



Association of
Immunization
Managers

Testimony for the Record to the House Appropriations Committee Subcommittee on Labor, Health & Human Services, Education, and Related Agencies from the Association of Immunization Managers Regarding Funding for Section 317 Immunization Programs

Thank you for considering the recommendation of the Association of Immunization Managers (AIM) to provide \$1.1 billion for the Section 317 Immunization Program. This program reaches every state and Congressional district through funding administered by the Centers for Disease Control and Prevention to your state and local public health agencies. It is the primary source of immunization program funding for 64 jurisdictions, including all 50 states, Washington, DC, five large cities, five territories, and three freely-associated states. The program supports the people, information systems, and community partners that make up our nation's immunization program infrastructure. It funds our shared pursuit of a nation free of vaccine preventable disease.

Next to assuring clean water, vaccines are responsible for the greatest advancement to public health in human history.¹ Diseases such as smallpox and polio that used to kill or maim millions are now eliminated from much of the world or eradicated completely as a result of effective vaccines. Other diseases like measles, mumps, rubella, tetanus, and diphtheria have been reduced by close to 99%.² Indeed, a walk through any old cemetery reveals that – prior to the modern era of vaccines – nearly one third of the graves are those of children who died from now preventable diseases.³ Simply put, vaccines save lives.

¹ Killeen RM. Vaccines – One of the Greatest Medical Advances of Modern Times. *Canadian Pharmacists Journal / Revue des Pharmaciens du Canada*. 2007;140(2_suppl):S2-S2. doi:[10.3821/1913-701X-140-Sp2.S2](https://doi.org/10.3821/1913-701X-140-Sp2.S2)

² Orenstein, Walt and Ahmed, Rafi, Simply put: Vaccination saves lives, April 10, 2017, 114 (16) 4031-4033. PNAS <https://doi.org/10.1073/pnas.1704507114>

³ Davis, Ren. Opinion: Visit to historic cemetery shows power of vaccinations. *Atlanta Constitution Journal*, October 20, 2021. <https://www.ajc.com/opinion/opinion-visit-to-historic-cemetery-shows-power-of-vaccinations/VGZMNQOI3ZDZBE6AN4LMM7CAJY/>

Emerging & Urgent Needs - Vaccination coverage among kindergarteners has dropped a total of two percentage points since the start of the pandemic – from 95% reported in the 2019-20 school year to 93% in the 2021-22 school year. This decline is significant because it means there are more than 275,000 kindergarteners who may not be completely protected against common, and sometimes very serious, vaccine-preventable diseases. To help address pandemic-related declines in routine immunizations, CDC launched Let's RISE, an effort to equip partners and healthcare providers with actionable strategies, resources, and data to support getting all U.S. residents back on schedule with their routine immunizations. Jurisdictions need resources to implement this campaign in every community.

Working in partnership with the CDC, local jurisdictions also respond regularly to disease outbreaks by rapidly identifying and investigating cases, conducting surveillance and laboratory testing, and implementing focused vaccination efforts and other measures to control the spread of disease and prevent future outbreaks. For example, recently CDC worked with New York State's Department of Health and Mental Hygiene (DOH) in response to a case of paralytic polio, which was confirmed in Rockland County, NY, after an unvaccinated person contracted the disease.

Respiratory syncytial virus (RSV) is another emerging priority. RSV is a common respiratory virus that causes annual epidemics that usually peak in winter. RSV is the leading cause of hospitalization in infants. Hospitalization risk decreases with increasing age in young children. For children younger than 5 years old, each year in the United States, RSV leads to approximately 2.1 million outpatient visits, 58,000–80,000 hospitalizations, and 100–300 deaths. During the 2022-23 season, we saw a surge in RSV cases that overwhelmed many pediatric clinics, hospitals, and emergency departments around the country. Among adults ≥65 years of age in the United States, RSV is associated with about 6,000-10,000 deaths, 60,000-160,000 hospitalizations, and 0.9-1.4 million medical encounters per year.⁴

In FY 2024, the CDC and jurisdictions are working to prepare for the potential introduction of multiple new immunizing products that are currently under FDA review. If approved, these products could reduce incidence and severity of RSV infections in infants and older adults; broad access and uptake could result in significant public health impact.

⁴ Department of Health and Human Services, CDC FY 2024 Budget Justification, March 2023. [Fiscal Year 2024 CDC Congressional Justification](#)

The Critical Role of Section 317 Immunization Program - The Section 317 Immunization Program plays a fundamental role in sustaining high vaccination coverage rates to prevent the spread of disease, disability, and death from vaccine preventable diseases (VPDs). Immunization funding supports public health capacity for effective immunization programs and scientifically sound immunization policy. A strong immunization infrastructure at the national, state, and local levels is vital to sustain high vaccination coverage levels and low incidence of VPDs. This funding supports public health preparedness and response to VPD national emergencies, including both naturally occurring pandemics or intentional acts of bioterrorism.

The Section 317 Program supports the purchase of routinely recommended vaccines to protect populations at higher risk that are ineligible for immunizations through the Vaccines for Children (VFC) Program and to meet urgent public health needs such as controlling VPD outbreaks. CDC provides flexibility to states to use purchased vaccines to meet their unique needs and priorities in responding to VPD outbreaks. Public health functions supported by the discretionary program include:

- providing a safety net for those who cannot otherwise access immunization services,
- managing vaccine shortages,
- conducting continual quality improvement efforts with immunization providers,
- monitoring the safety and effectiveness of vaccines and vaccine programs,
- preventing disease outbreaks and responding early and rapidly should they occur,
- responding quickly to other emergencies, such as the recent pandemic,
- managing public sector vaccine ordering and tracking distribution and inventory,
- recruiting and enrolling physicians, pharmacists and other providers in the VFC program, and
- educating providers and the public about new and expanded vaccine recommendations.⁵

⁵ Ibid.

Building on Emergency COVID-19 Funding - To date, the planning and support for COVID-19 vaccine administration has been supported by billions of dollars in COVID-19 supplemental funding. This funding allowed states and jurisdictions to quickly fill gaps, expand, and leverage the nation's childhood immunization infrastructure to build a historic vaccination program, distributing over 800 million COVID 19 vaccines is just under 20 months. This campaign is credited with saving over 3.2 million lives, preventing more than 18.5 million additional hospitalizations, and saving the U.S. \$1.15 trillion in medical costs that would otherwise have been incurred.⁶ The COVID Vaccination program is one of the greatest bi-partisan public investments in U.S. history. The gaps this program filled should not be allowed to re-emerge.

Now is the time to sustain and build upon these improvements. COVID-19 has killed more Americans than the combined combat deaths from all the wars in which the U.S. has participated. Yet returning to pre-pandemic funding levels would assure that our nation repeats the tragic pattern of neglect that followed nearly every previous public health emergency. When this emergency funding soon expires, our immunization programs will shrink back to near pre-pandemic levels. This is akin to building a fleet of battleships that are sent out to win one battle, and then immediately brought back to be scrapped or mothballed. **We should not mothball our expanded immunization infrastructure, but rather assure both everyday effectiveness and pandemic preparedness by providing adequate funding of \$1.1 billion in FY 2024.**

We urge this committee to recognize that strong immunization programs are critical to our nation's economic progress, bioterrorism preparedness, and national security. Additionally, increased resources are needed to continue to protect against VPDs across the lifespan by increasing vaccination coverage rates and helping to control respiratory diseases, including influenza. Increased funds will build upon emergency investments in the COVID-19 vaccine program by supporting essential activities aimed at strengthening the immunization infrastructure for adults, addressing disparities in adult vaccine coverage, and supporting vaccine efforts across the lifespan.

Prior to the pandemic, immunization policy had always been bi-partisan because it appeals to our mutual belief that no one should suffer from something that is preventable. We look forward to regaining that common ground. These investments will help ensure all our

⁶ Meagan C. Fitzpatrick et al., "Two Years of U.S. COVID-19 Vaccines Have Prevented Millions of Hospitalizations and Deaths," *To the Point* (blog), Commonwealth Fund, Dec. 13, 2022. <https://doi.org/10.26099/whsf-fp90>

communities are protected by a strong immunization system that provides coverage and access to life-saving vaccines that are safe and effective.

