

STATEMENT OF POLICY

Immunization Infrastructure Funding

Policy

The National Association of County and City Health Officials (NACCHO) supports increases in federal funding to local and state health departments for immunization programs, including additional funding for the Section 317 Immunization Grant Program and expansion of the Vaccines for Children (VFC) program¹. Furthermore, a local concurrence policy similar to the one in place for preparedness funds should be established within the Centers for Disease Control and Prevention (CDC) requirements for state immunization grants.

Justification

Expanding financial support for these programs will help local governmental public health and its partners conduct activities targeted at increasing vaccine coverage rates, including the following: (1) providing vaccines for underinsured and uninsured children; (2) building a sustainable immunization infrastructure for immunization program assessment and assurance operations; (3) keeping pace with the increasing costs of vaccines and their distribution; (4) staying current with the increasing numbers of recommended vaccines and their associated costs; and, (5) improving public outreach and education across the lifespan.

Vaccines and immunization programs have contributed immensely to public health practices and are cost-effective public health tools. Unfortunately, federal funding has not kept pace with the increasing costs of vaccinating an individual. From 2005 to 2009, the cost to fully vaccinate a child increased from \$545 to \$1105 for boys and \$1407 for girls². Maintaining high immunization rates across a lifespan requires continuous, complex, and resource-intensive activity. Movement of less than fully immunized individuals between various healthcare providers and within communities means that immunization status must be reassessed, monitored, and re-documented over the course of completing one immunization, a series or more. Insufficient funding for the Section 317 Immunization Grant Program has handicapped the ability of state and local health departments to purchase adequate supplies of vaccines³; build infrastructure for appropriate vaccine handling, storage, and delivery; conduct necessary assessments; enable local health departments to build their administrative capacity to allow for billing third party payers for administration fees or for the vaccine if it is privately purchased; and develop and implement appropriate immunization information systems (IIS)⁴.

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 as well as to gain the approval of local health departments on the state plan for spending federal public health preparedness funds⁵. This requirement has helped local and state health



departments to coordinate their use of planning and preparedness funds. 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 both the purchase of additional and new vaccines as well as the administrative costs associated with their delivery. This funding will better assure access to vaccines among those without the resources to pay for increasingly expensive vaccines and corollary office visits. Additional funding to local health departments will also help 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.

¹Centers for Disease Control and Prevention. Vaccines for Children Program. Accessed on October 13, 2010 from <http://www.cdc.gov/vaccines/programs/vfc/default.htm>

² Shen, K., Rodewald, L., Birkhead, G., “Perspective of Vaccine Manufacturers on Financing Pediatric and Adolescent Vaccines in the United States”*Pediatrics*. Volume 124: S541-S547, Supplement 5. December 2009.

³ Department of Health and Human Services American Recovery and Reinvestment Act. Accessed on October 6, 2010 from http://www.hhs.gov/recovery/reports/plans/section317immunization_cdc.pdf.

⁴ Institute of Medicine (U.S.). Division of Health Care Services. (2003). *Setting the course. Part 4*.

⁵ 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>.

Related Policy Statements

(No number yet) Immunization Information Systems
02-10 Vaccine Supply and Distribution

Record of Action

Adopted by NACCHO Board of Directors

July 19, 2000

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