

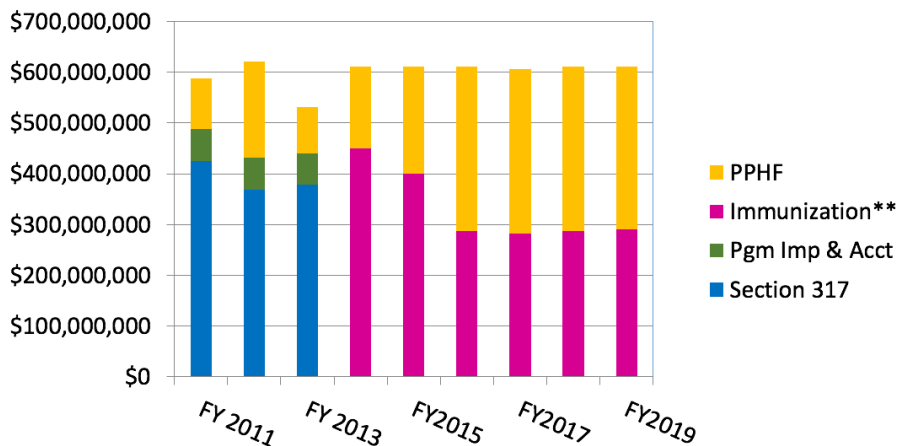


Potential Impact of the Elimination of PPHF Funds on the 64 State, Local and Territorial Immunization Programs

The Prevention and Public Health Fund (PPHF) was created in 2010 as part of the Affordable Care Act. Originally intended to supplement core public health programs with increased investment in disease prevention and health promotion activities, the fund's purpose evolved to support core immunization activities with more than half of immunization programmatic funding coming from PPHF starting in 2016. **(Figure 1)**

Over \$2 billion of PPHF funds have been invested in immunization, including over 700 million of PPHF for the 64 state, territorial, and local public health programs to support core activities in the nation's existing immunization system. PPHF makes up nearly half of all federal funding allocated to conduct immunization program activities.

Figure 1. CDC Discretionary Immunization Funding FY2011 through FY2019¹



¹Reflects FY 2014 Consolidated Appropriation Act appropriation for Immunization.
^{**} FY 2014 Omnibus establishes an Immunization line and eliminates the Section 317 and Program Implementation and Accountability sublines; activities in the former sublines are expected to continue.

Repeal of the Affordable Care Act without replacement of PPHF immunization funds would have immediate and catastrophic consequences:

Drop in Vaccination Rates

PPHF funding supports core immunization activities necessary to maintain high vaccination coverage levels, including staff and technology to track vaccination coverage and contain disease outbreaks. Vaccination rates cannot be sustained without strong immunization information systems (IIS) and experienced public health personnel to administer the Vaccines for Children program, train and educate providers and consumers, enforce school immunization requirements, respond to outbreaks, and conduct basic immunization program activities.

Job Loss

State and territorial immunization programs would experience a minimum 45% cut in program funding if PPHF were eliminated. This cut would result in massive layoffs to state and territorial health department personnel, impacting all aspects of the program from vaccine ordering to provider compliance.

Cuts to Local Health Programs

State and territorial immunization programs distribute PPHF funding directly to local health departments to conduct vaccination clinics, help respond to outbreaks, and work with local schools, WIC clinics, and other community partners to increase vaccination rates. A cut in PPHF would severely limit or end local immunization activities in most communities.

Federal funding supports the vast majority of our daily work to maintain and increase vaccination coverage rates, and assure the viability of vaccine. Without this ongoing support, vaccination coverage rates are likely to fall, more vaccines will be wasted, and storage and handling of vaccine will be compromised—all leading to an increased risk to public health.

— Rhode Island Immunization Program

Disease Outbreaks

In 2016, cases of mumps more than tripled over 2015 levels. Outbreaks were reported in 7 states and cases of infection were reported in 46 states and the District of Columbia.² Several university campuses experienced outbreaks involving hundreds of university students. In 2015 the U.S. experienced a serious outbreak of measles that affected states throughout the nation. Immunization program staff conduct thorough outbreak investigations, identify the source of diseases, prevent the spread of diseases by vaccinating contacts, and offer vaccines and education to affected communities. Without funding to support surveillance and vaccination, disease outbreaks would not be contained and the spread of disease would threaten all U.S. populations. The new threat of Zika virus as well as the continuing cases of mumps, measles, meningitis, hepatitis A, and pertussis demand continued support and funding for outbreak control and investigation.

Increased Risk to Newborn Babies

PPHF helps prevent the transmission of hepatitis B disease from mothers to babies. High risk babies are provided hepatitis B vaccine and treatment at birth to reduce the possibility of contracting the potentially fatal disease from their infected mothers. Without PPHF funds, immunization programs would not have resources to identify infants at risk for disease and provide the required treatment and vaccination to prevent transmission.

Elimination of Targeted Health Programs

PPHF supports special initiatives and programs that address the causes of low vaccination rates and reduce immunization disparities. For example, HPV vaccination coverage rates remain well below Healthy People 2020 goals. PPHF Funds targeted to HPV can help states improve HPV coverage rates to match existing rates for other adolescent vaccines, which would prevent around 12,000 cases of cervical cancer and approximately 4,000 deaths.³

Loss of Critical Technology

Most immunization programs rely on PPHF to maintain and improve immunization information systems (IIS). These systems track vaccinations and share records with providers, parents and schools. They provide efficient vaccine ordering and accountability as well as identify areas of low vaccination and high risk for disease. PPHF is needed to sustain and enhance IIS functionality, continue to enroll providers and integrate IIS with electronic health records (EHRs).

Lack of Community Preparedness

PPHF is used as the cornerstone of public health emergency response to emerging threats such as Zika, the next influenza pandemic and natural and manmade disasters. Immunization programs continuously maintain, improve and test their response systems to prepare for potential threats. Without PPHF, programs will not have the capacity to plan for and respond to emerging virus and disease threats.

¹ Figures were obtained from respective congressional appropriations to the Department of Health and Human Services.

² National Center for Immunization and Respiratory Disease. "Mumps Cases and Outbreaks." Centers for Disease Control and Prevention, 10 Jan. 2017. Web. 18 Jan. 2017. <<https://www.cdc.gov/mumps/outbreaks.html>>.

³ Division of Cancer Prevention and Control. "Cervical Cancer Statistics." Centers for Disease Control and Prevention, 20 June 2016. Web. 18 Jan. 2017. <<https://www.cdc.gov/cancer/cervical/statistics/>>.

If we lose PPHF and funds are not supplemented in other ways, we would lose our division almost entirely. This would include regional staff and central office staff. It would make delivering health care to citizens virtually impossible.

— South Carolina Immunization Program

Community immunity is critically important and is in significant danger if PPHF funds are reduced/removed.

— Arizona Immunization Program

Our work begins with the birth of every baby in this country every day of the week and every month of the year. Every child is part of the work we do daily. Each child needs required vaccines to maintain a healthy life expectancy and he/she depends on the work of Public Health.

— Chicago Immunization Program

Considering that almost half of our funding is now PPHF, I don't know how we could continue to exist without this money. Our immunization registry would come to a halt, and along with it nearly all program improvement strategies that rely on immunization registry information.

— Connecticut Immunization Program

The loss of PPHF funds would have a negative impact on core program activities, including: disease surveillance, investigation, and outbreak control. Planning for public health emergency response would be negatively impacted by a reduction of PPHF funds.

— Louisiana Immunization Program