

Program	FY 2016 Appropriation	FY 2017 President's Budget Request	FY 2017 ASTHO Recommendation
Section 317 Immunization Program and Operations	\$610,847,000	\$560,508,000	\$650,000,000

A comprehensive immunization program requires robust infrastructure at the federal, state, and local levels. The Section 317 Immunization Grant Program provides core funding for the nation's immunization infrastructure, which strengthens immunization practices in both the public and private sectors, assesses the impact of immunization programs through disease surveillance, supports outbreak investigation and control, and monitors vaccine effectiveness. A strong public health foundation is vital to achieving national immunization coverage targets and low incidence of vaccine-preventable diseases.

Why Section 317 Funding Is Important:

- The 317 program provides funding for the critical infrastructure that supports the national public sector vaccine delivery system.
- This support structure ensures effective, safe, and timely vaccination for all members of our community who need protection from infectious diseases.

Vaccines Save Money and Lives

Vaccinations are one of the most cost-effective public health approaches to reducing healthcare costs because they prevent disease before it occurs and spreads through our communities. For each birth cohort vaccinated against 13 diseases in accordance with the CDC schedule, the United States saves money and lives. A recent [analysis](#) concluded that routine childhood vaccination will prevent 322 million cases of disease and about 732,000 early deaths among children born during 1994–2013, for a net societal cost savings of \$1.38 trillion.

Cost Effectiveness of Childhood Vaccines for Every Dollar Invested

- Diphtheria, tetanus, and pertussis saves \$47.80.
- Measles, mumps, and rubella saves \$23.30.
- Hepatitis B saves \$2.40.
- Varicella saves \$2.00.
- Inactivated polio saves \$8.60.

Every \$1 spent on childhood vaccines saves \$10.10.

Containing and responding to a disease outbreak like measles is expensive for state and local governments. A [March 2014 study](#) found that in 2011, 16 measles outbreaks resulted in a total of 107 cases and cost local and state public health departments an estimated \$2.7 million to \$5.3 million.

Immunization Is Successful

Thanks to our nation's public health system and resources made available through the 317 program, immunization coverage rates are high in most parts of the United States.

- In [2014](#), four out of seven recommended childhood immunizations reached coverage levels of 90 percent or higher.

Immunization



- Generally, childhood vaccination rates do not significantly vary by race and ethnicity—a testament to a strong program committed to health equity.

Substantial Unmet Need

- The public sector cost to fully immunize one child has risen by more than 500 percent in the past 15 years due to the availability of new vaccines. However, funding has plateaued.
- In spite of many successes, [28 percent](#) of U.S. children did not receive all of their recommended vaccines in 2014, resulting in preventable illnesses and higher healthcare costs.

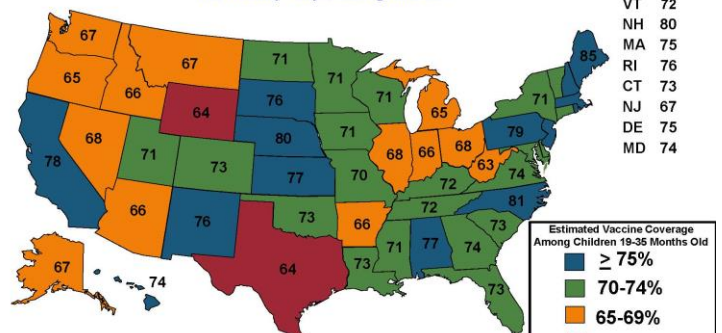
Section 317 Will Continue to Serve as a Vital Tool to Keep Our Population Healthy

Section 317 funding has been critical to the success of immunization programs throughout the United States. Although healthcare reform will expand insurance coverage for immunization services, even when fully implemented it will not provide resources for the underlying support structure necessary to ensure effective, safe, and timely vaccination. Behind every vaccine given to a child, adolescent, or adult in the United States, there are public health systems and experts that are essential to a successful immunization program. Only Section 317 funding provides the resources needed to support this infrastructure and maintain critical functions, including:

- Ensuring that vaccines reach the appropriate recipients.
- Ensuring accountability in the use of publicly-purchased vaccines.
- Strengthening immunization practices in both public and private sectors.
- Investigating and controlling outbreaks.
- Strengthening immunization information systems (e.g., registries).
- Ensuring that 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 Program at the state level.

Millions of U.S. Children Are at Risk for Serious Disease

Nationwide, 72% Children 19-35 Months Old Are Adequately Vaccinated*
The Healthy People 2020 goal is 90%



*Routine childhood vaccines: ≥4 doses of DTaP, ≥3 doses of poliovirus vaccine, ≥1 dose of measles-containing vaccine, full series of Hib vaccine (≥3 or ≥4 doses, depending on product type), ≥3 doses of HepB, ≥1 dose of varicella vaccine, and ≥4 doses of PCV

Source: CDC National Immunization Survey 2014

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Association of State and Territorial Health Officials



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 Vaccines for Children, and private insurance. Public health takes the lead role in ensuring that everyone has access to safe and effective vaccines.