List of Materials for the 57th Oversight Committee for the Fukushima Health Management Suvery

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FY2026 Implementation Plan for the Comprehensive Health Check of the Fukushima Health Management Survey (Draft)

1 Purpose

The Great East Japan Earthquake and accident at TEPCO's Fukushima Daiichi Nuclear Power Plant led to a large-scale evacuation of residents. Many evacuees have since been concerned about their own health, due to drastic lifestyle changes, including diet and exercise habits, as well as the loss of opportunities to undergo necessary health checks. In response to this situation, the Comprehensive Health Check (CHC) has been conducted to assess people's health status and use data to prevent lifestyle diseases and to support early detection and treatment of illnesses.

2 Coverage

- Residents registered in the covered area* from March 11, 2011, to April 1, 2012 (including those who moved out of the area)
- Registered residents in the covered area* as of April 1 of the survey year
- Others, as warranted, based on Basic Survey results, even if the above conditions are not met

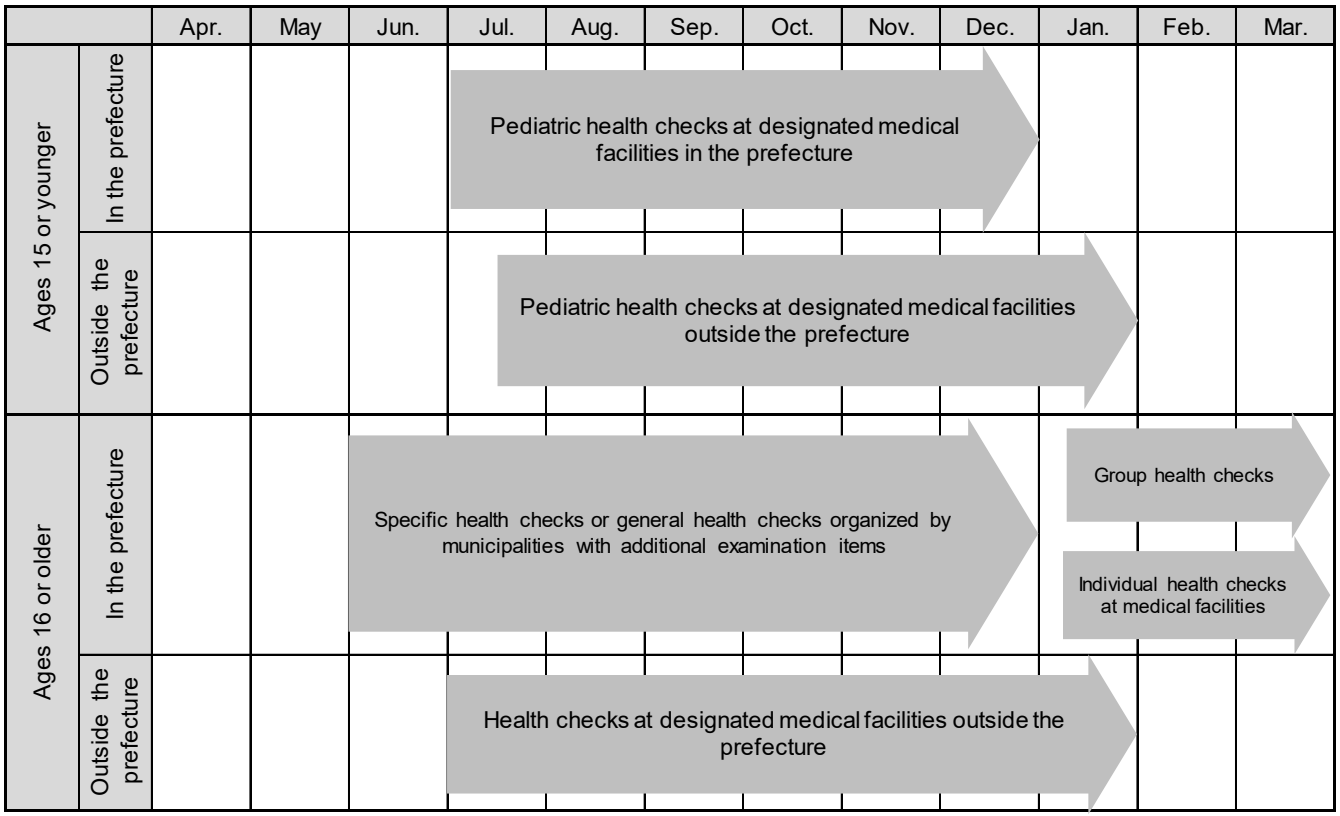
* Covered area: municipalities designated as evacuation zones in 2011
Hirono Town, Naraha Town, Tomioka Town, Kawauchi Village, Okuma Town, Futaba Town, Namie Town, Katsurao Village, Iitate Village, Minamisoma City, Tamura City, Kawamata Town, and part of Date City (specifically recommended for evacuation)

3 Health check items

Health check items differ by age group as follows.

Age group	Health check items
0-6 years old (preschool children and infants)	Height, weight [The following items can be added only for those who applied] CBC (red blood cell count, hematocrit, hemoglobin, platelet count, white blood cell count and differential)
7-15 years old (from 1st to 9th grade)	Height, weight, blood pressure, CBC (red blood cell count, hematocrit, hemoglobin, platelet count, white blood cell count, and differential) [The following items can be added only for those who applied] Blood biochemistry (AST, ALT, γ-GT, TG, HDL-C, LDL-C, HbA1c, plasma glucose, serum creatinine, uric acid)
16 years old and older	Height, weight, abdominal circumference (BMI), blood pressure, CBC (red blood cell count, hematocrit, hemoglobin, platelet count, white blood cell count and differential), urinalysis (urine sugar, urine protein, urine occult blood), blood biochemistry (AST, ALT, γ-GT, TG, HDL-C, LDL-C, HbA1c, plasma glucose, serum creatinine, estimated glomerular filtration rate [eGFR], uric acid) *The underlined values are not routinely measured during specific health checks.

4. Implementation Methods



Eligible persons residing in the prefecture

In FY2026, the Comprehensive Health Check will be conducted simultaneously with municipalities' specific and general health checks by adding some additional items to the regular health check items. Pediatric group health checks and health checks at designated facilities will be conducted in the same manner as in the previous fiscal year.

Eligible persons residing outside the prefecture

Health checks will be coordinated among eligible participants in their prefecture of residence, in the same manner as in the previous fiscal year.

5. Efforts to improve the participation rate

5-1. Publicity efforts
5-2. Programs for the prevention of lifestyle diseases
5-3. Securing venues for group health checks
5-4. Prompting eligible people to seek medical attention (sending reminders for participation)

Draft on the Comprehensive Health Check for Those Aged 15 and Younger from FY2027 Onward in the Fukushima Health Management Survey

November 20, 2025
Oversight Committee meeting

The Comprehensive Health Check (CHC), one of the detailed surveys of the Fukushima Health Management Survey, aims to assess the health status of prefectural residents who lived in evacuation zones, contribute to the prevention of lifestyle-related diseases, and facilitate early detection and early treatment of medical conditions.

The 42nd Oversight Committee meeting, held on July 26, 2021, concluded that "since CHC results have not confirmed any direct effects of radiation, and since those born at the time of the disaster will be age 16 and older in FY2026, the implementation methods, etc., for those age 15 and younger should be reviewed based on future survey results."

Therefore, based on results and discussions to date, the committee presents the following view regarding the handling of health examinations for those aged 15 and younger from FY2027 onwards.

1. Overview of the Comprehensive Health Check Results (CHC) for those aged 15 and younger

The CHC is designed and conducted for the convenience of examinees. For those aged 15 and younger, examinations are performed at designated medical institutions within and outside the prefecture. Additionally, the CHC includes blood tests that are not typically performed in the general health checkups established according to Japanese laws and regulations.

Through CHC examinations, we have assessed the health status of children in evacuation zones and similar areas. This has revealed that reduced physical activity and changes in dietary habits resulting from evacuation may have contributed to weight gain and obesity. Furthermore, it has identified diseases where evacuation itself is considered a risk factor.

(1) Direct effects of radiation

Based on white blood cell counts and differentials, no direct effects of radiation have been confirmed.

(2) Effects of evacuation and related factors

After the disaster, a certain number of children exhibited obesity, hypertension, dyslipidemia, impaired glucose tolerance, liver dysfunction, and hyperuricemia, attributable to reduced physical activity and dietary changes caused by evacuation. However, follow-up studies over several years showed that the increase in obesity was temporary, there was no significant impact on the prevalence of obesity or liver dysfunction, and improvements in glucose metabolism abnormalities were observed. Nevertheless, improvements in dyslipidemia were delayed.

Furthermore, while slight increases or decreases were observed in white blood cell counts, hemoglobin levels, and platelet counts, all mean values remained within previously established reference ranges. The 95% confidence intervals around the central distributions of test values were also found to be nearly identical to previous reference ranges.

2. Role of the CHC for children aged 15 and younger

Following the earthquake, CHC programs were provided for children aged 15 and younger, incorporating additional items such as blood tests not usually included in existing health checkups. This allowed for better monitoring of health status amid significant changes in living environments. Over the 13 years from FY2011 to FY2023, a total of 84,789 children underwent CHC at cooperating pediatric care facilities within and outside the prefecture.

Individual examination result notices were mailed to each examinee, and physicians at participating medical institutions directly explained the results to examinees and their guardians.

Furthermore, starting in FY2022, a leaflet summarizing examination results and key points for improving and preventing issues such as obesity was enclosed with notifications sent to examinees. This leaflet highlighted the importance of daily health management and regularly undergoing health examinations.

3. Direction for Health Checkups for Children Aged 15 Years and Younger from FY 2027 Onward

(1) Approaches to the CHC Program

Results from health examinations for those aged 15 and younger showed no direct effects from radiation exposure. Health-related behaviors following the disaster, such as reduced physical activity levels due to evacuation and changes in dietary habits, showed some improvement after several years.

Furthermore, in FY 2026, individuals born during the disaster (FY 2010 births) will transition to health examinations for those aged 16 and older. The following fiscal year, FY2027, will see the minimum age group previously covered by health examinations for those aged 15 and younger (those registered as residents in the affected areas between March 11, 2011 [FY 2010] and April 1, 2012 [FY 2011])—those born in FY 2011—also transition to the health examination program for those aged 16 and over. (Eligible participants are limited to individuals aged 15 years or younger who were born after the disaster.)

Municipalities, daycare centers, kindergartens, schools, and other institutions regularly conduct physical examinations (excluding blood cell counts and blood biochemistry tests) in accordance with a system for health management guided by Japanese laws and regulations.

Based on the above, the CHC examination program for those aged 15 and younger has achieved its original objectives. Therefore, it will conclude after the FY 2026 survey.

(2) Monitoring Children's Health

For individuals born by FY 2011, health examination opportunities will continue to be provided through health examinations for those aged 16 and older. This will enable continued monitoring of the effects of lifestyle changes due to evacuation, etc., contributing to the prevention of lifestyle-related diseases and the early detection and treatment of medical conditions.

For individuals born in FY 2012 or later, health management will be conducted through health checkups and other measures implemented by municipalities and other entities in accordance with laws and regulations. Additionally, as before, they will be eligible for the "Mental Health and Lifestyle Survey" to assess their mental and physical health status and lifestyle habits. Where necessary, monitoring will be provided through telephone support and other means.

Results from health examinations of individuals aged 15 and younger indicate that, while not attributable to the effects of evacuation, the percentage of obese individuals during the COVID-19 pandemic expansion phase showed years where the rate was the same or close to that of FY 2011. Furthermore, in Fukushima Prefecture, the percentage of obese children is high across the entire prefecture.

4. Information and Publicity Regarding Health Examinations for Children Aged 15 and Younger

For those eligible for the FY2026 health examination for individuals aged 15 and younger, their guardians, medical institutions, and the 13 municipalities concerned, the prefecture and Fukushima Medical University’s Radiation Medical Science Center should disseminate up-to-date Survey findings via their websites and other channels. They should also carefully explain that the health examination for individuals aged 15 and younger will be conducted only until FY2026, and seek public understanding.

Report on the TUE Full-Scale Survey (sixth-round survey)

As of June 30, 2025

1. Summary

1.1 Purpose

To monitor the long-term health of children, we are continuing the Full-Scale Survey (sixth-round survey), following the Preliminary Baseline Survey for initial assessment of thyroid glands, and the prior Full-Scale Surveys (from the second-round survey to the fifth-round survey) to continuously assess thyroid gland status.

1.2 Eligible persons

All Fukushima residents who were approximately 18 years old or younger at the time of the earthquake (those born between April 2, 1992, and April 1, 2012).

1.3 Implementation Period

FY2023 and FY2024, starting in April 2023:

1.3-1 For those 18 years old or younger

The examination was carried out for 2 years: FY2023 and FY2024.

1.3-2 For those 19 years old or older

The examination was conducted on an age-group basis (i.e., school grade).

FY2023: those born between FY2000 to FY2003

FY2024: those born in FY2004

1.3-3 For those 25 years old or older

Those older than 20 are recommended to receive the examination every 5 years at the ages of 25, 30, and so on (Age 25 and Age 30 Surveys).

FY2023: those born in FY1993 and FY1998

FY2024: those born in FY1994 and FY1999

Results of the survey for those 25 years and older will be reported separately.

1.4 Implementing Organizations (number of medical facilities with agreements for the implementation of thyroid examinations as of June 30, 2025)

Fukushima Prefecture commissioned Fukushima Medical University (FMU) to survey in cooperation with organizations inside and outside Fukushima for the convenience of participants.

1.4-1 Primary examination facilities

In Fukushima Prefecture	84 medical facilities
Outside Fukushima Prefecture	158 medical facilities

1.4-2 Confirmatory examination facilities

In Fukushima Prefecture	7 medical facilities, including FMU
Outside Fukushima Prefecture	46 medical facilities

1.5 Methods

1.5-1 Primary examination

Ultrasonography of the thyroid gland.

Assessments are made by specialists based on the following criteria:

- Grade A

A1: No nodules/cysts

A2: Nodules ≤ 5.0 mm or cysts ≤ 20.0 mm

- Grade B

B: Nodules ≥ 5.1 mm or cysts ≥ 20.1 mm

Some A2 results may be re-classified as B results when clinically indicated.

-Grade C

C: Urgent need for confirmatory examination, judging from the condition of the thyroid gland.

1.5-2 Confirmatory examination

Ultrasonography of the thyroid gland, blood and urine tests, and fine needle aspiration cytology (FNAC) if needed for those with B or C test results.

Priority is given to those in urgent clinical need. A medical follow-up may be recommended based on confirmatory exam results.

1.5-3 Flow chart

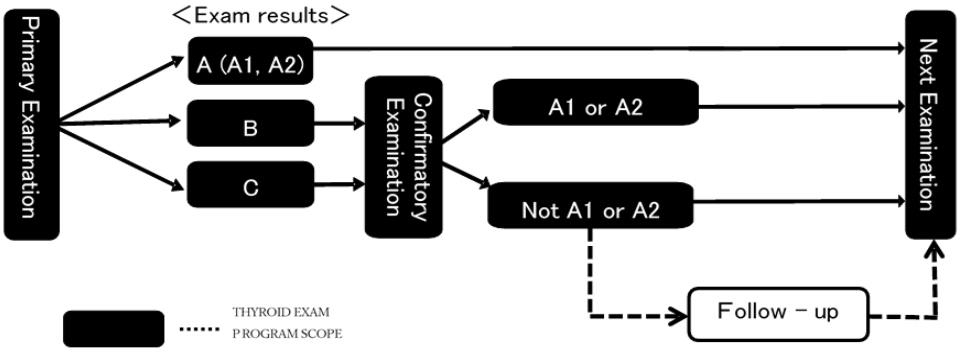


Figure 1: Flow chart

1.6 Municipalities Surveyed

The municipalities where examinations (for those 18 years old or younger) were carried out in FY2023 and FY2024 are as follows:

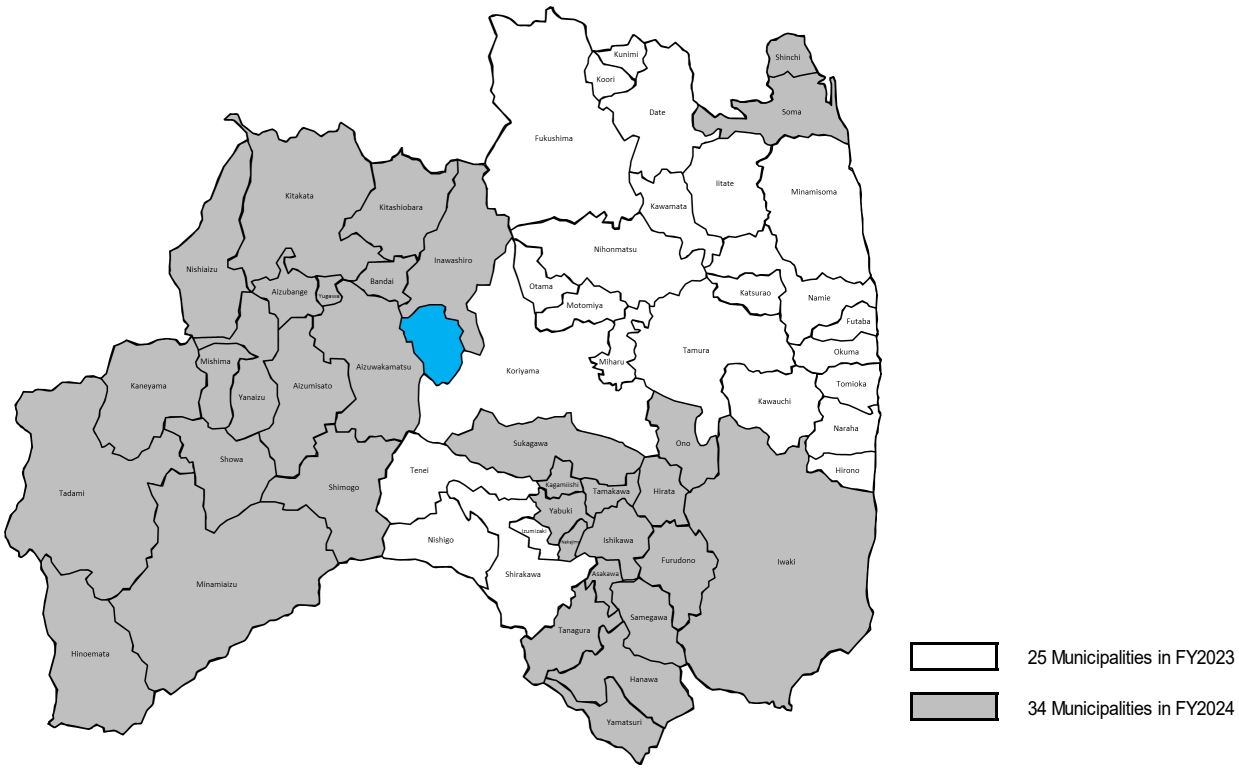


Figure 2: Municipalities covered for primary examinations in FY2023 and FY2024

2. Results as of June 30, 2025

2.1 Results of the Primary Examination

2.1-1 Implementation status

The primary examination was completed for 69,008 participants (32.6%) by June 30, 2025. (Refer to Appendix 1 for the status by municipalities in Fukushima, and Appendix 2 for by prefectures outside Fukushima.)

The results of 69,007 (100.0%) participants have been finalized, and individual reports have been sent to them. (Refer to Appendix 3 for the primary examination results by the municipality.)

Of these, 18,506 (26.8%) had Grade A1 results, 49,513 (71.8%) had Grade A2, 988 (1.4%) had Grade B, and none had Grade C.

Table 1: Progress and results of the primary examination

	Eligible persons	Participants (persons)			Participants with finalized results (persons)									
			Participation rate (%)	Those who participated outside Fukushima		Judgment rate (%)	Details by grade (%)							
							A				Those referred to confirmatory exam			
							A1		A2		B		C	
	a	b	(b/a)		c	(c/b)	d	(d/c)	e	(e/c)	f	(f/c)	g	(g/c)
FY2023	121,816	41,743	(34.3)	3,134	41,742	(100.0)	11,231	(26.9)	29,945	(71.7)	566	(1.4)	0	(0.0)
FY2024	90,112	27,265	(30.3)	1,400	27,265	(100.0)	7,275	(26.7)	19,568	(71.8)	422	(1.5)	0	(0.0)
Total	211,928	69,008	(32.6)	4,534	69,007	(100.0)	18,506	(26.8)	49,513	(71.8)	988	(1.4)	0	(0.0)

Table 2: Number and proportion of participants with nodules/cysts. (See Appendix 4 for details)

	Participants with finalized results	Participants with nodules / cysts (%)							
		Nodules				Cysts			
		≥ 5.1mm		≤ 5.0mm		≥ 20.1mm		≤ 20.0mm	
	a	b	(b/a)	c	(c/a)	d	(d/a)	e	(e/a)
FY2023	41,742	562	(1.3)	275	(0.7)	4	(0.0)	30,275	(72.5)
FY2024	27,265	419	(1.5)	210	(0.8)	3	(0.0)	19,792	(72.6)
Total	69,007	981	(1.4)	485	(0.7)	7	(0.0)	50,067	(72.6)

- Proportions are rounded to a lower decimal place. This applies to other tables as well.
- Those who receive the examination at 5-year intervals (born between FY1992 and FY1999) are excluded. The results of examinations at 5-year intervals (Age 25 and Age 30 Surveys) will be reported separately.
- Examinations for those born in FY1993 (approx. 22,000) and FY1998 (approx. 21,000) took place in FY2023. Examinations for those born in FY1994 (approx. 22,000) and FY1999 (approx. 20,000) were carried out in FY2024.

2.1-2 Participation rate by age group

Table 3 shows the participation rate for each age group as of April 1 of each fiscal year.

Table 3: Participation rates by age group

			Total	Age group		
FY2023	Age group*			11 years old	12 to 17 years old	18 to 24 years old
	Eligible persons	(a)	121,816	8,422	58,639	54,755
	Participants	(b)	41,743	5,192	33,158	3,393
	Participation rate (%)	(b/a)	34.3	61.6	56.5	6.2
FY2024	Age group*				12 to 17 years old	18 to 24 years old
	Eligible persons	(a)	90,112		41,674	48,438
	Participants	(b)	27,265		23,576	3,689
	Participation rate (%)	(b/a)	30.3		56.6	7.6
Total	Eligible persons	(a)	211,928	8,422	100,313	103,193
	Participants	(b)	69,008	5,192	56,734	7,082
	Participation rate (%)	(b/a)	32.6	61.6	56.6	6.9

* Age groups are based on ages as of April 1 of each fiscal year.

2.1-3 Comparison of the fifth- and sixth-round survey results

Table 4 compares the results of the two Full-Scale Surveys (fifth- and sixth-round surveys).

Among 61,474 (sum of *1) participants with Grade A1 and A2 results in the fifth-round survey, 61,010 (sum of *2, 99.2%) had Grade A results, and 464 (sum of *3, 0.8%) had Grade B results in the sixth-round survey.

Among 512 participants with Grade B results in the fifth-round survey, 112 (sum of *4, 21.9%) had Grade A results, and 400 (78.1%) had Grade B results in the sixth-round survey.

Table 4: Comparison of the fifth- and sixth-round surveys

			Results of the fifth-round survey* a (%)	Results of the sixth-round survey** A		B	C
				A1 b (b/a)	A2 c (c/a)	d (d/a)	e (e/a)
Results of the fifth-round survey	A	A1	*1 16,865 (100.0)	*2 12,123 (71.9)	*2 4,660 (27.6)	*3 82 (0.5)	0 (0.0)
		A2	*1 44,609 (100.0)	*2 4,356 (9.8)	*2 39,871 (89.4)	*3 382 (0.9)	0 (0.0)
	B		512 (100.0)	*4 10 (2.0)	*4 102 (19.9)	400 (78.1)	0 (0.0)
	C		0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Did not participate		7,021 (100.0)	2,017 (28.7)	4,880 (69.5)	124 (1.8)	0 (0.0)
Total			69,007 (100.0)	18,506 (26.8)	49,513 (71.8)	988 (1.4)	0 (0.0)

* The figures in the upper row indicate the number of participants whose results from the sixth-round survey correspond to their results from the fifth-round survey; they do not represent a breakdown of all results from the fifth-round survey.

** The upper row shows the distribution of the sixth-round survey results in relation to the fifth-round survey results (number of participants). The lower row shows the corresponding proportions (%).

2.2 Results of the Confirmatory Examination

2.2-1 Implementation status

By June 30, 2025, of 988 eligible persons, 725 (73.4%) had participated in the confirmatory examination, and 683 (94.2%) had completed the entire procedure.

Of those 683 participants, 52 (A1: 2, A2: 50) (7.6%) were confirmed to meet A1 or A2 diagnostic criteria by primary examination standards (including those with other thyroid conditions). After the detailed examination, 631(92.4%) were confirmed to be outside the A1 or A2 criteria.

Table 5: Progress and results of the confirmatory examination

	Those referred to confirmatory exams	Participants (persons)		Those with finalized results (persons)									
			Participation rate (%)		Determination rate (%)	A1		A2		Other than A1 or A2			
												FNAC	
	a	b	(b/a)	c	(c/b)	d	(d/c)	e	(e/c)	f	(f/c)	g	(g/f)
FY2023	566	459	(81.1)	443	(96.5)	1	(0.2)	34	(7.7)	408	(92.1)	27	(6.6)
FY2024	422	266	(63.0)	240	(90.2)	1	(0.4)	16	(6.7)	223	(92.9)	14	(6.3)
Total	988	725	(73.4)	683	(94.2)	2	(0.3)	50	(7.3)	631	(92.4)	41	(6.5)

2.2-2 Results of fine needle aspiration cytology (FNAC)

Among those who underwent FNAC, 19 participants were diagnosed with lesions that were malignant or suspicious for malignancy: 5 were male, and 14 were female. Participants' ages at the confirmatory examination ranged from 12 to 23 years (mean age: 17.9 ± 3.1 years). The tumor diameters were from 8.2 mm to 20.3 mm (mean tumor diameter: 14.0 ± 3.9 mm).
Of these 19 participants, 10 had Grade A (A1:3, A2:7), 4 had Grade B results in the fifth-round survey, and the remaining 5 did not participate. Among 7 participants with Grade A2, 5 met nodule criteria, and 2 met both the cyst and nodule criteria.

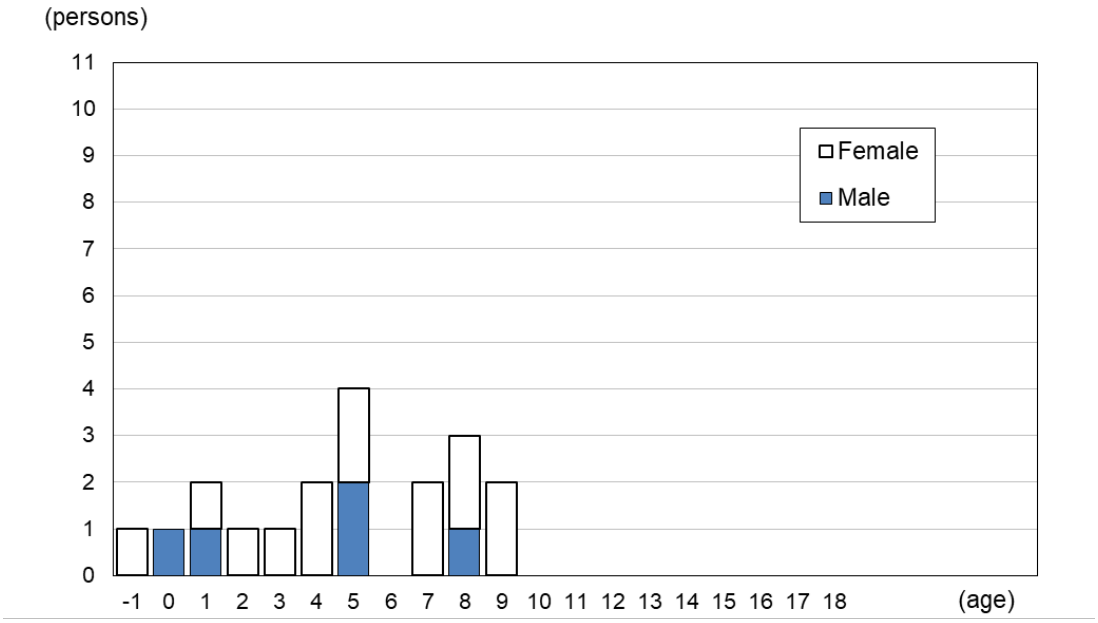
Table 6: Results of FNAC
(The mean age and mean tumor size in parentheses indicate the range.)

1. FY2023: Those referred to confirmatory examination at the sixth-round survey
   - Malignant or suspicious for malignancy:14*
   - Male to female ratio: 5:9
   - Mean age ± SD (min-max) 17.8 ± 3.0 (12–21)
     4.9 ± 2.8 (0–9) at the time of the earthquake
   - Mean tumor size ± SD (min-max) 13.0 ± 3.9 mm (8.2–20.3 mm)
2. FY2024: Those referred to confirmatory examination at the sixth-round survey
   - Malignant or suspicious for malignancy: 5*
   - Male to female ratio: 0:5
   - Mean age ± SD (min-max) 18.2 ± 4.0 (13–23)
     4.6 ± 3.8 (0–9) at the time of the earthquake
   - Mean tumor size ± SD (min-max) 16.9 ± 2.5 mm (14.2–20.1 mm)
3. Total
   - Malignant or suspicious for malignancy:19*
   - Male to female ratio: 5:14
   - Mean age ± SD (min-max) 17.9 ± 3.1 (12–23)
     4.8 ± 3.0 (0–9) at the time of the earthquake
   - Mean tumor size ± SD (min-max) 14.0 ± 3.9 mm (8.2–20.3 mm)

*Refer to Appendix 5 for surgical cases.

2.2-3 Age distribution of malignant or suspected malignant cases diagnosed by FNAC

Figure 3 shows the age distribution of 19 participants with malignant or suspected malignant nodules based on their age as of March 11, 2011. The age distribution based on their age at the time of confirmatory examination is shown in Figure 4.



Note: Those aged between 11 and 18 at the time of the disaster are not included in the sixth-round survey participants.
The horizontal axis begins at -1, including those born between April 2, 2011, and April 1, 2012.
*Those born between March 12 and April 1, 2011, are included in age 0.

Figure 3: Age distributions as of March 11, 2011

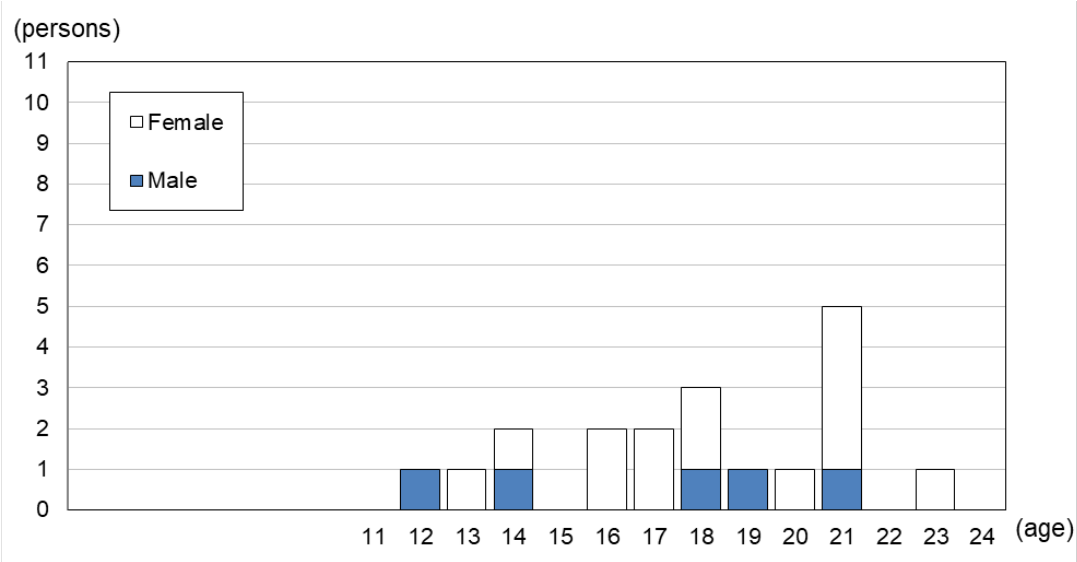


Figure 4: Age distributions as of the date of confirmatory examination

2.2-4 Basic Survey results for cases deemed malignant or suspicious for malignancy by FNAC

Of those 19 people with malignant or suspicious findings, 16 (84.2%) had participated in the Basic Survey (for external radiation exposure dose estimation), and all 16 received their results. The highest effective dose documented was 1.9 mSv.

Table 7: A breakdown of dose estimates for Basic Survey participants

Effective dose (mSv)	Age at the time of the earthquake									
	0–5		6–10		11–15		16–18		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
< 1	1	4	1	3	0	0	0	0	2	7
< 2	2	2	0	3	0	0	0	0	2	5
< 5	0	0	0	0	0	0	0	0	0	0
< 10	0	0	0	0	0	0	0	0	0	0
< 20	0	0	0	0	0	0	0	0	0	0
≥ 20	0	0	0	0	0	0	0	0	0	0
Total	3	6	1	6	0	0	0	0	4	12

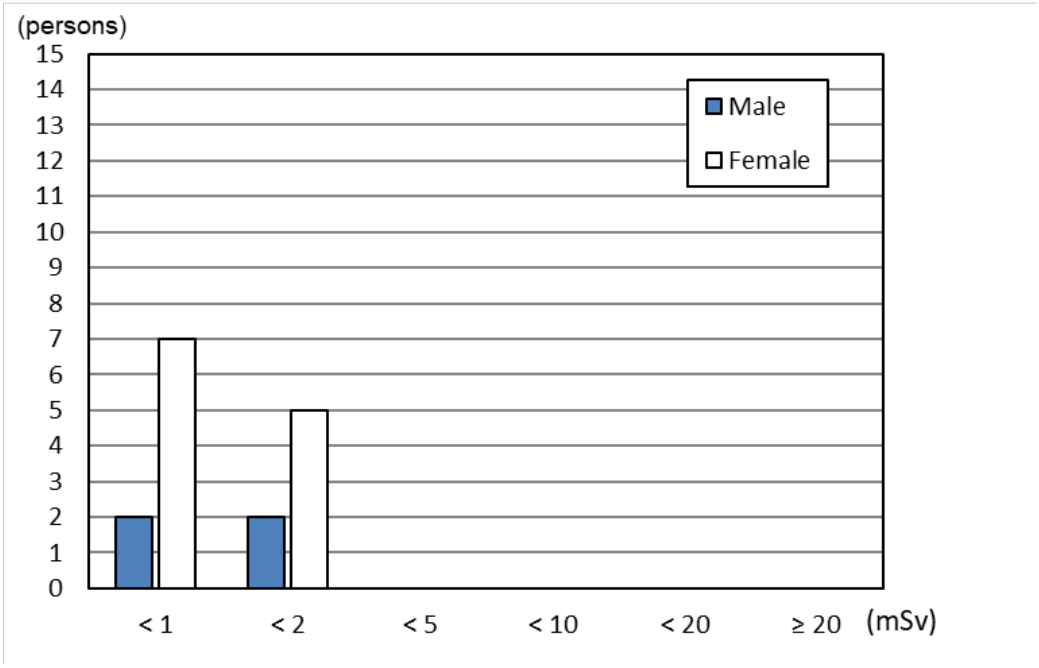


Figure 5: Effective dose distribution of the Basic Survey participants

2.2-5 Blood test and urinary iodine test results

Table 8: Blood test results

	FT4[1] (ng/dL)	FT3[2] (pg/mL)	TSH[3] (μIU/mL)	Tg[4] (ng/mL)	TgAb[5] (IU/mL)	TPOAb[6] (IU/mL)
Reference Range	0.95–1.74[7]	2.13–4.07[7]	0.340–3.880[7]	≤ 33.7	< 28.0	< 16.0
Malignant or suspicious : 19	1.2±0.2 (5.3%)	3.5±0.5 (21.1%)	1.5±0.8 (0.0%)	30.4±31.2 (42.1%)	21.1%	26.3%
Other : 578	1.2±0.2 (5.9%)	3.6±0.5 (8.0%)	1.4±2.1 (9.3%)	28.9±136.1 (15.1%)	8.7%	10.7%

Table 9: Urinary iodine test results [8]

(μg/day)

	Minimum	25th percentile	Median	75th percentile	Maximum
Malignant or suspicious : 13	78	133	319	516	757
Other : 270	39	117	191	348	5,521

1) FT4: free thyroxine, thyroid hormone binding 4 iodines; higher among patients with thyrotoxicosis (such as Graves' disease) and lower with hypothyroidism (such as Hashimoto's thyroiditis).
2) FT3: free triiodothyronine, thyroid hormone binding 3 iodines; higher among patients with thyrotoxicosis (such as Graves' disease) and lower with hypothyroidism (such as Hashimoto's thyroiditis).
3) TSH: thyroid-stimulating hormone; higher among patients with Hashimoto's disease and lower with Graves' disease.
4) Tg: thyroglobulin; higher when thyroid tissue is destroyed or when neoplastic tissue produces thyroglobulin.
5) TgAb: anti-thyroglobulin antibody; higher among patients with Hashimoto's disease or Graves' disease.
6) TPOAb: anti-thyroid peroxidase antibody; higher among patients with Hashimoto's disease or Graves' disease.
7) Reference intervals vary according to age.
8) Due to the temporary suspension of reagents, the urinary iodine tests had been suspended from March 8, 2024, to January 19, 2025, but resumed on January 20, 2025.

3. Mental Health Care

We provide the following support for thyroid examination participants.

3.1 Support for Primary Examination Participants

After the examination, medical doctors offer person-to-person explanations of examination results, showing ultrasound images in private consultation booths at examination venues set up in public facilities.

Consultation booths were set up at all venues for examinations conducted in and after April 2023; as of June 30, 2025, all 1,563 participants (100%) have visited these consultation booths.

3.2 Outreach programs (on-site lectures and information sessions at the sixth-round survey)

To help examination participants deepen their understanding of the Thyroid Ultrasound Examination, we conduct on-site educational sessions. During the period from April 2023 to the end of March 2025, we delivered 13 on-location sessions (5 at elementary schools, 6 at junior high schools, and 2 at high schools) for 1,257 students. In total, 16,950 people have participated since the start of these sessions.

3.3 Support for Confirmatory Examination Participants

A support team has been established within Fukushima Medical University to offer mental health support to those undergoing the confirmatory (secondary) examination to address their concerns and anxiety, as well as to answer questions and provide guidance via web consultation. Since the start of the sixth-round survey, 264 participants (92 males and 172 females) have received support as of June 30, 2025. The total number of support sessions, including telephone counseling, was 410. Of these, 264 (64.4%) received support during their first examination, and 146 (35.6%) during subsequent examinations.

For those who proceed to regular insured medical care, the support team continues to provide support in cooperation with teams of medical staff at hospitals.

Appendix 1: Implementation status of the TUE primary examination by municipality

As of June 30, 2025

	Number of eligible persons	Participants (persons)		Participation rate (%)	Number of participants and participation rate by age group[2]			Participants living outside Fukushima	%
	a	b	Participated outside Fukushima[1]	b/a	11	12–17	18–24	c[3]	c/b
Municipalities surveyed in FY2023									
Kawamata	1,282	400	10	31.2	29	331	40	12	3.0
					7.3	82.8	10.0		
Namie	2,063	549	99	26.6	29	391	129	109	19.9
					5.3	71.2	23.5		
Iitate	620	185	6	29.8	10	142	33	5	2.7
					5.4	76.8	17.8		
Minamisoma	7,560	2,082	305	27.5	163	1,570	349	330	15.9
					7.8	75.4	16.8		
Date	6,096	2,321	90	38.1	201	1,791	329	96	4.1
					8.7	77.2	14.2		
Tamura	3,783	1,306	34	34.5	108	1,029	169	32	2.5
					8.3	78.8	12.9		
Hirono	538	168	10	31.2	10	124	34	13	7.7
					6.0	73.8	20.2		
Naraha	766	212	17	27.7	4	157	51	19	9.0
					1.9	74.1	24.1		
Tomioka	1,640	434	60	26.5	17	317	100	55	12.7
					3.9	73.0	23.0		
Kawauchi	192	58	2	30.2	1	42	15	3	5.2
					1.7	72.4	25.9		
Okuma	1,521	424	69	27.9	14	316	94	71	16.7
					3.3	74.5	22.2		
Futaba	718	139	19	19.4	4	104	31	21	15.1
					2.9	74.8	22.3		
Katsurao	126	34	2	27.0	3	22	9	3	8.8
					8.8	64.7	26.5		
Fukushima	31,364	11,204	851	35.7	666	9,026	1,512	864	7.7
					5.9	80.6	13.5		
Nihonmatsu	5,779	2,085	97	36.1	167	1,687	231	103	4.9
					8.0	80.9	11.1		
Motomiya	3,566	1,253	46	35.1	105	979	169	43	3.4
					8.4	78.1	13.5		
Otama	951	403	5	42.4	28	321	54	7	1.7
					6.9	79.7	13.4		
Koriyama	38,694	13,277	1,166	34.3	282	10,927	2,068	1,144	8.6
					2.1	82.3	15.6		
Koori	1,139	480	20	42.1	48	354	78	21	4.4
					10.0	73.8	16.3		
Kunimi	827	293	11	35.4	16	227	50	8	2.7
					5.5	77.5	17.1		
Tenei	621	194	7	31.2	9	155	30	6	3.1
					4.6	79.9	15.5		
Shirakawa	7,161	2,644	145	36.9	120	2,131	393	136	5.1
					4.5	80.6	14.9		
Nishigo	2,410	843	41	35.0	36	692	115	36	4.3
					4.3	82.1	13.6		
Izumizaki	759	222	4	29.2	7	189	26	2	0.9
					3.2	85.1	11.7		
Miharu	1,640	533	18	32.5	18	434	81	18	3.4
					3.4	81.4	15.2		
Subtotal	121,816	41,743	3,134	34.3	2,095	33,458	6,190	3,157	7.6
					5.0	80.2	14.8		

*1) The number of participants who received the examination at facilities outside Fukushima (as of May 31, 2025).

*2) Split cells show the number of participants above the corresponding percentage.

*3) The number of participants who have resident registration outside Fukushima.

・Age groups are based on participants' age at the Full-Scale Survey (sixth-round survey). This applies to other tables as well.

	Number of eligible persons	Participants (persons)	Participated outside Fukushima[1)]	Participation rate (%)	Number of participants and participation rate by age group[2)]			Participants living outside Fukushima	%
	a	b		b/a	11	12–17	18–24	c[3)]	c/b
Municipalities surveyed in FY2024									
Iwaki	35,488	11,334	758	31.9	18	8,691	2,625	669	5.9
					0.2	76.7	23.2		
Sukagawa	8,982	2,826	114	31.5	7	2,286	533	98	3.5
					0.2	80.9	18.9		
Soma	4,020	1,008	102	25.1	9	809	190	102	10.1
					0.9	80.3	18.8		
Kagamiishi	1,550	501	16	32.3	0	413	88	14	2.8
					0.0	82.4	17.6		
Shinchi	827	249	16	30.1	1	183	65	16	6.4
					0.4	73.5	26.1		
Nakajima	586	153	0	26.1	0	136	17	1	0.7
					0.0	88.9	11.1		
Yabuki	1,975	617	19	31.2	2	509	106	12	1.9
					0.3	82.5	17.2		
Ishikawa	1,535	494	12	32.2	2	417	75	11	2.2
					0.4	84.4	15.2		
Yamatsuri	564	199	13	35.3	0	166	33	8	4.0
					0.0	83.4	16.6		
Asakawa	768	232	11	30.2	0	188	44	9	3.9
					0.0	81.0	19.0		
Hirata	692	225	5	32.5	0	192	33	4	1.8
					0.0	85.3	14.7		
Tanagura	1,707	542	18	31.8	2	459	81	11	2.0
					0.4	84.7	14.9		
Hanawa	866	248	14	28.6	1	204	43	8	3.2
					0.4	82.3	17.3		
Samegawa	385	119	1	30.9	1	106	12	2	1.7
					0.8	89.1	10.1		
Ono	1,044	311	6	29.8	1	265	45	4	1.3
					0.3	85.2	14.5		
Tamakawa	774	209	6	27.0	1	167	41	1	0.5
					0.5	79.9	19.6		
Furudono	571	212	8	37.1	0	168	44	4	1.9
					0.0	79.2	20.8		
Hinoemata	58	5	0	8.6	0	5	0	0	0.0
					0.0	100.0	0.0		
Minamiaizu	1,483	374	10	25.2	0	328	46	6	1.6
					0.0	87.7	12.3		
Kaneyama	90	27	0	30.0	0	21	6	0	0.0
					0.0	77.8	22.2		
Showa	89	22	1	24.7	0	20	2	1	4.5
					0.0	90.9	9.1		
Mishima	106	27	0	25.5	0	21	6	0	0.0
					0.0	77.8	22.2		
Shimogo	527	115	2	21.8	0	101	14	3	2.6
					0.0	87.8	12.2		
Kitakata	4,942	1,380	35	27.9	2	1,173	205	31	2.2
					0.1	85.0	14.9		
Nishiaizu	491	127	5	25.9	0	109	18	3	2.4
					0.0	85.8	14.2		
Tadami	401	119	4	29.7	1	103	15	3	2.5
					0.8	86.6	12.6		
Inawashiro	1,467	429	16	29.2	1	359	69	12	2.8
					0.2	83.7	16.1		
Bandai	357	110	5	30.8	0	88	22	6	5.5
					0.0	80.0	20.0		
Kitashiobara	324	106	2	32.7	0	92	14	3	2.8
					0.0	86.8	13.2		
Aizumisato	1,953	579	11	29.6	0	479	100	8	1.4
					0.0	82.7	17.3		
Aizubange	1,671	470	12	28.1	2	389	79	8	1.7
					0.4	82.8	16.8		
Yanaizu	326	89	0	27.3	0	82	7	0	0.0
					0.0	92.1	7.9		
Aizuwakamatsu	13,118	3,679	176	28.0	8	2,984	687	165	4.5
					0.2	81.1	18.7		
Yugawa	375	128	2	34.1	0	98	30	2	1.6
					0.0	76.6	23.4		
Subtotal	90,112	27,265	1,400	30.3	59	21,811	5,395	1,225	4.5
					0.2	80.0	19.8		
Total	211,928	69,008	4,534	32.6	2,154	55,269	11,585	4,382	6.3
					3.1	80.1	16.8		

Appendix 2: Implementation status of the TUE primary examination by prefecture

As of June 30, 2025

Prefecture	Number of medical facilities	Participants (persons) *Note
Hokkaido	7	**113**
Aomori	3	**56**
Iwate	4	**103**
Miyagi	2	**1,097**
Akita	1	**77**
Yamagata	3	**177**
Ibaraki	6	**250**
Tochigi	9	**332**
Gunma	2	**68**
Saitama	5	**238**
Chiba	5	**124**
Tokyo	23	**819**
Kanagawa	10	**294**
Niigata	3	**164**
Toyama	2	**10**
Ishikawa	2	**6**

Prefecture	Number of medical facilities	Participants (persons) *Note
Fukui	1	**12**
Yamanashi	2	**38**
Nagano	4	**71**
Gifu	2	**16**
Shizuoka	3	**44**
Aichi	6	**84**
Mie	1	**9**
Shiga	1	**7**
Kyoto	4	**21**
Osaka	10	**60**
Hyogo	3	**55**
Nara	4	**16**
Wakayama	1	**2**
Tottori	1	**0**
Shimane	1	**4**
Okayama	3	**25**

Prefecture	Number of medical facilities	Participants (persons) *Note
Hiroshima	2	**14**
Yamaguchi	1	**5**
Tokushima	1	**5**
Kagawa	1	**6**
Ehime	3	**11**
Kochi	2	**8**
Fukuoka	4	**28**
Saga	1	**2**
Nagasaki	3	**12**
Kumamoto	1	**11**
Oita	1	**13**
Miyazaki	1	**11**
Kagoshima	2	**3**
Okinawa	1	**13**
Total	158	**4,534**

*Note: The number of participants examined at medical facilities outside Fukushima Prefecture (as of May 31, 2025).

Appendix 3: TUE primary examination results by the municipality

As of June 30, 2025

	a. Number of participants (persons)	b. Those with finalized results (persons)	Number of participants by grade (persons)				Number of participants with nodules (persons)		Number of participants with cysts (persons)	
			Percentages by grade (%)							
			A		B	C	Percentage (%)		Percentage (%)	
		b/a (%)	A1	A2			≥5.1mm	≤5.0mm	≥20.1mm	≤20.0m
Municipalities surveyed in FY2023										
Kawamata	400	400	95	298	7	0	7	3	0	303
		100.0	23.8	74.5	1.8	0.0	1.8	0.8	0.0	75.8
Namie	549	549	155	387	7	0	6	9	1	388
		100.0	28.2	70.5	1.3	0.0	1.1	1.6	0.2	70.7
Iitate	185	185	46	136	3	0	3	0	0	139
		100.0	24.9	73.5	1.6	0.0	1.6	0.0	0.0	75.1
Minamisoma	2,082	2,082	544	1,505	33	0	33	12	0	1,526
		100.0	26.1	72.3	1.6	0.0	1.6	0.6	0.0	73.3
Date	2,321	2,321	581	1,712	28	0	28	21	0	1,727
		100.0	25.0	73.8	1.2	0.0	1.2	0.9	0.0	74.4
Tamura	1,306	1,306	365	926	15	0	15	8	0	934
		100.0	27.9	70.9	1.1	0.0	1.1	0.6	0.0	71.5
Hirono	168	168	51	113	4	0	4	1	0	115
		100.0	30.4	67.3	2.4	0.0	2.4	0.6	0.0	68.5
Naraha	212	212	55	155	2	0	2	2	0	154
		100.0	25.9	73.1	0.9	0.0	0.9	0.9	0.0	72.6
Tomioka	434	434	115	314	5	0	5	4	0	319
		100.0	26.5	72.4	1.2	0.0	1.2	0.9	0.0	73.5
Kawauchi	58	58	17	40	1	0	1	0	0	41
		100.0	29.3	69.0	1.7	0.0	1.7	0.0	0.0	70.7
Okuma	424	424	122	293	9	0	9	4	0	297
		100.0	28.8	69.1	2.1	0.0	2.1	0.9	0.0	70.0
Futaba	139	139	38	101	0	0	0	1	0	100
		100.0	27.3	72.7	0.0	0.0	0.0	0.7	0.0	71.9
Katsurao	34	34	8	26	0	0	0	0	0	26
		100.0	23.5	76.5	0.0	0.0	0.0	0.0	0.0	76.5
Fukushima	11,204	11,203	3,073	7,981	149	0	147	64	2	8,064
		100.0	27.4	71.2	1.3	0.0	1.3	0.6	0.0	72.0
Nihonmatsu	2,085	2,085	631	1,426	28	0	28	10	0	1,447
		100.0	30.3	68.4	1.3	0.0	1.3	0.5	0.0	69.4
Motomiya	1,253	1,253	355	883	15	0	15	6	0	891
		100.0	28.3	70.5	1.2	0.0	1.2	0.5	0.0	71.1
Otama	403	403	112	280	11	0	11	2	0	286
		100.0	27.8	69.5	2.7	0.0	2.7	0.5	0.0	71.0
Koriyama	13,277	13,277	3,507	9,590	180	0	179	81	1	9,705
		100.0	26.4	72.2	1.4	0.0	1.3	0.6	0.0	73.1
Koori	480	480	133	339	8	0	8	4	0	344
		100.0	27.7	70.6	1.7	0.0	1.7	0.8	0.0	71.7
Kunimi	293	293	90	193	10	0	10	2	0	199
		100.0	30.7	65.9	3.4	0.0	3.4	0.7	0.0	67.9
Tenei	194	194	44	148	2	0	2	2	0	149
		100.0	22.7	76.3	1.0	0.0	1.0	1.0	0.0	76.8
Shirakawa	2,644	2,644	663	1,949	32	0	32	22	0	1,961
		100.0	25.1	73.7	1.2	0.0	1.2	0.8	0.0	74.2
Nishigo	843	843	232	601	10	0	10	9	0	608
		100.0	27.5	71.3	1.2	0.0	1.2	1.1	0.0	72.1
Izumizaki	222	222	62	157	3	0	3	2	0	159
		100.0	27.9	70.7	1.4	0.0	1.4	0.9	0.0	71.6
Miharu	533	533	137	392	4	0	4	6	0	393
		100.0	25.7	73.5	0.8	0.0	0.8	1.1	0.0	73.7
Subtotal	41,743	41,742	11,231	29,945	566	0	562	275	4	30,275
		100.0	26.9	71.7	1.4	0.0	1.3	0.7	0.0	72.5

	a. Number of participants (persons)	b. Those with finalized results (persons)	Number of participants by grade (persons)				Number of participants with nodules (persons)		Number of participants with cysts (persons)	
			Percentages by grade (%)							
			A		B	C	Percentage (%)		Percentage (%)	
		b/a (%)	A1	A2			≥5.1mm	≤5.0mm	≥20.1mm	≤20.0m
Municipalities surveyed in FY2024										
Iwaki	11,334	11,334	3,137	8,023	174	0	173	82	1	8,110
		100.0	27.7	70.8	1.5	0.0	1.5	0.7	0.0	71.6
Sukagawa	2,826	2,826	746	2,026	54	0	54	17	0	2,060
		100.0	26.4	71.7	1.9	0.0	1.9	0.6	0.0	72.9
Soma	1,008	1,008	267	722	19	0	19	12	0	731
		100.0	26.5	71.6	1.9	0.0	1.9	1.2	0.0	72.5
Kagamiishi	501	501	126	371	4	0	4	0	0	375
		100.0	25.1	74.1	0.8	0.0	0.8	0.0	0.0	74.9
Shinchi	249	249	68	174	7	0	7	2	0	177
		100.0	27.3	69.9	2.8	0.0	2.8	0.8	0.0	71.1
Nakajima	153	153	44	109	0	0	0	1	0	109
		100.0	28.8	71.2	0.0	0.0	0.0	0.7	0.0	71.2
Yabuki	617	617	174	434	9	0	9	3	0	439
		100.0	28.2	70.3	1.5	0.0	1.5	0.5	0.0	71.2
Ishikawa	494	494	122	362	10	0	9	6	1	366
		100.0	24.7	73.3	2.0	0.0	1.8	1.2	0.2	74.1
Yamatsuri	199	199	47	151	1	0	1	5	0	152
		100.0	23.6	75.9	0.5	0.0	0.5	2.5	0.0	76.4
Asakawa	232	232	60	169	3	0	3	2	0	171
		100.0	25.9	72.8	1.3	0.0	1.3	0.9	0.0	73.7
Hirata	225	225	54	166	5	0	5	3	0	170
		100.0	24.0	73.8	2.2	0.0	2.2	1.3	0.0	75.6
Tanagura	542	542	136	398	8	0	8	4	0	404
		100.0	25.1	73.4	1.5	0.0	1.5	0.7	0.0	74.5
Hanawa	248	248	73	173	2	0	2	5	0	173
		100.0	29.4	69.8	0.8	0.0	0.8	2.0	0.0	69.8
Samegawa	119	119	37	80	2	0	2	1	0	82
		100.0	31.1	67.2	1.7	0.0	1.7	0.8	0.0	68.9
Ono	311	311	76	229	6	0	6	2	0	233
		100.0	24.4	73.6	1.9	0.0	1.9	0.6	0.0	74.9
Tamakawa	209	209	60	145	4	0	4	2	0	147
		100.0	28.7	69.4	1.9	0.0	1.9	1.0	0.0	70.3
Furudono	212	212	57	151	4	0	4	1	0	154
		100.0	26.9	71.2	1.9	0.0	1.9	0.5	0.0	72.6
Hinoemata	5	5	2	3	0	0	0	1	0	3
		100.0	40.0	60.0	0.0	0.0	0.0	20.0	0.0	60.0
Minamiaizu	374	374	107	261	6	0	6	3	0	266
		100.0	28.6	69.8	1.6	0.0	1.6	0.8	0.0	71.1
Kaneyama	27	27	8	19	0	0	0	0	0	19
		100.0	29.6	70.4	0.0	0.0	0.0	0.0	0.0	70.4
Showa	22	22	9	13	0	0	0	0	0	13
		100.0	40.9	59.1	0.0	0.0	0.0	0.0	0.0	59.1
Mishima	27	27	4	23	0	0	0	0	0	23
		100.0	14.8	85.2	0.0	0.0	0.0	0.0	0.0	85.2
Shimogo	115	115	33	81	1	0	1	1	0	80
		100.0	28.7	70.4	0.9	0.0	0.9	0.9	0.0	69.6
Kitakata	1,380	1,380	339	1,025	16	0	16	14	0	1,025
		100.0	24.6	74.3	1.2	0.0	1.2	1.0	0.0	74.3
Nishiaizu	127	127	20	105	2	0	2	1	0	107
		100.0	15.7	82.7	1.6	0.0	1.6	0.8	0.0	84.3
Tadami	119	119	23	93	3	0	3	2	0	94
		100.0	19.3	78.2	2.5	0.0	2.5	1.7	0.0	79.0
Inawashiro	429	429	129	294	6	0	5	1	1	296
		100.0	30.1	68.5	1.4	0.0	1.2	0.2	0.2	69.0
Bandai	110	110	29	80	1	0	1	1	0	80
		100.0	26.4	72.7	0.9	0.0	0.9	0.9	0.0	72.7
Kitashiobara	106	106	23	82	1	0	1	1	0	82
		100.0	21.7	77.4	0.9	0.0	0.9	0.9	0.0	77.4
Aizumisato	579	579	166	405	8	0	8	6	0	408
		100.0	28.7	69.9	1.4	0.0	1.4	1.0	0.0	70.5
Aizubange	470	470	123	335	12	0	12	6	0	343
		100.0	26.2	71.3	2.6	0.0	2.6	1.3	0.0	73.0
Yanaizu	89	89	27	62	0	0	0	0	0	62
		100.0	30.3	69.7	0.0	0.0	0.0	0.0	0.0	69.7
Aizuwakamatsu	3,679	3,679	904	2,726	49	0	49	25	0	2,755
		100.0	24.6	74.1	1.3	0.0	1.3	0.7	0.0	74.9
Yugawa	128	128	45	78	5	0	5	0	0	83
		100.0	35.2	60.9	3.9	0.0	3.9	0.0	0.0	64.8
Subtotal	27,265	27,265	7,275	19,568	422	0	419	210	3	19,792
		100.0	26.7	71.8	1.5	0.0	1.5	0.8	0.0	72.6
Total	69,008	69,007	18,506	49,513	988	0	981	485	7	50,067
		100.0	26.8	71.8	1.4	0.0	1.4	0.7	0.0	72.6

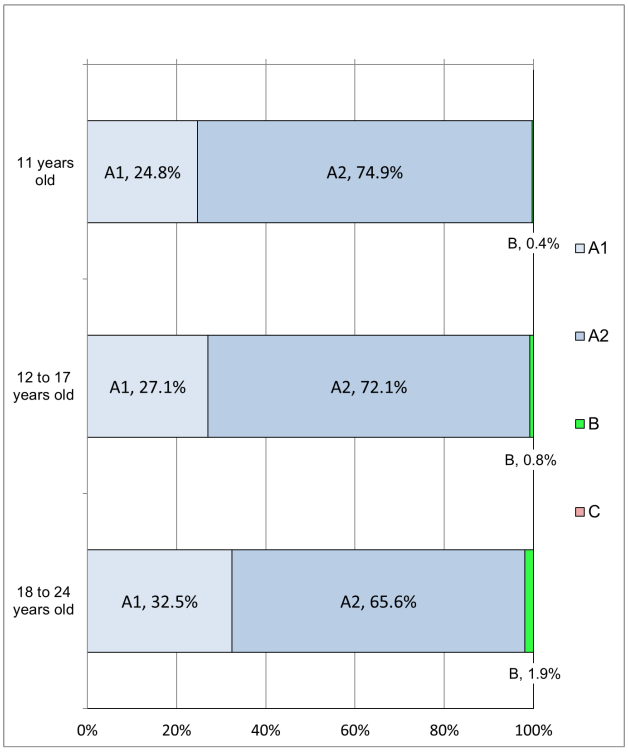
Appendix 4-1: TUE examination results by age and gender

As of June 30, 2025

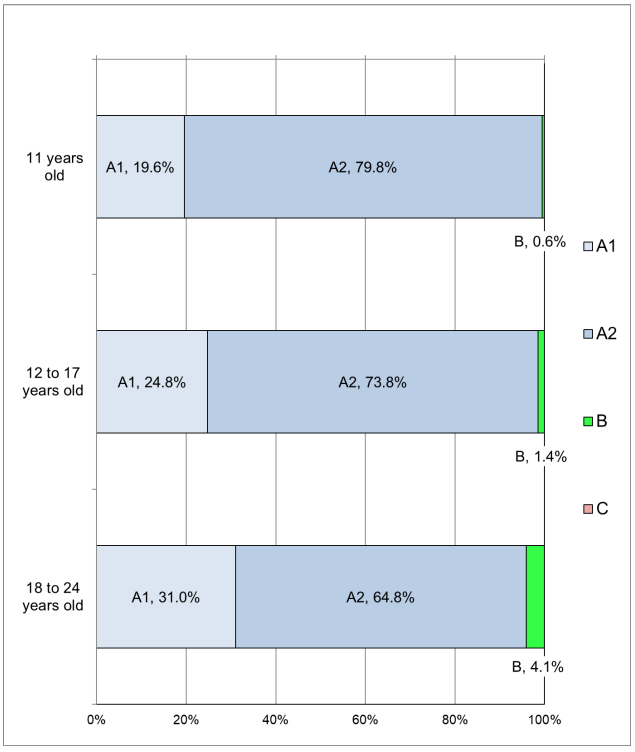
(persons)

Result / Gender / Age group	A						B			C			Total		
	A1			A2											
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
11 years old	278	202	480	841	823	1,664	4	6	10	0	0	0	1,123	1,031	2,154
12 to 17 years old	7,667	6,690	14,357	20,401	19,898	40,299	234	379	613	0	0	0	28,302	26,967	55,269
18 to 24 years old	1,679	1,990	3,669	3,395	4,155	7,550	100	265	365	0	0	0	5,174	6,410	11,584
Total	9,624	8,882	18,506	24,637	24,876	49,513	338	650	988	0	0	0	34,599	34,408	69,007

Results by age group (Male)



Results by age group (Female)

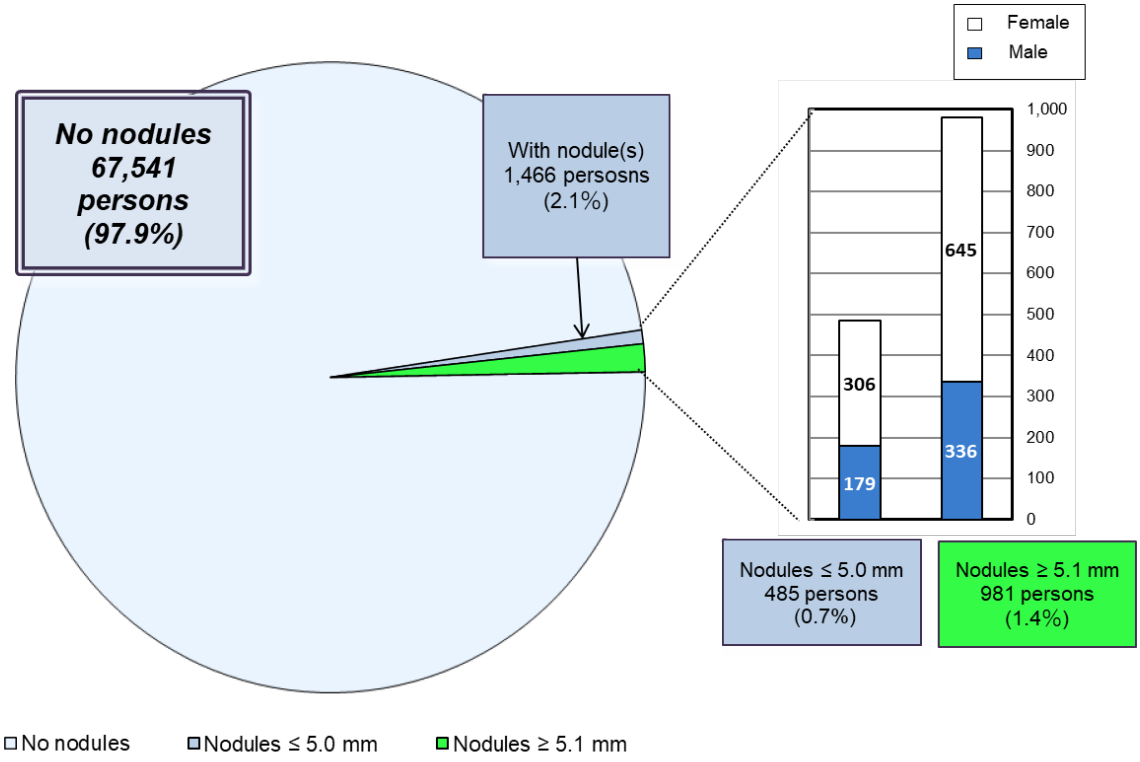


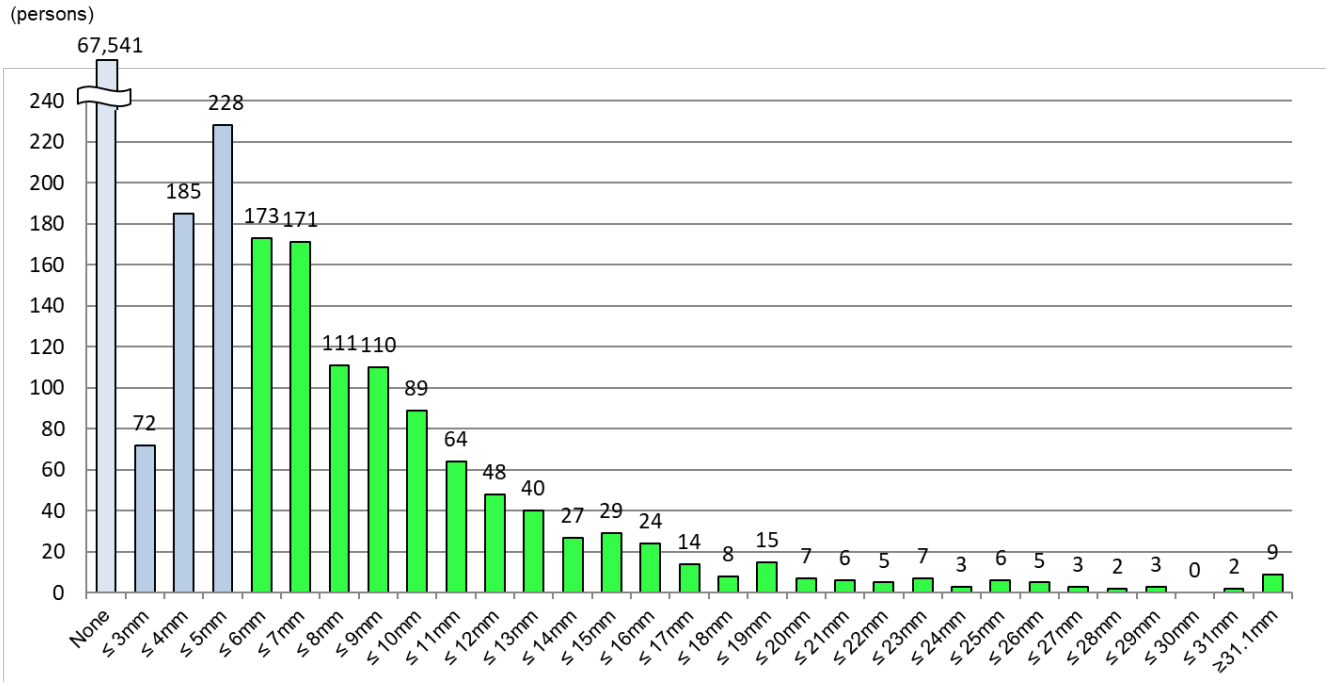
Appendix 4-2: Nodule characteristics

As of June 30, 2025

(persons)

Nodule size	Total	Male	Female	Grade	
None	67,541	34,084	33,457	A1	97.9%
≤ 3.0mm	72	31	41	A2	0.7%
3.1–5.0mm	413	148	265		
5.1–10.0mm	654	244	410	B	1.4%
10.1–15.0mm	208	60	148		
15.1–20.0mm	68	20	48		
20.1–25.0mm	27	8	19		
≥ 25.1mm	24	4	20		
Total	69,007	34,599	34,408		



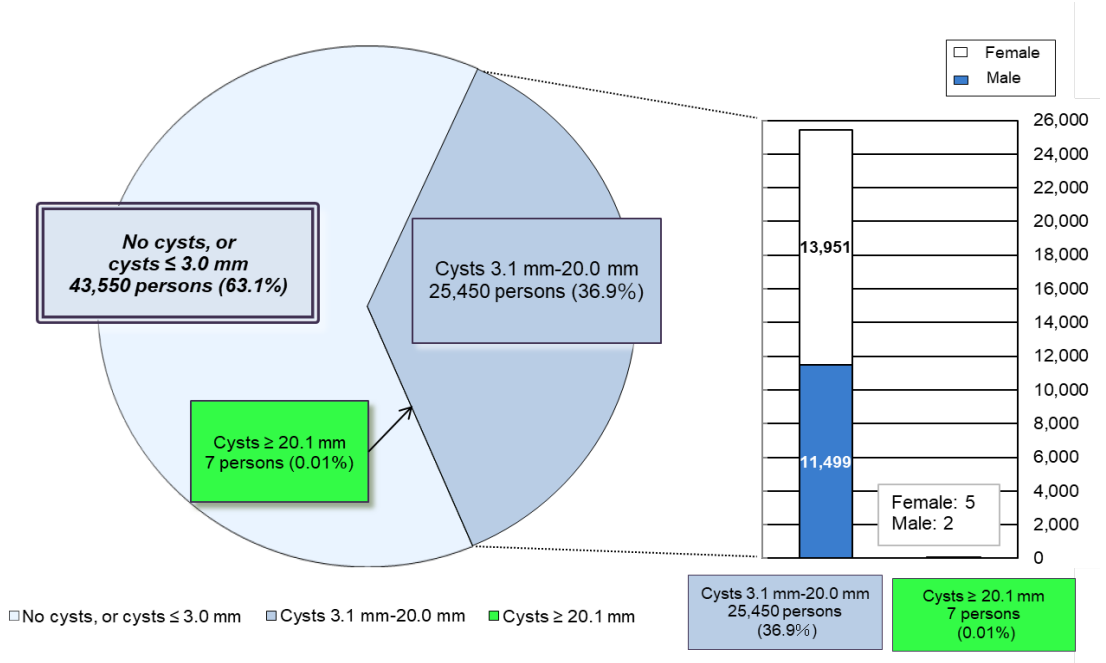


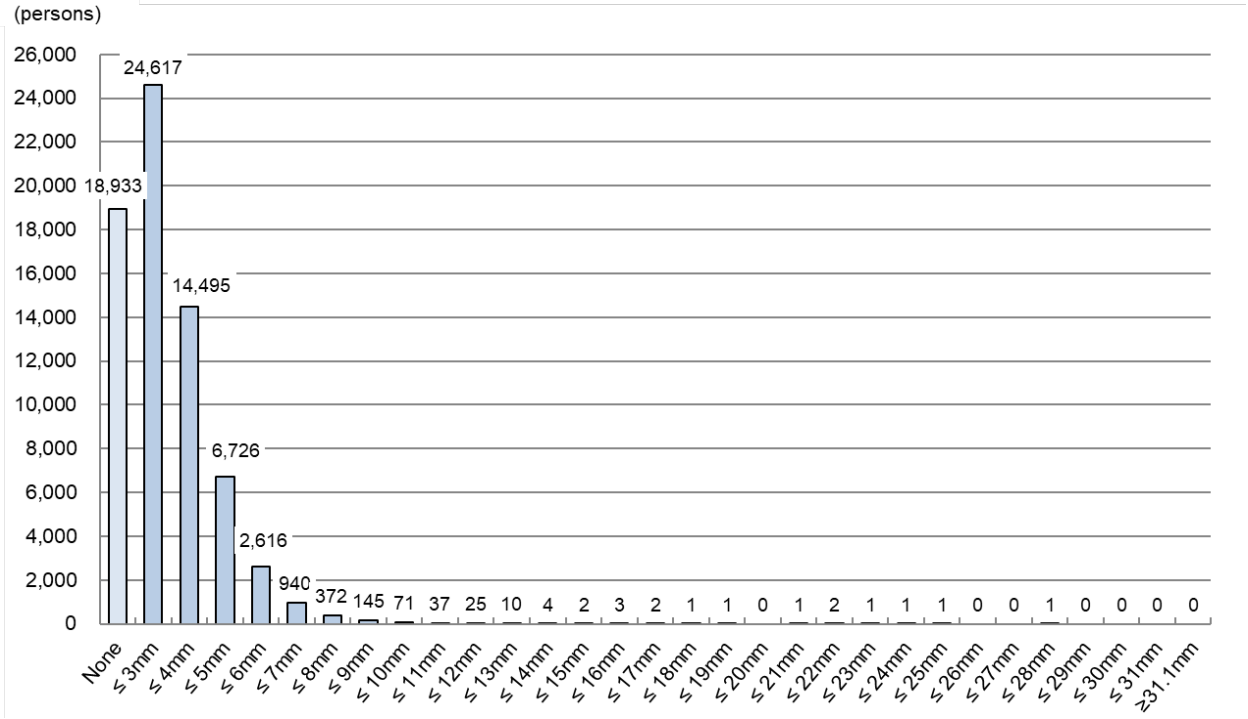
Appendix 4-3: Cyst characteristics

As of June 30, 2025

(persons)

Cyst size	Total	Male	Female	Grade	
None	18,933	9,782	9,151	A1	63.1%
≤ 3.0mm	24,617	13,316	11,301	A2	36.9%
3.1–5.0mm	21,221	9,950	11,271		
5.1–10.0mm	4,144	1,530	2,614		
10.1–15.0mm	78	17	61		
15.1–20.0mm	7	2	5		
20.1–25.0mm	6	2	4	B	0.01%
≥ 25.1mm	1	0	1		
Total	69,007	34,599	34,408		





Appendix 5: Surgery for cases malignant or suspicious for malignancy

For TUE (the sixth-round full-scale survey) malignant or suspicious for malignancy:	19 (surgical cases: 13, papillary thyroid carcinomas: 13)

Report on the TUE Full-Scale Survey (seventh-round survey)

As of June 30, 2025

1. Summary

1.1 Purpose

To monitor the long-term health of children, we are continuing the Full-Scale Survey (seventh-round survey), following the Preliminary Baseline Survey for initial assessment of thyroid glands, and prior Full-Scale Surveys (from the second-round survey to the sixth-round survey) to continuously assess the status of thyroid glands.

1.2 Eligible persons

All Fukushima residents who were approximately 18 years old or younger at the time of the earthquake (those born between April 2, 1992, and April 1, 2012).

1.3 Implementation Period

FY2025 and FY2026, starting in April 2025:

1.3-1 For those 18 years old or younger

The examination was carried out for 2 years: FY2025 and FY2026.

1.3-2 For those 19 years old or older

The examination was conducted on an age-group basis (i.e., school grade).

FY2025: those born from FY2002 to FY2005

FY2026: those born in FY2006

1.3-3 For those 25 years old or older

Those older than 20 are recommended to receive the examination every 5 years at the ages of 25, 30, and so on (Age 25 and Age 30 Surveys).

FY2025: those born in FY1995 and FY2000

FY2026: those born in FY1996 and FY2001

Results of the survey for those 25 years and older will be reported separately.

1.4 Implementing Organizations (number of medical facilities with agreements for the implementation of thyroid examinations as of June 30, 2025)

Fukushima Prefecture commissioned Fukushima Medical University (FMU) to survey in cooperation with organizations inside and outside Fukushima for the convenience of participants.

1.4-1 Primary examination facilities

In Fukushima Prefecture	84 medical facilities
Outside Fukushima Prefecture	158 medical facilities

1.4-2 Confirmatory examination facilities

In Fukushima Prefecture	7 medical facilities, including FMU
Outside Fukushima Prefecture	46 medical facilities

1.5 Methods

1.5-1 Primary examination

Ultrasonography of the thyroid gland.

Assessments are made by specialists based on the following criteria:

- Grade A

A1: No nodules/cysts

A2: Nodules ≤ 5.0 mm or cysts ≤ 20.0 mm

- Grade B

B: Nodules ≥ 5.1 mm or cysts ≥ 20.1 mm

Some A2 results may be re-classified as B results when clinically indicated.

-Grade C

C: Urgent need for confirmatory examination, judging from the condition of the thyroid gland.

1.5-2 Confirmatory examination

Ultrasonography of the thyroid gland, blood and urine tests, and fine needle aspiration cytology (FNAC) if needed for those with B or C test results.

Priority is given to those in urgent clinical need. A medical follow-up may be recommended based on confirmatory exam results.

1.5-3 Flow chart

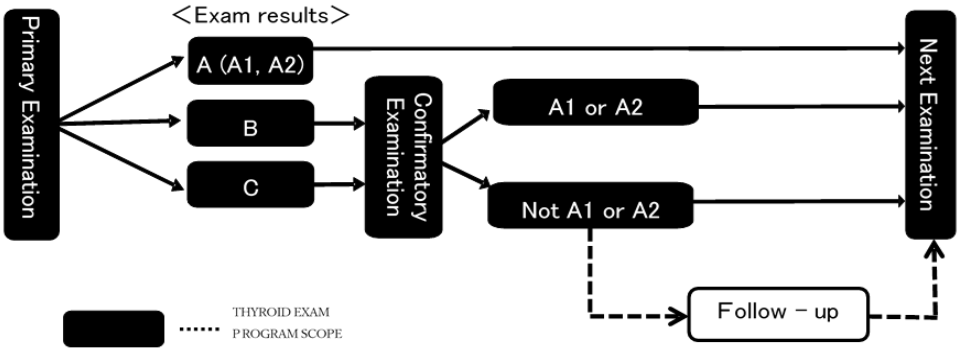


Figure 1: Flow chart

1.6 Municipalities Surveyed

The municipalities where examinations (for those 18 years old or younger) were carried out in FY2025 and FY2026 are as follows:

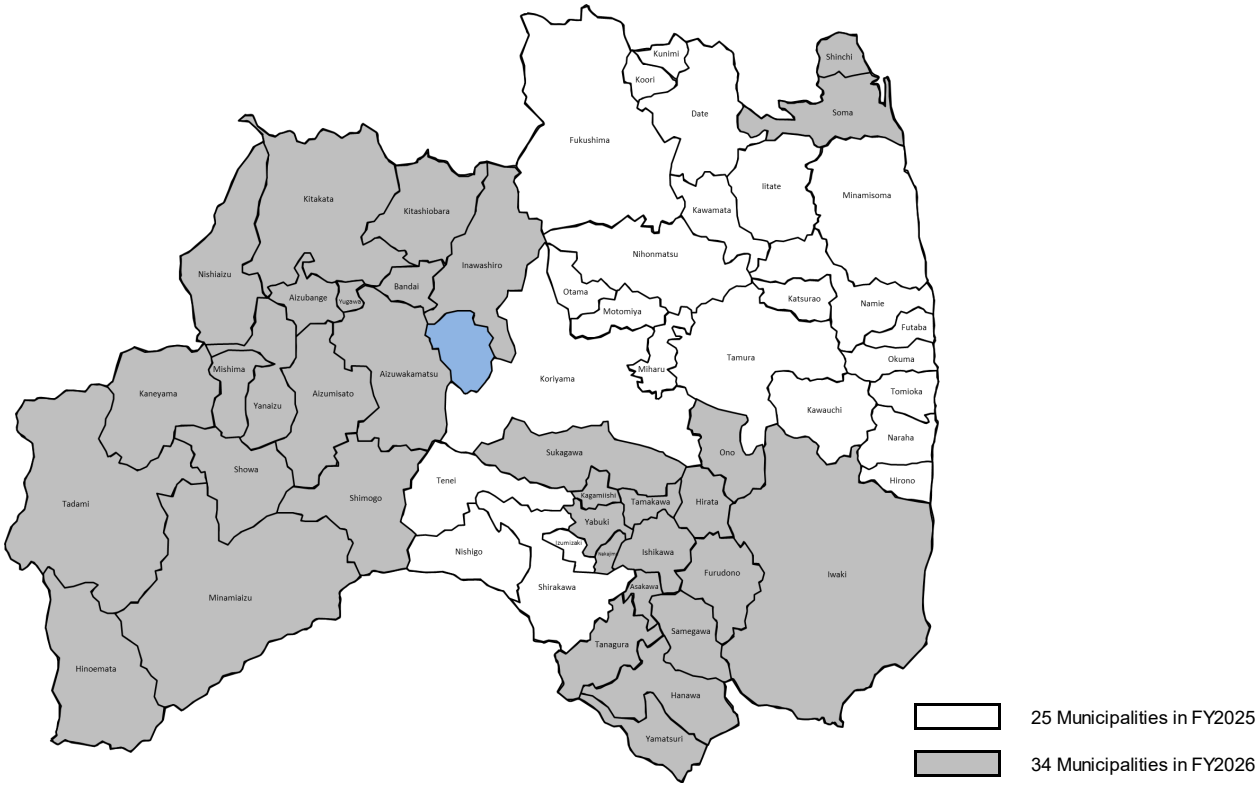


Figure 2: Municipalities covered for primary examinations in FY2025 and FY2026

2. Results as of June 30, 2025

2.1 Results of the Primary Examination

2.1-1 Implementation status

The primary examination was completed for 1,844 participants (1.1%) by June 30, 2025.

The results of 316 participants (17.1%) have been finalized, and individual reports have been sent to them.

Of these, 77 (24.4%) had Grade A1 results, 234 (74.1%) had Grade A2, 5 (1.6%) had Grade B, and none had Grade C.

Table 1: Progress and results of the primary examination

	Eligible persons	Participants (persons)		Those who participated outside Fukushima	Participants with finalized results (persons)									
							Details by grade (%)							
							A				Those referred to confirmatory exam			
							A1		A2		B		C	
	a	b	(b/a)		c	(c/b)	d	(d/c)	e	(e/c)	f	(f/c)	g	(g/c)
FY2025	98,987	1,751	(1.8)	87	307	(17.5)	75	(24.4)	227	(73.9)	5	(1.6)	0	(0.0)
FY2026	72,962	93	(0.1)	11	9	(9.7)	2	(22.2)	7	(77.8)	0	(0.0)	0	(0.0)
Total	171,949	1,844	(1.1)	98	316	(17.1)	77	(24.4)	234	(74.1)	5	(1.6)	0	(0.0)

Table 2: Number and proportion of participants with nodules/cysts.

	Participants with finalized results	Participants with nodules / cysts (%)							
		Nodules				Cysts			
		≥ 5.1mm		≤ 5.0mm		≥ 20.1mm		≤ 20.0mm	
	a	b	(b/a)	c	(c/a)	d	(d/a)	e	(e/a)
FY2025	307	5	(1.6)	2	(0.7)	0	(0.0)	231	(75.2)
FY2026	9	0	(0.0)	2	(22.2)	0	(0.0)	7	(77.8)
Total	316	5	(1.6)	4	(1.3)	0	(0.0)	238	(75.3)

- Proportions are rounded to a lower decimal place. This applies to other tables as well.
- Those who receive the examination at 5-year intervals (born between FY1992 and FY2001) are excluded. The results of examinations at 5-year intervals (Age 25 and Age 30 Surveys) will be reported separately.
- Examinations for those born in FY1995 (approx. 21,000) and FY2000 (approx. 20,000) have been carried out in FY2025. Examinations for those born in FY1996 (approx. 21,000) and FY2001 (approx. 20,000) will be carried out in FY2026.

2.1-2 Participation rate by age group

Table 3 shows the participation rate for each age group as of April 1 of each fiscal year.

Table 3: Participation rates by age group

			Total	Age group	
FY2025	Age group*			13 to 17 years old	18 to 24 years old
	Eligible persons	(a)	98,987	46,935	52,052
	Participants	(b)	1,751	1,682	69
	Participation rate (%)	(b/a)	1.8	3.6	0.1
FY2026	Age group*			13 to 17 years old	18 to 24 years old
	Eligible persons	(a)	72,962	26,982	45,980
	Participants	(b)	93	45	48
	Participation rate (%)	(b/a)	0.1	0.2	0.1
Total	Eligible persons	(a)	171,949	73,917	98,032
	Participants	(b)	1,844	1,727	117
	Participation rate (%)	(b/a)	1.1	2.3	0.1

* Age groups are based on ages as of April 1 of each fiscal year.

2.1-3 Comparison of the sixth- and seventh-round survey results

Table 4 compares the results of two Full-Scale Surveys (the sixth- and seventh-round surveys).

Among 281 (sum of *1) participants with Grade A1 and A2 results in the sixth-round survey, 279 (sum of *2, 99.3%) had Grade A results, and 2 (sum of *3, 0.7%) had Grade B results in the seventh-round survey.

Among 4 participants with Grade B results in the sixth-round survey, 1 (sum of *4, 25.0%) had Grade A results, and 3 (75.0%) had Grade B results in the seventh-round survey.

Table 4: Comparison of the sixth- and seventh-round surveys

			Results of the sixth-round survey* a (%)	Results of the seventh-round survey** A		B	C
				A1 b (b/a)	A2 c (c/a)	d (d/a)	e (e/a)
Results of the sixth-round survey	A	A1	*1 62 (100.0)	*2 48 (77.4)	*2 14 (22.6)	*3 0 (0.0)	0 (0.0)
		A2	*1 219 (100.0)	*2 24 (11.0)	*2 193 (88.1)	*3 2 (0.9)	0 (0.0)
	B		4 (100.0)	*4 0 (0.0)	*4 1 (25.0)	3 (75.0)	0 (0.0)
	C		0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
	Did not participate		31 (100.0)	5 (16.1)	26 (83.9)	0 (0.0)	0 (0.0)
Total			316 (100.0)	77 (24.4)	234 (74.1)	5 (1.6)	0 (0.0)

* The figures in the upper row indicate the number of participants whose results from the seventh-round survey match those from the sixth-round survey; they do not represent a breakdown of all sixth-round survey results.

** The upper row shows the distribution of the seventh-round survey results in relation to the sixth-round survey results. (number of participants). The lower row shows the corresponding proportions (%).

Regarding Leaflets on the Advantages and Disadvantages of the Thyroid Ultrasound Examination (TUE) in the Fukushima Health Management Survey

Additional Explanation

1. Based on the results of the TUE Full-scale Survey (5th round), 1.2% of examinees had grade B findings, for which a follow-up confirmatory examination is recommended. However, the remaining 98.8% did not require confirmatory examination. Please refer to "Examination Results to Date" on the next page.
   As of March 31, 2025, 5.6% of examinees had grade B findings at the Age 25 Survey, and 8.8% at the Age 30 Survey, suggesting age-related changes.
2. In Japan, surgery with limited resection is selected for many early-stage cancers, resulting in fewer surgical complications compared to Europe and the United States.
   While not representative of Japan as a whole, 220 pediatric to young adult thyroid cancer cases treated at Fukushima Medical University (FMU) Hospital were compared with thyroid cancer cases in Belarus following the Chornobyl accident, with the following results:

   Prevalence of hypothyroidism (8.7% vs. 57.6%)
   Incidence of hypoparathyroidism (0.9% vs. 12.3%)
   Recurrent laryngeal nerve palsy rate (0.5% vs. 6.8%)
   *The numbers in parentheses indicate FMU (first) and Belarus (second), using data from 125 cases.

3. It has not been scientifically established whether detecting thyroid cancer via ultrasound before symptoms appear can reduce cancer mortality.

4. Thyroid cancer is generally considered to progress slowly and have a low mortality rate. Except when it is detected at an advanced stage, many cases are curable with treatment. Treatment primarily involves surgery, but for small cancers, observation without surgery may be chosen.

5. Nodules 5.0 mm or smaller and cysts 20.0 mm or smaller are graded as A2. In the Preliminary Baseline Survey, 47.8%, and in the 5th round full-scale survey, 70.0% of participants had non-cancerous findings. Participants with grade A2 are not eligible for confirmatory examination.
   Nodules, also called "lumps," are areas of changed cell density within the thyroid gland. Nodules can be benign or malignant (cancerous), with most being benign.

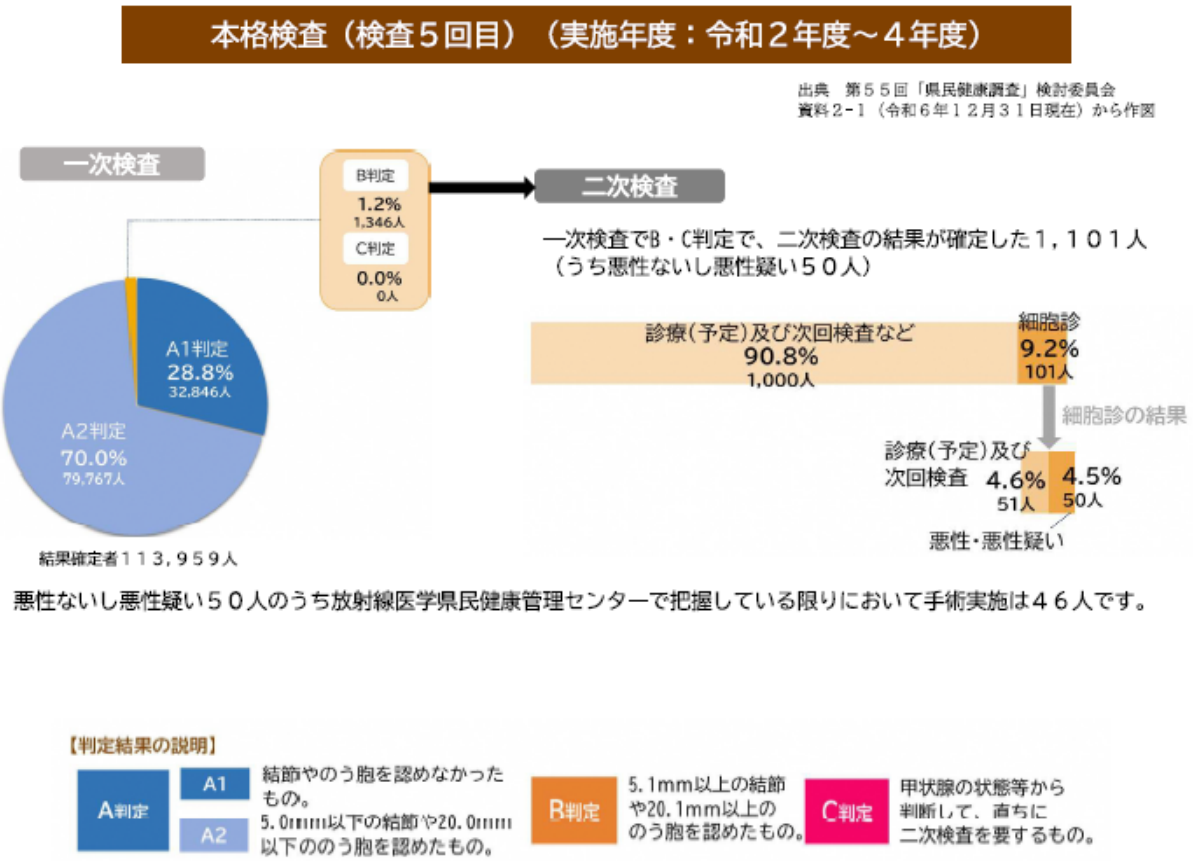
Evaluation of results from the Preliminary Baseline Survey to the 5th Full-scale Survey

In July 2025, the 25th Thyroid Examination Evaluation Subcommittee summarized findings from the Preliminary Baseline Survey through the Full-scale Survey (5th round). These findings were reported to the 56th Oversight Committee Meeting that same month as follows.

As a summary of the analysis results to date,
"No consistent relationship (dose-response relationship) between radiation exposure dose and the detection rate of malignant or suspected malignant lesions from the Preliminary Baseline Survey to the Fifth-round Survey was found that would otherwise suggest that the detection rate increases with higher radiation exposure doses.
Therefore, no association between thyroid cancer and radiation exposure was recognized from the Preliminary Baseline Survey to the Fifth-round Full-scale Survey."
Considering that more multifaceted and layered analyses were possible compared to the summary up to the Fourth-round examination, this conclusion is clearer than the summary made at that stage.

Furthermore, regarding future examinations, the view was expressed that "examinations should be conducted in a manner that allows residents to make decisions based on sufficient information, including clearly communicating the advantages and disadvantages of the examinations, as well as the evaluations and findings obtained from this summary."

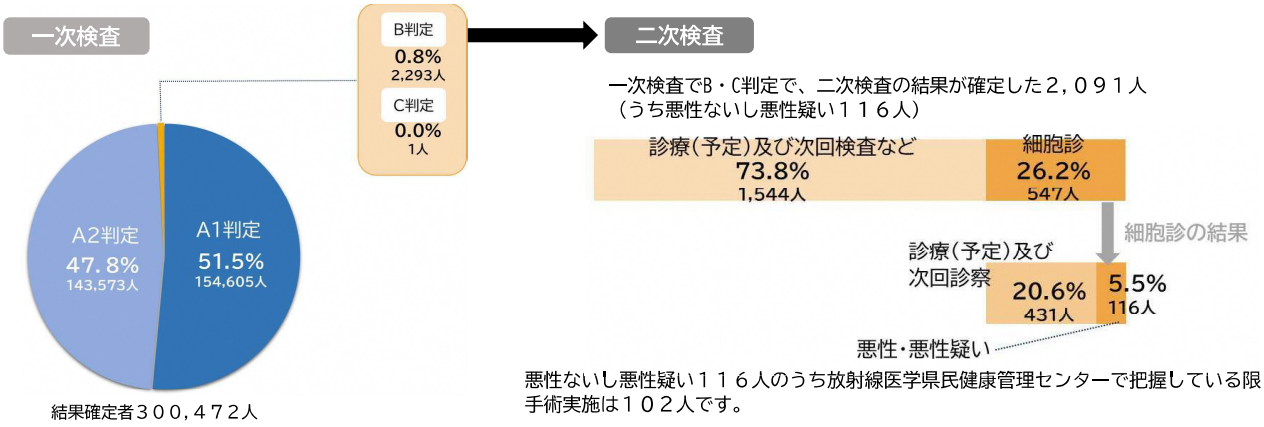
*Source: Document 5-2 The 56th Oversight Committee Meeting



■これまでの検査結果

先行検査（実施年度：平成２３年度～２５年度）

出典　第３１回「県民健康調査」検討委員会
資料３－１（平成３０年３月３１日現在）から作図

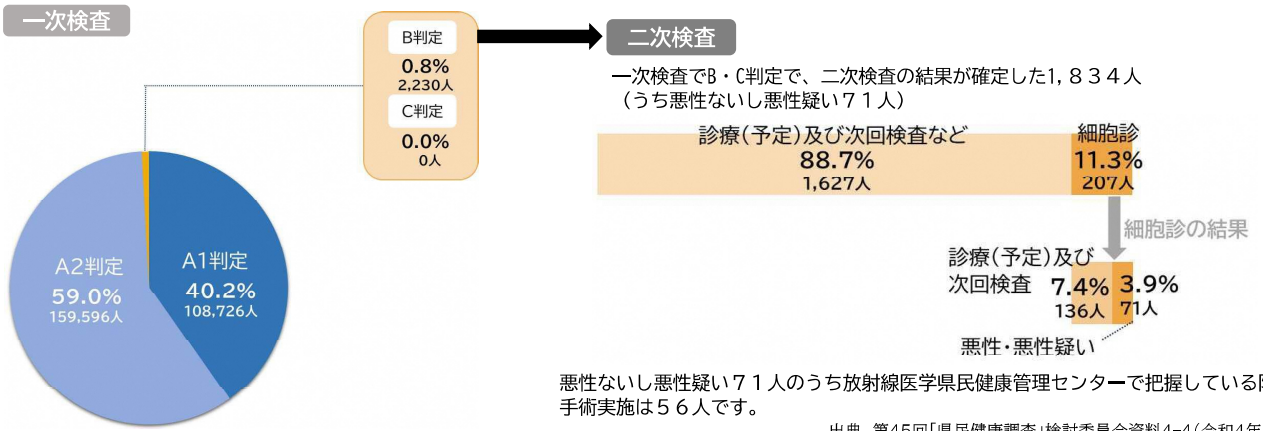


結果確定者３００，４７２人

悪性ないし悪性疑い１１６人のうち放射線医学県民健康管理センターで把握している限りにおいて手術実施は１０２人です。

本格検査（検査２回目）（実施年度：平成２６年度～２７年度）

出典　第４２回「県民健康調査」検討委員会
資料５－２（令和３年３月３１日現在）から作図



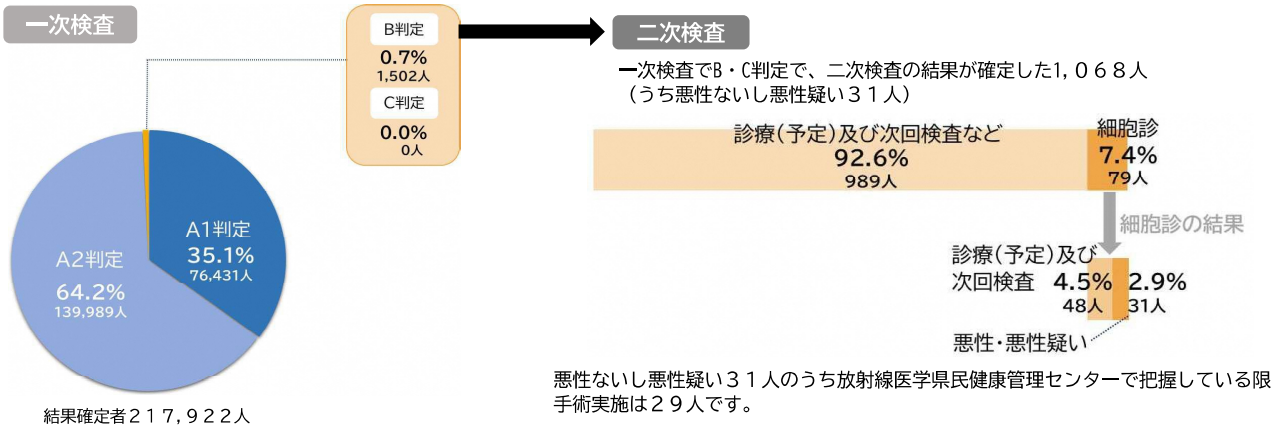
結果確定者２７０，５５２人

悪性ないし悪性疑い７１人のうち放射線医学県民健康管理センターで把握している限りにおいて手術実施は５６人です。

出典　第45回「県民健康調査」検討委員会資料4-4（令和4年3月31日現在）

本格検査（検査３回目）（実施年度：平成２８年度～２９年度）

出典　第４２回「県民健康調査」検討委員会
資料５－３（令和３年３月３１日現在）から作図

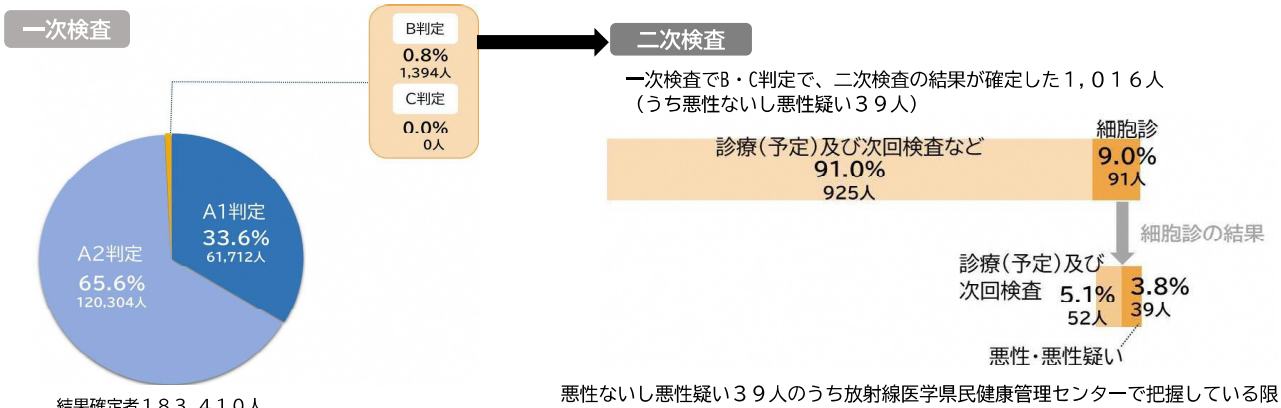


結果確定者２１７，９２２人

悪性ないし悪性疑い３１人のうち放射線医学県民健康管理センターで把握している限りにおいて手術実施は２９人です。

本格検査（検査４回目）（実施年度：平成３０年度～令和元年度）

出典　第４６回「県民健康調査」検討委員会
資料１－１（令和４年６月３０日現在）から作図



結果確定者１８３，４１０人

悪性ないし悪性疑い３９人のうち放射線医学県民健康管理センターで把握している限りにおいて手術実施は３４人です。

【判定結果の説明】

- A判定
  - A1　結節やのう胞を認めなかったもの。
  - A2　5.0mm以下の結節や20.0mm以下ののう胞を認めたもの。
- B判定　5.1mm以上の結節や20.1mm以上ののう胞を認めたもの。
- C判定　甲状腺検査の状態等から判断して、直ちに二次検査を要するもの。

Implementation overview of the Questionnaire Survey on Thyroid Ultrasound Examination (Draft)

November 20, 2025
Fukushima Prefecture,
Fukushima Health Management Survey Division

1. Purpose of the Questionnaire Survey

(1) The Survey aims to assess the level of awareness among examinees and parents/guardians regarding the advantages and disadvantages of thyroid examinations, and to inform discussions on improving the content and methods of information dissemination related to those advantages and disadvantages.

(2) In light of conclusions presented in the Subcommittee Summary prepared in July 2025, which stated that “it is important to continue providing opportunities for thyroid examinations while respecting residents’ intentions, and that continuous implementation of questionnaire surveys is necessary to appropriately ascertain those intentions,” and that “to ensure voluntariness, appropriate provision of information is essential; therefore, examinations should be conducted in a manner that enables residents to make informed decisions based on sufficient information, including not only the advantages and disadvantages of the examination but also the evaluations and findings obtained in the present summary,” this survey aims to identify residents’ intentions regarding participation in thyroid examinations and the types of information required when considering future examination methods.

2. Implementing Body

The survey will be implemented by Fukushima Prefecture and conducted through outsourcing to a survey company or similar entity.

3. Survey Period

Around August 2026 (tentative).

4. Survey Methods

(1) The questionnaire and *“Advantages and Disadvantages of Thyroid Ultrasound Examination”* booklet will be mailed to survey participants.

(2) Responses may be submitted by mail or via a web-based response form, allowing for online participation.

(3) In principle, the survey items will follow those used in the survey conducted in 2023, with approximately 20 questions (including sub-questions). The estimated time required to complete the questionnaire is approximately 20–25 minutes.

(4) The survey will be conducted anonymously, with no attempts to identify individual respondents.

5. Survey Participants

(1) **Number of participants**
Approximately 381,000 individuals.

(2) **Sampling method**
Participants will be randomly selected from the following four groups as the population base (as of January 1, 2026):

- **A.** When the Thyroid Ultrasound Examination participants are under 16 years old:
  The parents/guardians of eligible participants
- **B.** When the eligible examinee is aged 16 to 18:
  a. The eligible participants
  b. The parents/guardians of eligible participants (not necessarily the parents/guardians of (a))
- **C.** When the eligible examinee is 18 years of age or older:
  The eligible participants

6. Number of Questionnaires Distributed

(Persons)

Category (as of April 1, 2026)	Population group	Population size	Expected responses	Number distributed
A	Parents/guardians of eligible examinees under 16	approx. 47,000	approx. 400	4,000
B-a	Eligible examinees aged 16 to 18	approx. 34,000	approx. 400	4,000
B-b	Parents/guardians of eligible examinees aged 16 to 18	approx. 34,000	approx. 400	4,000
C	Eligible examinees aged 18 or older	approx. 301,000	approx. 400	8,000
Total		approx. 416,000	approx. 1,600	20,000

7. Timing of Reporting Survey Results

Around February 2027 (tentative).

Reference

Excerpt from "Summary of Results from the Preliminary Baseline Survey through the Full-Scale Survey (5th Round)."
(56th Fukushima Health Management Survey Oversight Committee, Document 5-2)

(3) Perspectives on Future Examinations and Information Dissemination to Residents

The Thyroid Ultrasound Examination (TUE) program has been conducted to monitor children's health over the long term, in the context of voluntary participation. Fukushima Prefecture also ascertained residents' intentions through a questionnaire survey conducted in 2023. In light of this, it is important to continue providing opportunities for examination, and continuous implementation of questionnaire surveys is necessary in order to appropriately understand residents' intentions.

At the same time, summaries up to the fourth round of examinations have pointed out that, while thyroid examination may have advantages such as providing reassurance and potentially improving quality of life, there are also possible disadvantages, including physical and psychological burdens and the possibility of diagnosing and treating cancers that would not cause symptoms or lead to death. Therefore, examinations must be conducted voluntarily, with adequate understanding and consent from examinees. This point is emphasized again here.

Furthermore, to ensure voluntariness, the appropriate provision of information is essential. Examinations should be implemented in a manner that enables residents to make informed decisions based on sufficient information, including not only the advantages and disadvantages of the examination but also the evaluations and findings obtained in the present summary.

Based on these findings and residents' perceptions ascertained through the questionnaire survey, future examination methods should be assessed by the Oversight Committee.

Effects of an explanatory document on the advantages and disadvantages of the Thyroid Ultrasound Examination (TUE) on participants' intention to undergo TUE: A questionnaire survey

Summary

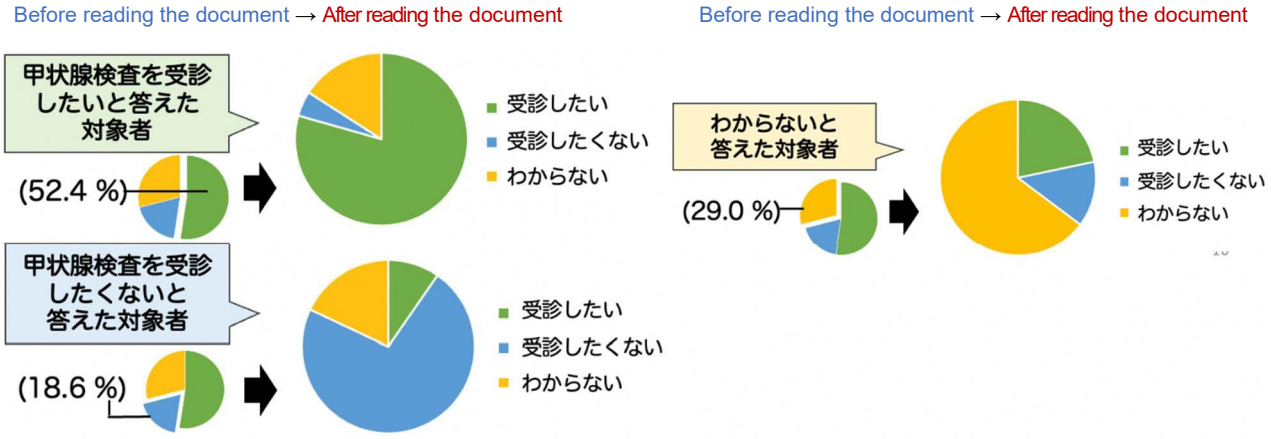
The purpose of the present study was to investigate how the intentions of Fukushima adolescents to participate in the Thyroid Ultrasound Examination (TUE) program changed after reading an explanation of its merits and demerits.

Methods

This study employed a questionnaire survey. The final analysis included 1,234 individuals aged 16 years and older who were eligible for TUE. First, background information and intention to undergo TUE were surveyed (Survey 1). Next, participants read an explanatory document about the advantages and disadvantages of TUE. Finally, the comprehensibility of the document explaining advantages and disadvantages, and people's intention to undergo TUE, were surveyed (Survey 2).

Results

After reading the explanatory document about advantages and disadvantages, the overall proportion of participants intending to undergo TUE showed no significant change.



Among participants who had prior knowledge of the advantages and disadvantages of TUE, 77.8% did not change their intention regarding whether to undergo the examination. Among those who did not have such prior knowledge, 70.5% did not change their intention. The largest proportion of change in intention regarding participation in TUE was observed among participants who had originally responded that they were unsure whether they wished to undergo the examination.

Conclusion

Providing information on the advantages and disadvantages of TUE is particularly important for the group of individuals who initially responded that they were unsure whether they wished to undergo the examination. In this group, the highest proportion of participants showed a change in their intention to undergo TUE after reading the explanatory document.

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Journal: Endocrine Journal (in press)

Effects of an explanatory document on the advantages and disadvantages of the Thyroid Ultrasound Examination (TUE) program in the Fukushima Health Management Survey on parental intentions regarding their children's participation in TUE: A questionnaire survey

Summary

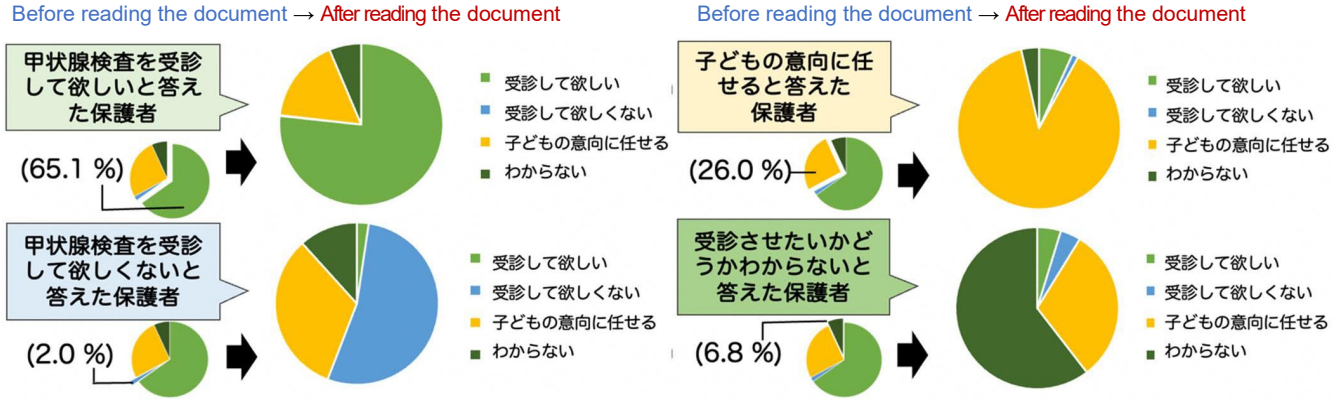
The purpose of this study was to clarify how parents' intentions regarding their children's participation in TUE changed after reading an explanatory document describing the advantages and disadvantages of the examination.

Methods

This study employed a questionnaire survey. A total of 2,200 parents with children under 18 years of age were included in the final analysis. First, information on parental characteristics and parents' intentions regarding their children's participation in TUE was collected (Survey 1). Next, parents were asked to read an explanatory document describing the advantages and disadvantages of TUE. Finally, the comprehensibility of the explanatory document and parents' intentions regarding their children's participation in thyroid examination were assessed (Survey 2).

Results

After reading the explanatory document on the advantages and disadvantages of TUE, the number of parents who responded that they wanted their child to undergo the examination and those who responded that they did not want their child to undergo the examination both decreased, whereas the number of parents who responded that they would leave the decision to their child or that they were unsure increased.



This trend was particularly pronounced among parents who had no prior knowledge of the advantages and disadvantages of TUE. The proportions of parents whose intentions changed from "wanting their child to undergo the examination" to "leaving the decision to their child" (odds ratio [95% confidence interval], 1.76 [1.32–2.34]) or to "unsure" (odds ratio [95% confidence interval], 2.97 [1.87–4.71]) were higher in the group without prior knowledge than in the group with previous knowledge.

Conclusion

Repeated provision of information on the advantages and disadvantages of the examination may be necessary to support informed and appropriate decision-making among parents.

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Proposed Agenda Items for the Thyroid Examination Evaluation Subcommittee of the Oversight Committee for the Fukushima Health Management Survey

November 20, 2025

1. Analysis and Evaluation of Thyroid Examination Results

2. Analysis Utilizing Regional Cancer Registry and National Cancer Registry Data

3. Other Matters Directed by the Oversight Committee