficulties.

²⁰ “About the schooling assistance system (Schooling assistance portal site)” by the Ministry of Education, Culture, Sports, Science and Technology (MEXT), “Support for high school students” by the MEXT, and “New system of support for higher education” by the MEXT.

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