

Birthing Institutions and the Vaccines for Children Program



Association of
Immunization
Managers

What is the Vaccines for Children program?

The [Vaccines for Children \(VFC\) program](#) is a federally funded, jurisdiction-administered program which provides vaccines recommended for children and adolescents by the Advisory Committee on Immunization Practices (ACIP) at no cost to eligible individuals from birth through age 18 years. Children and adolescents are eligible for VFC vaccines if they are:

- Eligible for Medicaid,
- Uninsured, underinsured,¹ or
- American Indian or Alaska Native.

Approximately 50% of children in the U.S. are eligible to receive vaccines through the VFC program.¹ In some states, a state-specific funding mechanism is used to supplement the federal program and provide ACIP recommended vaccines to all children and adolescents, regardless of insurance status. Approximately 37,000 medical offices, hospitals, community-based clinics, pharmacies, and other providers of pediatric vaccinations participate in the VFC program.² According to [estimates from the Centers for Disease Control and Prevention](#), between 1994 and 2021, the VFC program helped to prevent 472 million illnesses, nearly 30 million hospitalizations, more than one million deaths, and saved nearly \$2.2 million in total societal costs.

How does the VFC program work?

The CDC purchases vaccines from manufacturers at discounted rates and distributes them to VFC-enrolled healthcare providers at the direction of [the 64 state, local, and territorial immunization programs](#). These immunization programs are usually housed within the jurisdiction's department of health and are responsible for the administration of the VFC program for their jurisdiction. Immunization programs enroll healthcare providers—such as physician offices,

DEFINITIONS

BIRTHING INSTITUTIONS

Includes private or public hospitals with an obstetric unit, birthing centers, or standalone birthing hospitals.



hospitals, and pharmacies—into the VFC program and provide VFC vaccines to them at no cost. VFC program providers administer the vaccines to eligible children and adolescents at no cost to families. Providers can charge a set fee to administer each vaccination, but if the family cannot afford the fee, patients cannot be turned away due to inability to pay. All immunization programs follow and enforce the federal VFC program requirements, and most immunization programs supplement the federal requirements with additional jurisdiction-specific program requirements that participating providers must follow. These requirements are in place to ensure the viability of every vaccine dose that is given and to prevent fraud and abuse of the program.

Why should birthing institutions participate?

Birthing institution participation:

+ Ensures equitable access to immunizations.

As vaccines and vaccine-like products that are included in the VFC program may be cost-prohibitive for families who do not have commercial insurance coverage, birthing institution participation in the VFC program is critical to ensuring equitable access to these products. Nationwide, approximately 50% of newborns qualify for the VFC program, although that percentage varies widely based upon geography and the payer mix of individual birthing institutions.

¹ [The Lifesaving Impact of Vaccines for Children | NFID](#)

² [VFC Program: Free Immunizations When Cost Is a Barrier | AAP](#)

Birthing institution participation:

+ Saves money for hospitals.

Many birthing institutions elect to cover the cost of hepatitis B virus (HBV) vaccines for VFC-eligible newborns directly, without participating in the VFC program. A second immunization, nirsevimab, also prevents respiratory syncytial virus (RSV) infection and has been recommended for administration to all newborns since 2023. Unlike HBV vaccine, nirsevimab is costly and less financially feasible for birthing institutions to provide to their VFC-eligible newborns. Participating in the VFC program reduces financial burden by providing HBV vaccines and nirsevimab at no cost for VFC-eligible newborns.ⁱⁱ While nirsevimab purchase and administration may be bundled in negotiated payments for commercially insured newborns, participation in the VFC program provides birthing hospitals with nirsevimab at no cost for the VFC-eligible population, ensuring equitable access to the immunization and reducing up-front costs for facilities that provide services to those newborns.

+ Protects newborns at the first opportunity.

The CDC recommends giving the first dose of HBV vaccine within the first 12 hours of life and that one dose of nirsevimab be given within the first week of life, ideally during the birth hospitalization in RSV season.ⁱⁱⁱ Providing nirsevimab prior to hospital discharge ensures newborns are protected at the first available opportunity and prior to exposure to RSV in the community.

+ Saves lives and reduces burden on the healthcare system.

Prior to 2023, RSV caused approximately 58,000-80,000 hospitalizations, and 100-500 deaths in children under 5 years of age each year in the U.S.³ Early estimates indicate nirsevimab is 90% effective at preventing RSV hospital admissions⁴ making it likely that the preventative antibody will reduce strain on the healthcare system during respiratory virus season.

³ [Increased RSV Activity in Parts of the SE U.S. | CDC Health Alert Network](#)

⁴ Moline HL, et al. Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus–Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season – October 2023–February 2024. MMWR 2024;73:209–214. DOI: <http://dx.doi.org/10.15585/mmwr.mm730>

ⁱ Underinsured children are eligible to receive [VFC Program](#) vaccine only through a [Federally Qualified Health Center \(FQHC\)](#), or [Rural Health Clinic \(RHC\)](#) or under an approved deputization provider location agreement.

ⁱⁱ In states with universal purchase vaccine policies, providers have one stock of state-supplied vaccine for both privately insured and VFC-eligible patients.

ⁱⁱⁱ In most of the continental US, administration of nirsevimab should begin on October 1 and conclude on March 31. In tropical climates and Alaska, RSV circulation patterns and administration recommendations may differ.

What are the requirements to participate in the VFC program?

VFC program requirements vary by jurisdiction. At minimum, all jurisdictions require providers to sign an agreement annually or biannually, participate in an enrollment visit and subsequent educational visits with trained public health staff, screen and document VFC eligibility at each vaccination encounter, and demonstrate capacity [to properly order, receive and manage vaccines, as well as constantly monitor their vaccine storage temperatures](#). The provider/facility must identify a vaccine coordinator and backup staff and ensure all appropriate staff complete the jurisdiction's training.

DID YOU KNOW?

- + Birthing institutions are not required to carry all ACIP-recommended vaccines to participate in VFC.
- + VFC and commercial vaccines can be stored in the same storage unit.
- + Birthing institutions can participate in the VFC program, regardless of whether they accept Medicaid.



Are there special rules for birthing institutions?

Birthing institutions qualify as “specialty providers” that are allowed to stock and administer only those immunizations which are recommended at birth. All birthing institutions that participate in the VFC program must offer nirsevimab and HBV vaccine to their patients.

To enroll in VFC or learn more about the VFC requirements in your jurisdiction, contact your [state/local/territorial VFC coordinator](#).