

The availability and proper administration of safe and effective immunizations play vital roles in the control and prevention of infectious disease. A comprehensive immunization program requires a robust infrastructure at the federal, state, and local levels. The nation's immunization infrastructure strengthens vaccination 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. Maintaining a strong public health foundation is vital to achieving national immunization coverage targets and low incidence of vaccine-preventable diseases.

The federal Section 317 Immunization Grant Program provides core funding for the nation's immunization infrastructure and has been instrumental in the success of immunization programs throughout the United States. Only Section 317 funding provides the resources needed to support the nation's immunization 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 (i.e. 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) Program¹ 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. It is imperative that this infrastructure be sustained.

New insurance expansions build upon the national immunization system's successes by expanding access to immunization services through public and private health insurance reforms. Effective Oct. 1, 2012, Section-317-purchased vaccine may not be used for routine vaccination of any fully-insured individual.² Children who previously received vaccines at health agencies may now shift to receiving vaccines at private providers' offices. Section 317 funds the underlying support structure to ensure effective, safe, and timely vaccination across all providers. In addition, in some locations, public health agencies will remain essential community providers because sufficient private capacity to vaccinate the population does not currently exist. Section 317 funding remains vital to continue supporting the infrastructure critical to vaccine program success.

¹ VFC provides funding for the purchase of vaccines for Medicaid-eligible children, uninsured children, Native Americans and Alaska Natives, and underinsured children who receive vaccines at rural health clinics or other federally qualified health centers. Children covered under the VFC program receive vaccinations for free at the point of service.

² CDC defines "fully insured" as "anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met." Source: CDC. "Questions & Answers about Vaccines Purchased with 317 Funds." Available at <http://www.cdc.gov/vaccines/spec-grps/prog-mgrs/317-QandA.htm>. Accessed 11-18-2013.

ASTHO has produced and contributed to a suite of resources on immunization infrastructure:

- [Immunization Infrastructure: The Role of Section 317.](#)
- [State and Territorial Immunization Activities.](#)
- [Immunization Hill Day Paper.](#)
- NVAC report: [Protecting the Public's Health: Critical Functions of the Section 317 Immunization Program—A Report of the National Vaccine Advisory Committee.](#)
- ASTHO commentary: [Section 317 Immunization Program: Protecting a National Asset.](#)