

Program	FY 2014 Appropriation	FY 2015 President's Budget	FY 2015 ASTHO ¹ Recommendation
Section 317 Immunization Program and Operations	\$612,000,000	\$560,500,000	\$674,000,000

A comprehensive immunization program requires robust infrastructure at the federal, state, and local levels. The Section 317 Immunization Grant Program provides core funding for the nation's immunization infrastructure, which strengthens immunization practices in both the public and private sectors, assesses the impact of immunization programs through disease surveillance, supports outbreak investigation and control, and monitors vaccines' effectiveness. A strong public health foundation is vital to achieving national immunization coverage targets and low incidence of vaccine-preventable diseases.

Why Section 317 Funding Is Important:

- Approximately 42,000 adults and 308 children in the United States die annually from vaccine-preventable diseases or their complications.
- The 317 program provides funding for the critical infrastructure that supports the national public sector vaccine delivery system.
- This support structure ensures the effective, safe, and timely vaccination of all those members of our community who need protection from infectious diseases.

Vaccines Save Money and Lives

Vaccinations are one of the most cost-effective public health approaches to reducing healthcare costs because they prevent disease before it occurs and spreads through our communities. For each birth cohort vaccinated against 13 diseases in accordance with the CDC schedule, society saves \$13.6 billion in direct healthcare costs, 42,000 lives are saved, and 20 million cases of disease are prevented (see box).

Cost Effectiveness of Childhood Vaccines for Every Dollar Invested

- Diphtheria, tetanus, and pertussis saves \$47.80.
- Measles, mumps, and rubella saves \$23.30.
- Hepatitis B saves \$2.40.
- Varicella saves \$2.00.
- Inactivated polio saves \$8.60.

Every \$1 spent on childhood vaccines saves \$10.20.

Outbreaks of vaccine-preventable diseases are also costly. A 2008 measles outbreak in San Diego amassed costs of \$176,980. The county and state personnel's investigation and containment efforts came to \$10,376 per case of measles.

¹ The FY 2015 ASTHO recommendation levels have been made comparable to FY 2014 and the FY 2015 president's budget to reflect implementation of the Working Capital Fund.

Immunization



Immunization Is Successful

Thanks to our nation's public health system and resources made available through the 317 program, immunization coverage rates are high in most parts of the United States.

- In 2012, coverage levels of 90 percent or higher were met for four out of seven recommended childhood vaccines.
- Generally, childhood vaccination rates do not significantly vary by race and ethnicity—a testament to a strong program committed to health equity.

Substantial Unmet Need

- The cost to fully immunize one child in the public sector has risen by 500 percent in the past 10 years due to the availability of new vaccines, yet funding has plateaued.
- In spite of many successes, nearly 1 million U.S. children do not receive all of the recommended vaccines each year, resulting in preventable illnesses and higher healthcare costs.

Section 317 Will Continue to Serve as a Vital Tool to Keep Our Population Healthy

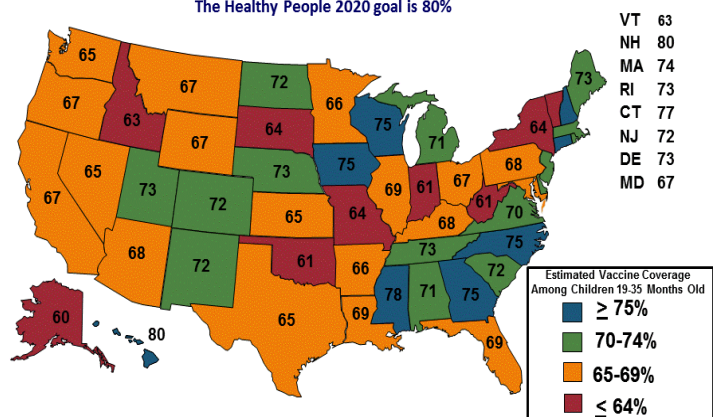
Section 317 funding has been critical to the success of immunization programs throughout the United States. Although healthcare reform will expand insurance coverage for immunization services, even when fully implemented, it will not provide resources for the underlying support structure necessary to ensure effective, safe, and timely vaccination. Behind every vaccine given to a child, adolescent, or adult in the United States, there are public health systems and experts that are essential to a successful immunization program. Only Section 317 funding provides the resources needed to support this infrastructure and maintain critical functions, including:

- Ensuring vaccines reach the appropriate recipients.
- Ensuring accountability in the use of publicly-purchased vaccine.
- Strengthening immunization practices in both public and private sectors.
- Investigating and controlling outbreaks.
- Strengthening immunization information systems (e.g., registries).
- Ensuring systems are in place to quickly communicate with providers and the public during outbreaks.
- Maintaining core capacity to respond to pandemics and epidemics.
- Supporting the Vaccines for Children (VFC) Program at the state level.

These activities are the foundation of the nation's immunization program and are necessary to support the proper administration of vaccines purchased through public programs, including VFC, and private insurance. Public health takes the lead role in ensuring that everyone has access to safe and effective vaccines.

Millions of U.S. Children Are at Risk for Serious Disease

Nationwide, 68% Children 19-35 Months Old Are Adequately Vaccinated*
The Healthy People 2020 goal is 80%



*Routine childhood vaccines: 4+DTaP, 3+Polio, 1+Measles-containing vaccine, full series of Hib, 3+HepB, 1+Varicella, 4+PCV.
Source: CDC National Immunization Survey 2012

January 2014

Association of State and Territorial Health Officials

