VACCINES FOR CHILDREN PROGRAM
WHAT IS THE PUBLIC HEALTH ISSUE?

In the past, private providers referred children to public health department clinics for vaccinations when the children lacked health insurance or their health insurance did not cover vaccinations. Since 1994, the Vaccines for Children (VFC) program, established by Section 1928 of the Social Security Act, has allowed children to receive vaccinations as part of routine care, supporting the reintegration of vaccination and primary care. The VFC program serves children through 18 years of age, without insurance, those eligible for Medicaid, American Indian/Alaska Native children, and underinsured children who receive care through Federally Qualified Health Centers (FQHCs) or Rural Health Centers (RHCs). To potentially reach all eligible children under the VFC program, federally purchased vaccines are distributed to public health clinics and enrolled private providers. CDC provides funding to 61 state, local, and territorial immunization programs to support program operations and provide vaccines to participating providers.

Because pediatric vaccine shortages place children and adolescents at an increased risk of preventable infectious diseases, an emergency reserve of vaccine is needed. Therefore, CDC through the VFC program is in the process of building a six-month stockpile of all routinely recommended childhood immunizations to ameliorate short-term supply disruptions or outbreaks of diseases that could be treated with the vaccines held in the stockpile.

WHAT HAS CDC ACCOMPLISHED?

The VFC program is CDC's largest public-private partnership. The VFC program provides publicly purchased vaccines for use by all participating providers. These vaccines are given to eligible children without cost for the vaccines to the provider or the parent. In 2006, the VFC program purchased approximately 62 million doses of routinely recom¬mended pediatric and adolescent vaccines for distribution in the United States. In FY 2006, CDC provided approximately $1.7 billion in VFC funds to state, local, and territorial public health agencies for the purchase of routinely recommended vaccines. Additional funds support some program operations related to the VFC program (vaccine ordering and distribution as well as quality assurance activities with VFC providers) and the establishment of a pediatric vaccine stockpile. VFC funds also support the Vaccine Management Business Improvement Project (VMBIP), a comprehensive review and update of the public pediatric vaccine supply chain from the distribution of vaccine through a central distributor directly to the point of administration (either public clinic or private provider's office). The goals of VMBIP are to achieve efficiencies of scale, improve the visibility of vaccine inventory and achieve potential savings in distribution costs.

By decreasing referrals to public health departments, the VFC program has improved the continuity of care, promoted the "medical home" concept, and contributed to high vaccination coverage levels for young children. In addition, because the VFC program entitles all eligible children to the benefits of newly recommended vaccines, the program provides access to newly recommended vaccines for children in low-income and uninsured families so they do not lag behind children in middle- and upper-income families. As a result of this increased access to recommended vaccines, community immunity levels are strengthened, and children have decreased risks of serious illness and death from vaccine-preventable diseases.

The nation's childhood immunization coverage rates are at record high levels for every vaccine and for all vaccination series measures. As childhood immunization coverage rates increase, cases of vaccine preventable diseases decline significantly. Vaccination coverage has increased greatly for new vaccines such as pneumococcal conjugate vaccine (PCV); coverage for three or more doses in 2005 was 83 percent, a 10 percent increase over 2004 coverage levels. Eliminating health disparities among racial and ethnic populations in the United States is a major public health goal. According to 2005 National Immunization Survey data, there is no statistically significant difference in immunization rates between black and white children nationwide, although pockets of low coverage continue to exist.

The VFC Program provides approximately 43% of all routinely recommended childhood vaccines in the United States. Vaccines are one of the most successful and cost-effective public health tools for preventing

disease, disability and death and for reducing economic costs resulting from vaccine-preventable diseases. An economic evaluation of the impact of seven vaccines (DTaP, Td, Hib, polio, MMR, hepatitis B, and varicella) routinely given as part of the childhood immunization schedule found these seven vaccines prevent over 14 million cases of disease and over 33,500 deaths over the lifetime of children born in any given year. Additionally, vaccination with these seven vaccines results in annual cost savings of $10 billion in direct medical costs and over $40 billion in indirect societal costs.

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WHAT ARE THE NEXT STEPS

The VFC program continues to provide routinely recommended vaccines to eligible children and adolescents at no cost for the vaccines. In 2005 and 2006 there was an unprecedented number of new vaccines and vaccine recommendations including: tetanus-diphtheria-acellular pertussis (Tdap) for adolescents, a universal hepatitis A recommendation, rotavirus for infants, an expansion of the annual influenza recommendation to include all children 6 to 59 months of age, and human papilloma virus (HPV) vaccine for adolescent females. CDC and the VFC program are working to ensure that these new recommendations reach all eligible children and adolescents. CDC received additional VFC operational funds for FY 2007 and FY 2008 to enroll adolescent medical providers in the VFC program in order to better serve this eligible population.

Through the VFC program, CDC is also working to acquire pediatric vaccine stockpiles that provide a six-month supply of all recommended pediatric vaccines.

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