

THE 317 COALITION

December 9, 2022

The Honorable Patty Murray
Chair
Senate Appropriations
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Washington, DC 20510

The Honorable Roy Blunt
Ranking Member
Senate Appropriations
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Washington, DC 20510

The Honorable Rosa DeLauro
Chair
House Appropriations
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Appropriations
Subcommittee on Labor, Health
and Human Services, Education
and Related Agencies
Washington, DC 20515

Dear Chair Murray and Chair DeLauro and Ranking Members Blunt and Cole:

Thank you for your continued support of the National Immunization Program at the Centers for Disease Control and Prevention (CDC) — known as the “Section 317” program which is the foundation for all immunization programs. We are writing to urge you to include \$860,772,000 for the program in the final FY 2023 conferenced appropriations bill.

Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. Childhood immunizations over the past twenty years have prevented 381 million illnesses and 855,000 deaths and saved nearly \$1.65 trillion in societal costs. Unfortunately, millions of children and adults have missed routine vaccinations due to the pandemic, putting years of success in jeopardy.

Increased funding for the 317 program will be used to build on lessons learned from COVID-19, including the expansion of existing immunization infrastructure, a focus on hard-to-reach communities; support of state and local vaccine systems; and the increase of national scientific, programmatic, and communications activities. Sufficient funding for health departments is essential to maintain critical immunization programs and future outbreak response and control.

Increased funding is critical for Section 317 Immunization Programs to **re-ignite progress to catch up on pre-pandemic routine immunization rates**. A recent study by Avalere found that from January 2020–July 2021, monthly vaccine claims decreased on average by 32% for adults and 36% for adolescents compared to the same months in 2019. Additionally, they found that declines in ACIP-recommended adult vaccinations persisted from December 2020–July 2021.

After the 2019–20 school year, [vaccination coverage](#) decreased by approximately one percentage point for all vaccines in the U.S. This translates to hundreds of thousands of unprotected American children who are at risk for the re-emergence of serious and sometimes deadly diseases like polio and measles. Globally, the WHO and CDC estimate a record high of nearly [40 million children](#) who missed a measles vaccine dose. This requires increased domestic investment because measles and other infectious diseases anywhere are a threat everywhere, as viruses can quickly spread to multiple communities and across international borders. Increased

funding will support efforts to reach those who missed all recommended doses and return to pre-pandemic coverage rates.

Increased funds are also needed **to enhance adult immunization infrastructure**. Vaccinations are critical components of routine healthcare for adults, yet at least 3 out of every 4 adults are missing one or more routinely recommended vaccines. Experts estimate we [spend \\$27 billion a year](#) on treating vaccine-preventable diseases in Americans over age 50, including influenza, pneumococcal disease, and shingles. Expanding program activities such as outreach and education, provider recruitment, vaccine purchase, building vaccine confidence, enhancing information systems, and promoting equity will increase access to all recommended adult vaccines. This can save billions of dollars and hundreds or thousands of lives each year.

Finally, increased investment **will build and sustain preparedness for future emergency vaccine distribution**. Immunization programs will use additional funds to sustain the improvements made with emergency funding. This includes vastly expanding the number of providers who enrolled to assure access to pandemic vaccines to all populations. These providers now transmit data on vaccinations in real time to state immunization information systems. Additional funds are also needed to sustain progress made toward equity in vaccination rates including engagement with communities to address vaccine misinformation and to build trust in public health. These achievements are now spreading to routine and childhood vaccines, with improved data collection and sharing across states and to CDC, allowing the identification of communities at high risk for outbreaks where misinformation and access issues can be addressed.

Increased 317 funding to sustain these improvements is critical because the best predictor of future emergency vaccine distribution will be determined in large part by the strength of state and local vaccination programs during the interpandemic period.

Thank you again for your leadership and support of public health and the 317 Program.

Sincerely,

The 317 Coalition
Association of Immunization Managers
March of Dimes
National Association of County and City Health Officials
Vaccinate Your Family