

Dear Members of Congress,

As organizations representing medical professionals, the public health community and individuals who are immunocompromised, we have been encouraged by Congress' interest in doing more to stop current vaccine-preventable disease outbreaks and prevent more from occurring.

Vaccines have led to the elimination of polio, measles and rubella from the United States. However, a confluence of vaccine hesitancy and access issues has led to decreases in vaccination rates and subsequent outbreaks. The 2017-2018 influenza season resulted in over 79,000 deaths,¹ including 185 children, most of whom were unvaccinated.² This number represents more deaths from the flu than any single season since the 1970s. As of April 4, 465 cases of measles have been confirmed in 19 states.³ Beginning in the spring of 2017, hepatitis A outbreaks among people who use drugs and/or are experiencing homelessness, have required a significant and ongoing public health response.⁴ Forty people have died of hepatitis A in Kentucky alone.⁵ Additionally, new cases of hepatitis B (HBV) increased 729% in Maine from 2015-2017⁶, 114% from 2009-2013 in Kentucky, Tennessee and West Virginia⁷, 78% in 2017 in Southeastern Massachusetts⁸, and 56% from 2014-2016 in North Carolina.⁹

The path forward is complicated. As organizations with decades of combined experience working on vaccine policy issues at the state and federal levels, we have compiled our top recommendations:

1. The Centers for Disease Control and Prevention's (CDC's) Immunization Program has seen level funding for approximately 10 years, and the President's budget once again proposes a significant cut to this program. As a result of a decade of flat funding, many state, local, territorial and tribal health departments have been challenged to keep up with the demand for vaccines as well as the need to redouble their efforts to educate the public about the value and importance of vaccines. **We, therefore, recommend the Immunization Program funding be increased from \$610 million to \$710 million in fiscal year 2020.** Evidence shows that for every dollar spent, childhood immunizations save over \$10, which means this investment will in fact result in the country saving money by preventing dangerous diseases. Outbreaks are costly: the Minnesota measles outbreak in 2017 cost Hennepin County, the State Department of Health and the local Minnesota children's hospital \$1.3 million to contain, including \$300,000 in non-reimbursable emergency responses.¹⁰ These costs do not include the amounts incurred by private insurance or the indirect costs incurred by families due to lost days of work or ongoing care.
2. The National Vaccine Program Office (NVPO), established under the Public Health Service Act, plays an essential role in coordinating vaccine efforts across federal agencies. NVPO oversees

¹ <https://www.cdc.gov/flu/about/burden>.

² <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>

³ <https://www.cdc.gov/measles/cases-outbreaks.html>

⁴ <https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm/>

⁵ <http://kentuckytoday.com/stories/hep-a-outbreak-in-ky-nearing-4000-cases-with-40-deaths,17703>

⁶ http://www.maine.gov/dhhs/mecdc/infectiousdisease/epi/hepatitis/documents/2016-HBV_SurvReport.pdf

⁷ <https://www.cdc.gov/mmwr/volumes/65/wr/mm6503a2.htm>

⁸ <https://www.wanderer.com/features/regional-rise-of-hepatitis-b/>

⁹ <https://www.ncdhhs.gov/news/press-releases/hepatitis-b-c-rise-nc-health-officials-encourage-precautions-testing>

¹⁰ <http://www.health.state.mn.us/news/pressrel/2017/measles082517.html>

the implementation of the National Vaccine Plan, which addresses many of the issues we face today in ensuring people of all ages are fully immunized. **We urge you to encourage the Department of Health and Human Services to name a permanent director to NVPO and fully fund the Office at \$6.4 million** in order to create continuity in their important, ongoing efforts.

3. **Congress should request a report by the Government Accountability Office examining the barriers within health care practices to vaccination in areas with low vaccination rates,** including, but not limited to, coding and reimbursement, storage, and supply issues. Private and public partners, including Congress, should then examine the ways in which they can ensure health care providers are best positioned to offer vaccines and vaccination counseling to their patients.
4. In 2011, the [National Academies of Medicine \(NAM\) developed an in-depth examination of every adverse event \(AE\) proposed to be related to vaccination](#). They compiled the existing research on each and determined whether vaccination could possibly be linked to the outcome. Since 2011, more safety research has been conducted, and more vaccines have been introduced, which means the time has come for an updated review by NAM. **We therefore ask Congress to provide funds to NAM for a new examination of vaccine safety.**
5. **Finally, we urge Congress to provide the CDC with sufficient funds to support state, local, territorial and tribal partners and to develop the tools these partners need to conduct a national or targeted education campaigns on the dangers of vaccine-preventable diseases and the value of vaccines.**

We, the undersigned, believe the combination of these policies will strengthen both our vaccine infrastructure as well as the culture around immunizations in this country.

Sincerely,

American Academy of Family Physicians
American Academy of Pediatrics
American College of Obstetricians and Gynecologists
American Public Health Association
The Arizona Partnership for Immunization
Arkansas Immunization Action Coalition
Association of Immunization Managers
California Immunization Coalition
Central Oklahoma Immunization Coalition
Central Pennsylvania Immunization Coalition
Colorado Children's Immunization Coalition
Colorado Parents for Vaccinated Children
Dane County Immunization Coalition (WI)
The Emily Stillman Foundation
EverThrive Illinois
Families Fighting Flu
Greater Salt Lake Immunization Coalition (UT)
Hep B United
Hepatitis B Foundation

Idaho Immunization Coalition
Immune Deficiency Foundation
Immunization Action Coalition
ImmunizeOhio
The Immunization Partnership (TIP)
Immunize Nevada
ImmunizeDC: Immunization Coalition of Washington, DC
Indiana Immunization Coalition
Kentucky Immunization Coalition
Kimberly Coffey Foundation
Langlade County Immunization Coalition (WI)
March of Dimes
Meningitis Angels
The Meningitis B Action Project
National Association of Pediatric Nurse Practitioners
National Consumers League
National Foundation for Infectious Diseases
New Jersey Immunization Network
New York City Adult Immunization Coalition
Oklahoma Alliance for Healthy Families
Oklahoma Caring Foundation
Parents of Kids with Infectious Diseases
Pediatric Nurse Practitioner House Calls (NY)
Sioux Falls Area Immunization Coalition (SD)
Southeast Minnesota Immunization Connection
Southern Wisconsin Immunization Consortium
Tulsa Area Immunization Coalition (OK)
The Utah Chapter of the American Academy of Pediatrics
Vaccinate Your Family
Vaccine Ambassadors
Vaccine Education Center at Children's Hospital of Philadelphia (CHOP)
Washington State Department of Health
West Virginia Immunization Network, a program of The Center for Rural Health Development, Inc.
WithinReach (WA)