

00-05

## STATEMENT OF POLICY

### Immunization Infrastructure Funding

#### Policy

The National Association of County and City Health Officials (NACCHO) supports increases in federal funding for the Section 317 Immunization Grant Program to local and state health departments and a simultaneous expansion of the Vaccines for Children<sup>1</sup> program. This will help local governmental public health and its partners conduct the following activities targeted at increasing vaccine coverage rates: (1) provide vaccines for underinsured and uninsured children; (2) build a sustainable immunization infrastructure for operations, vaccine purchase, and distribution; (3) conduct assessments of immunization coverage levels; and (4) improve public outreach and education across the lifespan. Further, a local concurrence policy similar to the one in place for preparedness funds should be established within Centers for Disease Control and Prevention (CDC) requirements for state grants.

#### Justification

Vaccines are cost-effective, preventing morbidity and mortality and protecting children and adults against many serious and potentially fatal diseases.<sup>2</sup> Federal funding has not kept pace with the increasing costs of vaccinating an individual. In 2000, the cost of vaccinating a child consistent with the recommendations from the CDC totaled \$282. By 2007, the cost of fully vaccinating one child per CDC recommendations ballooned to more than \$1,100.<sup>3</sup> Insufficient funding over the past 12 years for the Section 317 Immunization Grant Program<sup>4</sup> has handicapped the ability of local and state health departments to purchase adequate supplies of vaccines; build infrastructure for appropriate vaccine handling, storage, and delivery; conduct necessary assessments; and develop and implement appropriate information management systems.<sup>5</sup>

Maintaining high immunization rates across the lifespan requires continuous, complex, and resource-intensive activity. Movement of less than fully immunized individuals among their healthcare providers and within communities means that immunization status must be reassessed, monitored, and re-documented over the course of completing one immunization or series or more. An important step toward equity in the funding of local immunization programs is reform of the grant process between CDC and state immunization programs. The concurrence requirement codified in the Pandemic and All-Hazards Preparedness Act requires states to obtain public comment and input on their all-hazards public health preparedness and response plans and to gain the concurrence of local health departments on the state plan for spending federal public health preparedness funds has helped to coordinate state and local planning and preparedness.<sup>6</sup> A similar process should also be used as a condition of award of immunization funds to states. This would help assure a fair balance in state allocation of federal funding between states and localities to improve their immunization infrastructures.



Increased funding will support the purchase of additional and new vaccines and the administrative costs associated with their delivery to people and better assure access to vaccines among those without the resources to pay for ever-more expensive vaccine and office visits. Making additional funding available to local health departments will also improve collaboration with a broader spectrum of public health system partners and stakeholders; expand evidence-based office practice and the quality of services delivered; improve the quality with which vaccines are handled and stored; and increase both outreach to, and the education of the public and healthcare providers regarding the vaccines and the diseases they prevent.

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<sup>1</sup> King County Public Health. (2007). Vaccines for Children Program. Accessed on April 5, 2007 from <http://www.metrokc.gov/health/immunization/vfc.htm>.

<sup>2</sup> Centers for Disease Control and Prevention. (2007). *Recommended schedules for children, adolescents, and adults*. Accessed on April 5, 2007 from <http://www.cdc.gov/nip/recs/child-schedule.htm#Printable>.

<sup>3</sup> Association of State and Territorial Health Officials. (2007). *Cost to vaccinate one child in the public sector*. Accessed on October 2, 2007 from <http://www.astho.org/pubs/2007HillCosttoimmunize1.pdf>.

<sup>4</sup> U.S. Congress. Public Health Service Act. Accessed on April 5, 2007 from [http://thomas.loc.gov/cgi-bin/cpquery/?&sid=cp107HO8Rx&refer=&r\\_n=hr168.107&db\\_id=107&item=&sel=TOC\\_17692&](http://thomas.loc.gov/cgi-bin/cpquery/?&sid=cp107HO8Rx&refer=&r_n=hr168.107&db_id=107&item=&sel=TOC_17692&).

<sup>5</sup> Institute of Medicine (U.S.). Division of Health Care Services. (2003). *Setting the course. Part 4*.

<sup>6</sup> Centers for Disease Control and Prevention. *Pandemic influenza guidance supplement to the 2006 Emergency Preparedness Cooperative Agreement*. Accessed on September 21, 2007 from <http://www.bt.cdc.gov/planning/coopagreement/pdf/phase2-panflu-guidance.pdf>.

### **Record of Action**

*Adopted by NACCHO Board of Directors*

*July 19, 2000*

*Updated November 2007*