

Birthing Institutions and the Vaccines for Children Program



Association of
Immunization
Managers

August 2025

What is the Vaccines for Children program?

The [Vaccines for Children \(VFC\) program](#) is a federally funded, jurisdiction-administered program which provides vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to individuals from birth through age 18 years who 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 [The Centers for Disease Control and Prevention \(CDC\) estimates](#) that vaccination of children born since the VFC program began (between 1994 and 2021), 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 [state, local, and territorial immunization programs](#) with VFC-enrolled health care providers. These immunization programs are responsible for the administration of the VFC program for their jurisdiction. Immunization programs enroll health care providers—such as physician offices,

DEFINITION

BIRTHING INSTITUTIONS

A facility with more than one birth within the past year (Jan 1-Dec 31 of the past year) or at least one registered maternity bed.³



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 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?

+ 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 to receive vaccines through 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](#)

³ [VFC Ops Guide, July 2025 | CDC](#)

+ 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. Since 2023, a second type of immunization, respiratory syncytial virus (RSV) monoclonal antibody (mAb) has been recommended for administration to all newborns to prevent serious illness from RSV disease. Unlike HBV vaccine, RSV mAbs are 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 RSV mAbs at no cost for VFC-eligible newborns.ⁱⁱ While RSV mAb purchase and administration may be bundled in negotiated payments for commercially insured newborns, participation in the VFC program provides birthing hospitals with RSV mAbs 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 RSV mAb be given within the first week of life, ideally during the birth hospitalization in RSV season.ⁱⁱⁱ Providing RSV mAb 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 health care 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.⁴ Nirsevimab was approximately 63% effective at preventing RSV-associated emergency department visits and 80% effective in reducing RSV-associated hospitalization,⁵ reducing strain on the health care system during respiratory virus season.

⁴ Increased RSV Activity in Parts of the SE U.S. | CDC Health Alert Network

⁵ MacNeil M. Effectiveness and impact of RSV prevention products in infants during the 2024-2025 RSV season. Presented at: Advisory Committee on Immunization Practices (ACIP) Meeting; June 25-26, 2025; Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/acip/downloads/slides-2025-06-25-26/03-MacNeil-Mat-Peds-RSV-508.pdf>.

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, monitor and manage vaccines and mAbs](#). The provider/facility must identify a vaccine coordinator and backup staff and ensure all appropriate staff complete the jurisdiction's training.

Quick Facts: RSV mAb Choices

- + As of June 2025, two RSV mAb products are ACIP-recommended for administration to infants: nirsevimab (Beyfortus) and clesrovimab (Enflonsia).
- + Both products are indicated for all newborns, stored under standard refrigeration (2-8 °Celsius), and packaged in pre-filled syringes.



Are there special rules for birthing institutions?

- + Birthing institutions are required to stock and administer only those immunizations which are recommended at birth (HBV and RSV mAbs).
- + VFC providers, including birthing institutions, that do NOT plan to provide vaccines and mAbs to commercially insured patients are NOT required to stock privately purchased vaccines. However, vaccines and mAbs provided by the VFC program MAY NOT be administered to non-VFC-eligible patients (i.e., commercially insured) patients.
- + Birthing institutions can participate in the VFC program, regardless of whether they accept Medicaid (i.e., in order to provide vaccines to uninsured newborns).

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