

THE 317 COALITION

FY 2018 Labor-HHS-Education Appropriations Bill

Centers for Disease Control and Prevention

Immunization

(Dollars in Thousands)

Program	FY 2017 Appropriation	FY 2018 President's Budget	FY 2018 317 Coalition Recommendation	FY 2018 House Appropriation	FY 2018 Senate Appropriation
Section 317 Immunization Program	\$606,792	\$521,000	\$650,000	\$556,792	\$606,972

Vaccines Save Lives and Money – Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. Indeed, we know that for each dollar invested in the U.S. childhood immunization program, there are over ten dollars of societal savings and three dollars in direct medical savings. Moreover, childhood immunizations over the past twenty years have prevented 322 million illnesses, 732,000 deaths, and nearly \$1.4 trillion in societal costs. In the 2014 – 2015 season alone, flu vaccination prevented an estimated 1.9 million illnesses. Maintaining high vaccination coverage is vital for preventing epidemics of diseases that cause preventable illness, disability and death.

Annual influenza epidemics are estimated to result in an average of 3.1 million hospitalized days and 31.4 million outpatient visits, while the direct health care burden of vaccine-preventable diseases in adults is estimated at \$10 billion annually. 2014 saw the largest number of cases of measles in the U.S. since the disease was eliminated in 2000, with over 667 reported cases across 27 states. CDC estimates that it can cost over \$140,000 to contain each individual case of measles. At the beginning of 2015, a measles outbreak stemming from an amusement park in California eventually resulted in over 189 cases among individuals in 24 states plus the District of Columbia. This should serve as a wake-up call. Unfortunately, during the past decade, federal funding has not kept up with the need to support a robust national immunization program.

How the 317 Program Continues to Serve a Critical Role – Vaccines alone cannot protect a population. A strong immunization infrastructure is required to ensure that children, adolescents, and adults receive appropriate immunizations. By partnering at the local and state levels with healthcare providers in the public and private sectors, the program helps assure the implementation of effective and safe immunization practices to achieve high coverage, reduce disparities, and support infrastructure for essential activities.

The Vaccines for Children program, the primary source of federal vaccine purchase funding for children, relies upon the critical infrastructure and operations funded through the Section 317 program to effectively serve millions of children each year. The Section 317 program is the backbone of our nation's public health infrastructure. It supports the science that informs our national immunization policy, provides a safety net to uninsured, low-income adults for vaccine purchases, monitors the safety of vaccines, educates providers, performs community outreach, and conducts surveillance, laboratory testing and epidemiology to respond to disease outbreaks. During the 2015 measles outbreak, 317 funds supported local and state health departments in rapid response, public health communication, data gathering and diagnostics.

Professional Judgment - CDC developed a professional judgment budget estimate that would cover the costs of realizing the prevention opportunities that are in scope for Section 317, accounting for changes in the recommended vaccination schedules, and projecting changes to the immunization financing environment. Program operations include state, local, and national, and come to \$793.2 million. Vaccine purchases include uninsured adults and time-sensitive public health needs, coming to \$246.7 million. In sum, the professional judgment total adds up to over \$1.03 billion.