

Section 317 Vaccine Purchase Funding: The Challenge of Keeping Pace with New Vaccines

August 13, 2024



Association of
Immunization
Managers

Introduction



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About AIM

- AIM is a nonprofit membership association comprised of the directors of the 64 federally funded state, territorial, and local public health immunization programs.
- AIM's members represent 50 states, 6 major cities, and 8 territories/freely associated states
- **Mission:** Through national leadership, advocacy, collaboration, and a collective voice, AIM represents and supports immunization programs in the development and implementation of effective immunization policies, programs, and practices.

Disclosure

- AIM receives unrestricted educational grants from industry, which carry no conditions or obligations.
- AIM does not endorse specific brands, products, or companies and industry funders do not provide input to AIM policies or procedures.

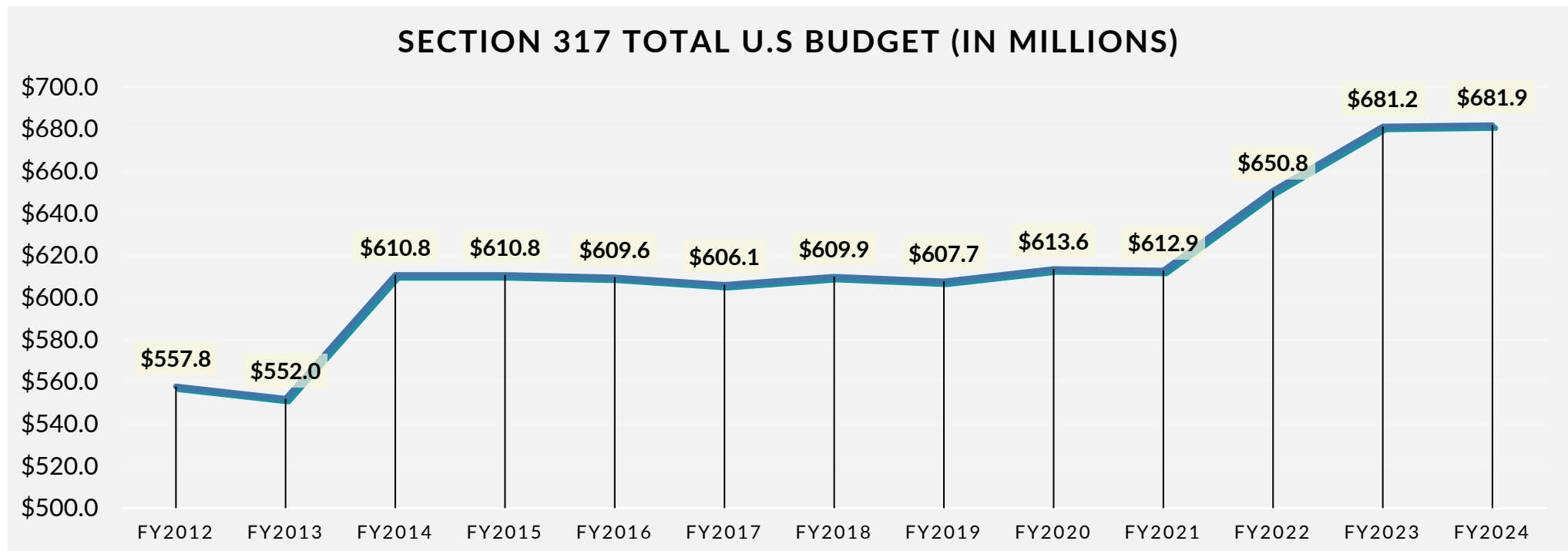
Objectives

- Review the evolution of the cost to vaccinate an adult according to the Advisory Committee on Immunization Practices (ACIP)-recommended adult immunization schedule, 2004-2024
- Compare the cost to vaccinate with funding provided through the Section 317 program
- Discuss the challenge of vaccinating uninsured adult populations with limited public funding

Background

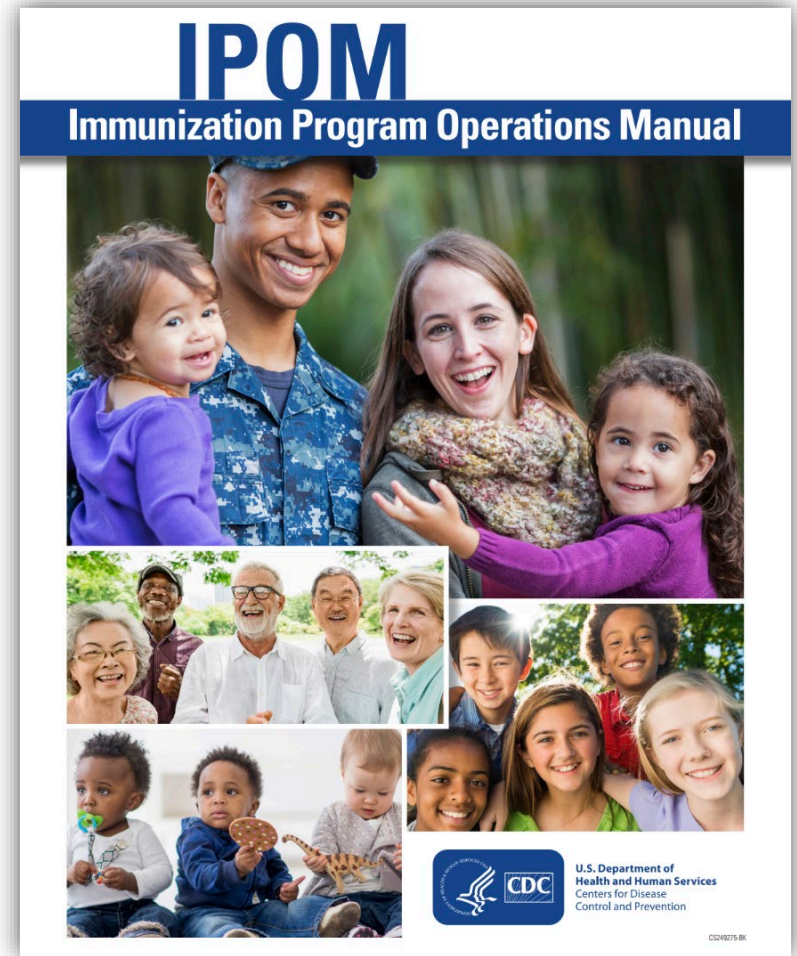
Section 317 Program

- Launched in 1963 under Section 317 of the Public Health Service Act to support immunization program operations and vaccine purchase
- Section 317 amount is determined annually by Congress through the federal budgeting process



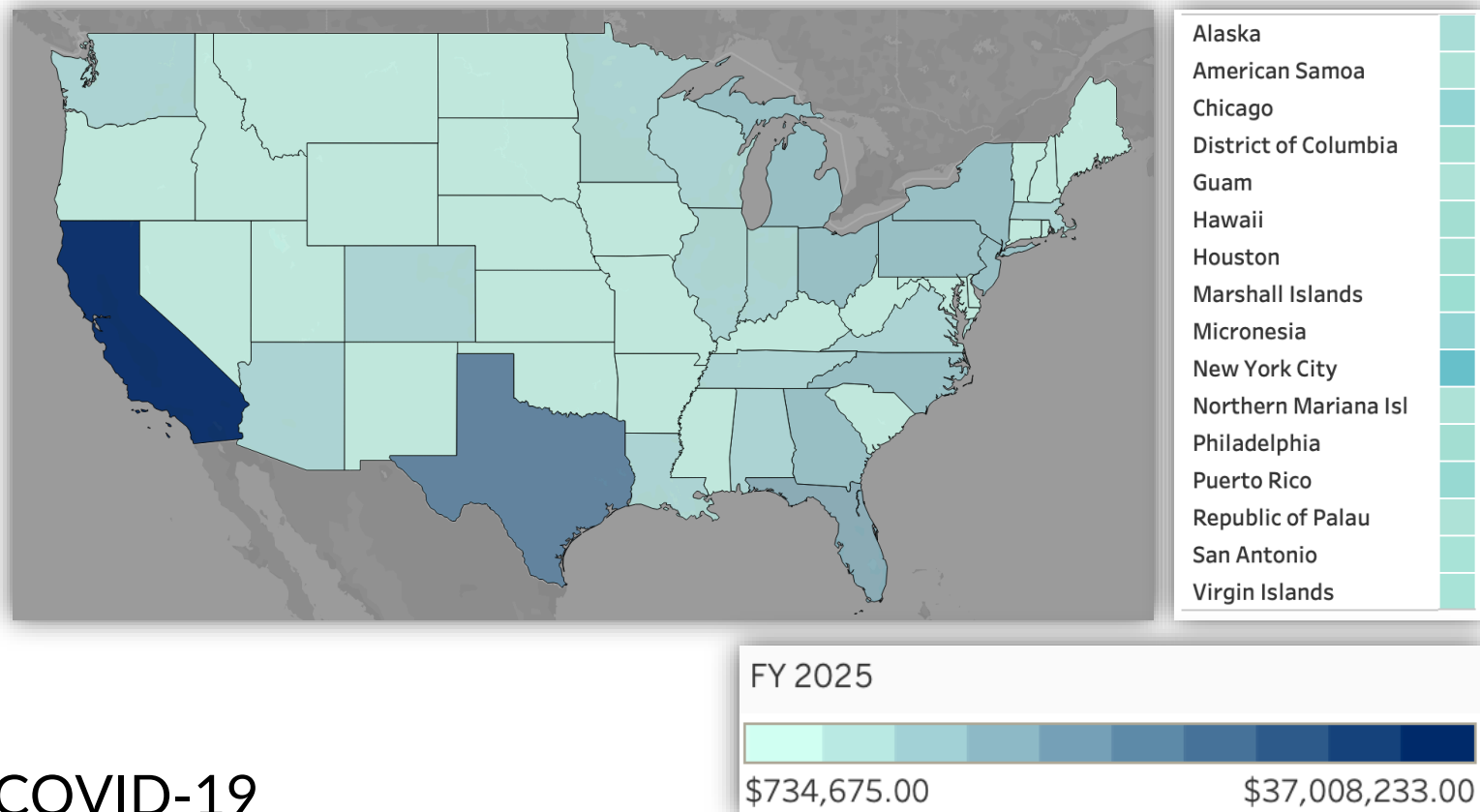
Section 317 Program Vaccine Purchase

- CDC receives Section 317 funding and provides associated vaccine operations and vaccine purchase awards to immunization programs
- Recruiting and maintaining a network of providers to administer Section 317 funded vaccines to eligible adult populations is a required programmatic activity
- Populations eligible for 317-funded vaccine include uninsured and underinsured adults, as well as insured individuals during outbreak response (where screening could be a barrier)



Section 317 Program Funding

- In 2022, CDC released a report at the request of Congress estimating Section 317 needs to be \$1.438 billion per year, including \$405.5 million for adult vaccine purchase
- Current FY2025 Congressional budgets have Section 317 flat-funded for the third year in a row
 - \$681.9 million across all 64 awardees (\$756 million short of what is needed)
 - Despite the addition of new vaccines like RSV and COVID-19



Methods

Data Sources

- The following data points were collected for the years 2004, 2014, and 2024 using publicly available, archived CDC documents
- **Congressional Budget Justifications:** To identify the total amount of Section 317 funding

Congressional Justifications

[Print](#)

This document “justifies” the request by the President and explains the mission of the agency, outlines the goals and objectives of the coming fiscal year, and provides comparative data for the previous, current, and proposed budget.

[FY 2025 Congressional Justification](#)

[FY 2015 Congressional Justification](#)

[FY 2024 Congressional Justification](#)

[FY 2014 Congressional Justification](#)

[FY 2023 Congressional Justification](#)

[FY 2013 Congressional Justification](#)

[FY 2022 Congressional Justification](#)

[FY 2012 Congressional Justification](#)

Data Sources

- The following data points were collected for the years 2004, 2014, and 2024 using publicly available, archived CDC documents
- **ACIP's Adult Immunization Schedules:** To identify the number and types of vaccines recommended for adults each year; individually and as an adult schedule
 - Adult schedule included all recommended vaccine doses for adults 19+ who either met age requirement, lacked documentation of vaccination, or lacked evidence of immunity

Vaccine	Age group (yrs)		
	19–49	50–64	≥65
Tetanus, Diphtheria (Td)*	1 dose booster every 10 years ¹		
Influenza	1 dose annually ²		1 dose annually
Pneumococcal (polysaccharide)	1 dose ^{3,4}		1 dose ^{3,4}
Hepatitis B*	3 doses (0, 1–2, 4–6 mos) ⁵		
Hepatitis A*	2 doses (0, 6–12 mos) ⁶		
Measles, mumps, rubella (MMR)*	1 or 2 doses ⁷		
Varicella*	2 doses (0, 4–8 wks) ⁸		
Meningococcal (polysaccharide)	1 dose ⁹		

Source: CDC

Data Sources

- The following data points were collected for the years 2004, 2014, and 2024 using publicly available, archived CDC documents
- **Vaccines for Children (VFC) CDC Vaccine Price Lists:** To identify the cost of each vaccine on the schedule in that particular year
 - For the month of March
 - Using the least expensive available CDC's Cost/Dose
 - Assumed no combined products

VFC CDC Vaccine Price List Archives

[Print](#)

Please Note: This archive data became available on April 6, 2001.

Related Page:

- [Current Price List](#)

Archives for 2024

- [June 7, 2024 Vaccine Price List](#)
- [April 1, 2024 Vaccine Price List](#)

On This Page

- [Archives for 2024](#)
- [Archives for 2023](#)
- [Archives for 2022](#)
- [Archives for 2021](#)
- [Archives for 2020](#)

Adult Vaccine Price List

Vaccine	Brandname/ Tradename	NDC	Packaging	CDC Cost/ Dose	Private Sector Cost/ Dose	Contract End Date	Manufacturer
Hepatitis A Adult [5]	Havrix®	58160-0826-11	10 pack - 1 dose vials	\$25.00	\$63.72	6/30/2014	GlaxoSmithKline

Source: CDC

Results

Key Results

- **In the last 10 years...**

(from March 2014 to March 2024)

- The adult influenza vaccine cost **increased 136.73%**
- The **cost** of purchasing every recommended ACIP adult vaccine dose **increased 158.55%**
- Section 317 funding only **increased 11.6%**

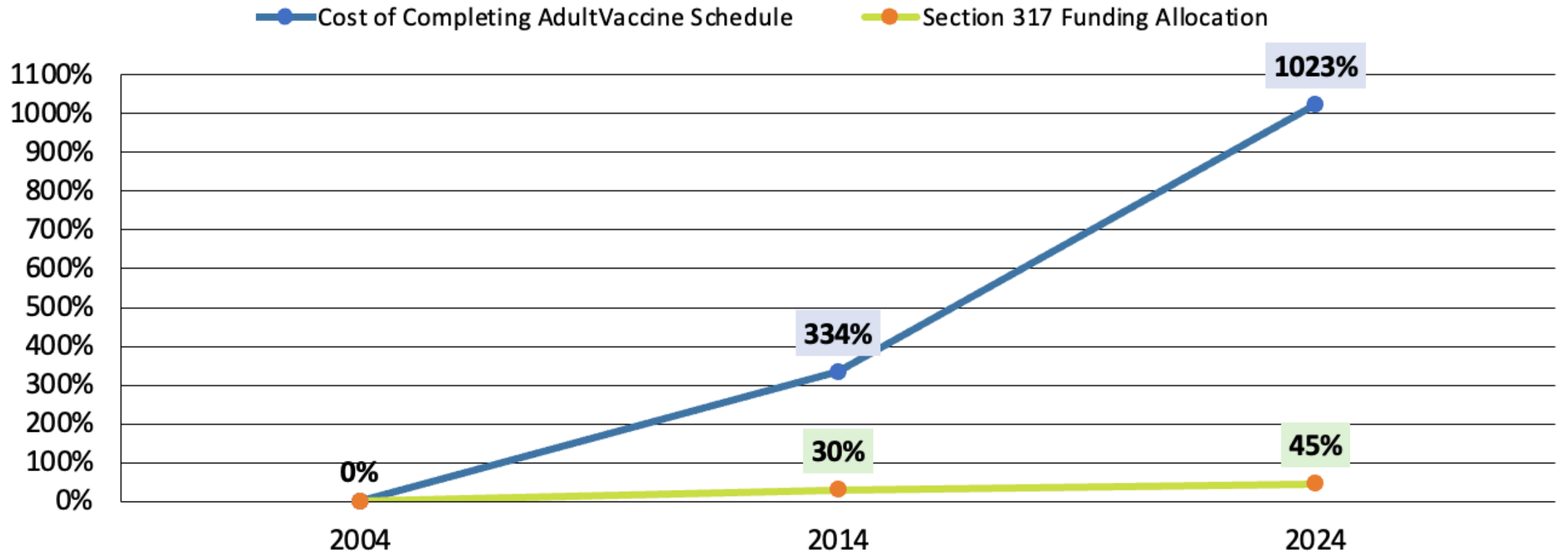
- **In the last 20 years...**

(from March 2004 to March 2024)

- 9 new vaccine doses were added as adult recommended ACIP vaccines
- The **cost** of purchasing every adult recommended ACIP vaccine dose **increased 1023.23%**
- Section 317 funding only **increased 45.6%**

Adult Schedule

Adult Vaccination Schedule Costs Compared to Section 317 Budget; Percent Increase since 2004



Increase in Doses

- Part of this increase is due newer, more advanced vaccines being added to the schedule (the schedule increased from 6 to 15 doses between 2004 and 2024)

March 2004:

- Total # of Vaccine Doses on Adult Schedule: **6***
- Total Cost: **\$134.95**

Section 317 Total U.S. Budget: **\$468.8 million**

March 2014:

- Total # of Vaccine Doses on Adult Schedule: **10***
- Total Cost: **\$586.26**

Section 317 Total U.S. Budget: **\$610.8 million**

March 2024:

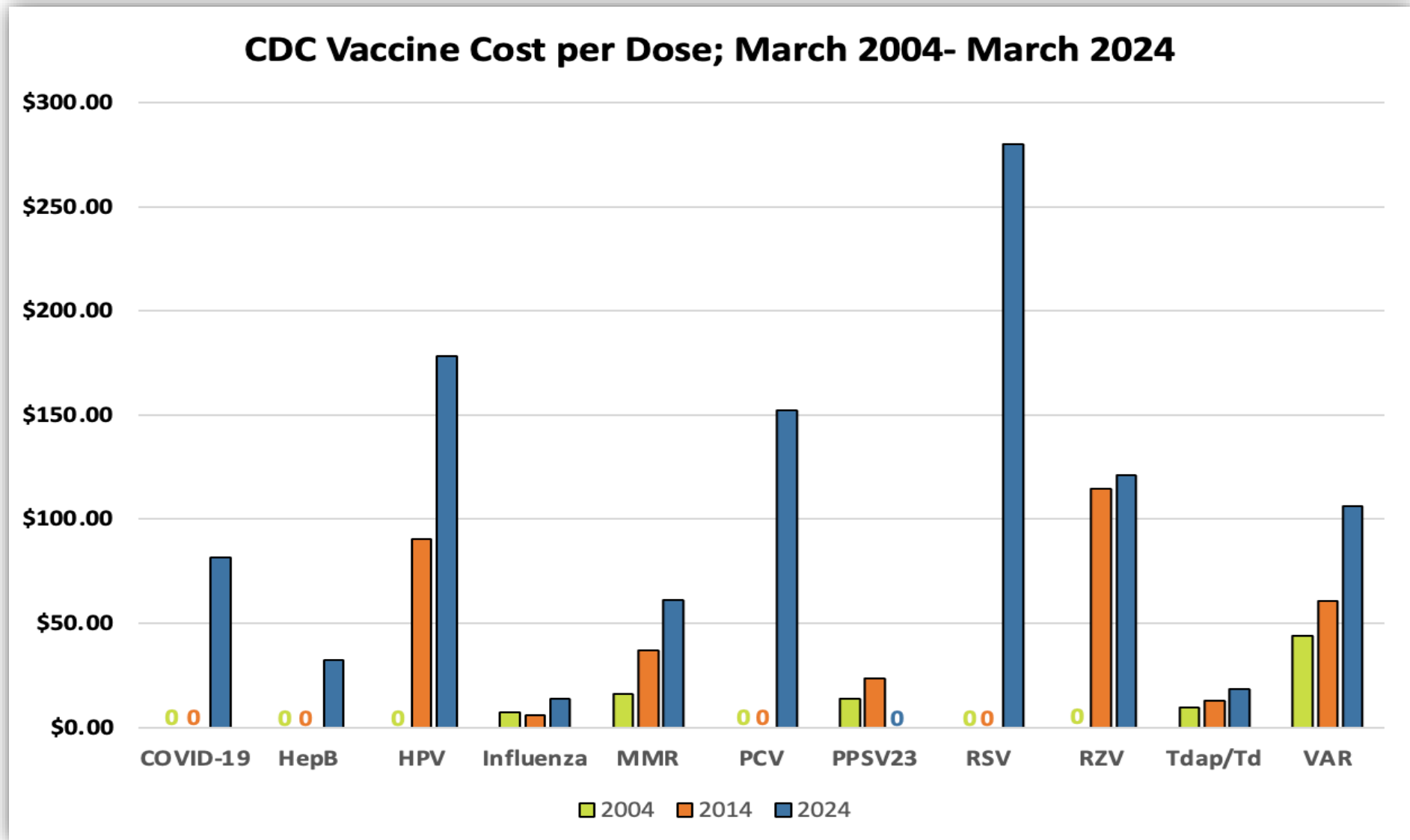
- Total # of Vaccine Doses on Adult Schedule: **15***
- Total Cost: **\$1,515.80**

Section 317 Total U.S. Budget: **\$681.9 million**

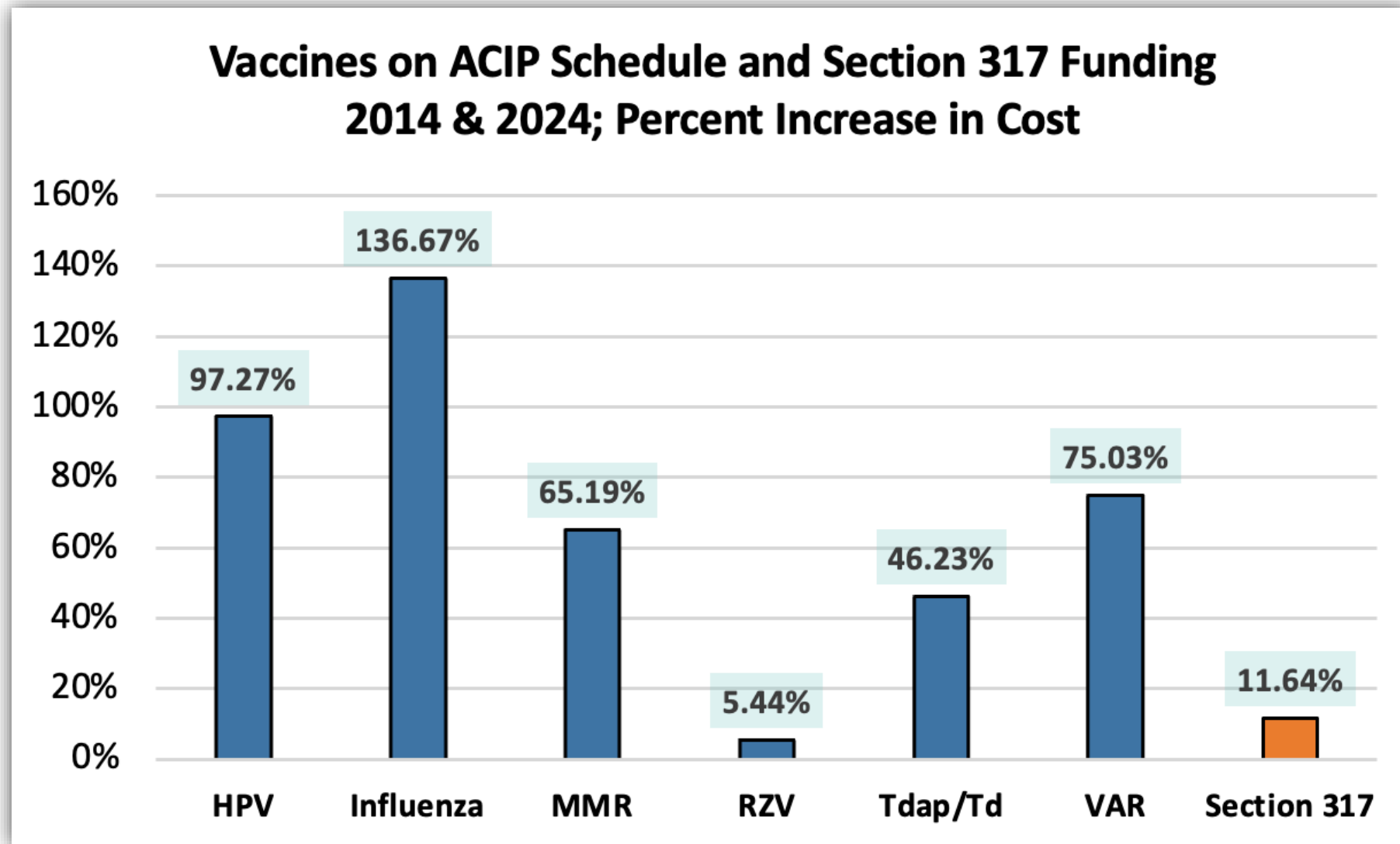
NUMBER OF VACCINES RECOMMENDED			
	Year		
Vaccine	2004	2014	2024
COVID-19	0	0	1
HepB	0	0	3
HPV	0	3	2
Influenza	1	1	1
MMR	1	1	1
PCV	0	0	1
PPSV23	1	1	0
RSV	0	0	1
RZV	0	1	2
Tdap/Td	1	1	1
VAR	2	2	2



Increase in Individual Costs

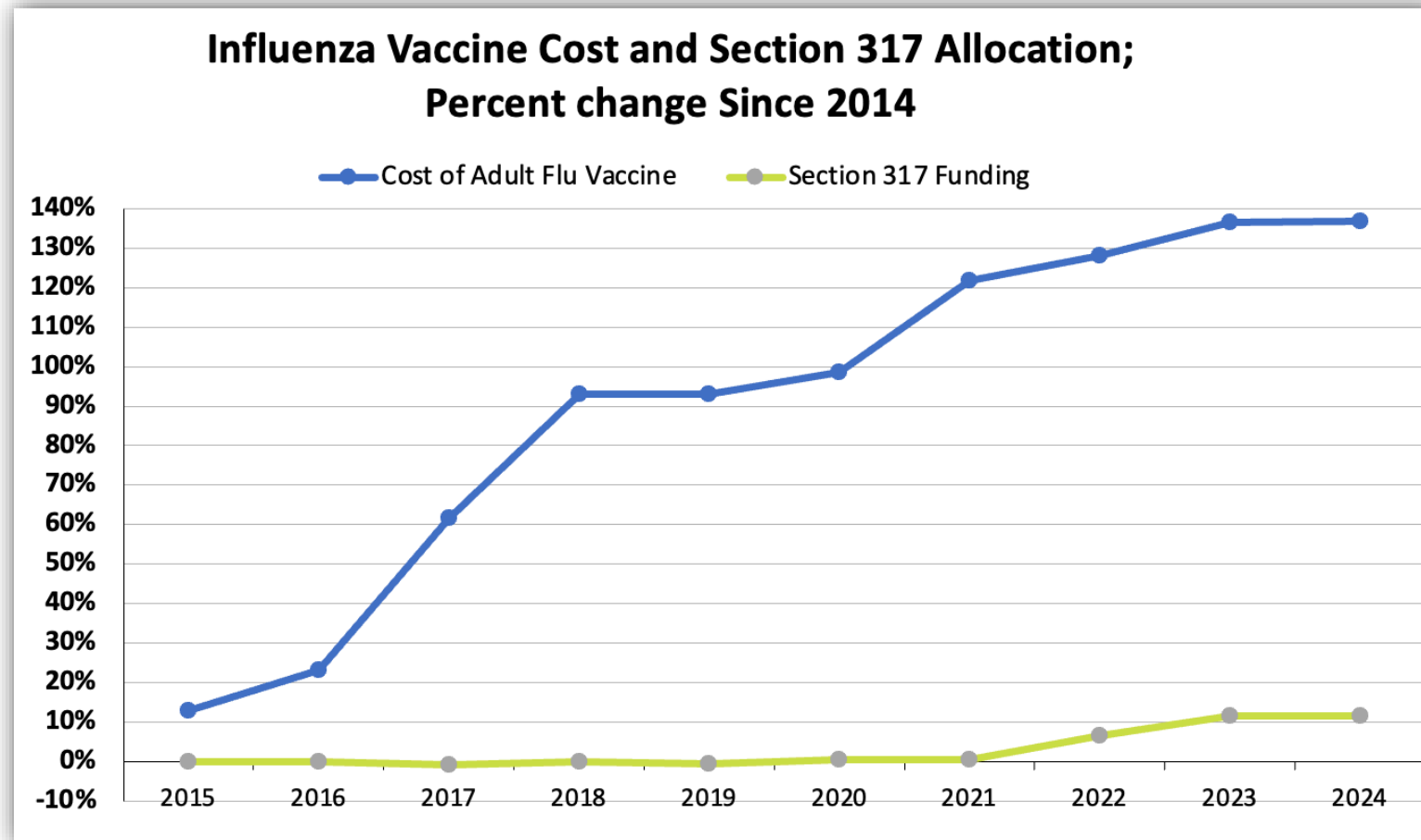


Individual Costs vs. Section 317



Influenza Vaccines vs. Section 317

- Influenza vaccines, which are the most commonly purchased adult vaccines with 317 funds, have been particularly affected



AIM Member Experiences

Louisiana

- In FY2024, expended all originally allocated Section 317 funds in May
- Ordering by the state's Parish Health Units must be capped/restricted
- Only have capacity for very limited ordering of COVID-19 and RSV vaccines
- Program staff and infrastructure are already in place to expand to additional ordering sites

“Additional Section 317 funding would help us meet the needs of uninsured and underinsured adults.

We could remove restrictive ordering caps on Parish Health Units and expand the offering of Section 317 vaccines to other adult providers.”

**–JAVONE DAVIS,
OPERATIONS UNIT MANAGER,
LA IMMUNIZATION PROGRAM**

Chicago

- Implemented ordering limits but still ran out of Section 317 vaccine the past two years
- Would like to offer additional adult vaccine formulations for their clinics and partners
- Expended significant Section 317 funding responding to VPD outbreaks in their growing New Arrival population
- Concerned about the addition of COVID-19 doses

“The uninsured public wants vaccine in Chicago, our challenge is not having enough adult vaccine at the end of the year due to limited 317 funding.”

**–JACKIE TIEMA,
PROGRAM DIRECTOR,
CHICAGO IMMUNIZATION
PROGRAM**

Commonwealth of the Northern Mariana Islands

- Very high uninsured population (35%)
- Provide very minimal adult vaccines other than flu
- Usually run out of influenza vaccines by March/April
- Additional Section 317 funding would be drastically helpful for adults 65+ and pregnant people
- Already have the capacity to vaccinate more people, just need more funding

“The demand for vaccines here is very high.

We could do so much more with even just a small increase in Section 317 funding.”

**–EMMAN PARIAN,
PROGRAM MANAGER,
CNMI IMMUNIZATION
PROGRAM**

Conclusions

Conclusions

- The increase in adult vaccine recommendations and adult vaccine costs have outpaced Section 317 funding
- This rise in cost reduces the number of doses immunization programs can purchase for uninsured adults
- Jurisdictions are increasingly challenged to assure safety net vaccine access for uninsured adults
- Jurisdictions have built capacity to serve adults and provide access to vaccines, but lack vaccine itself

Thank you!

Contact Jack McClure with any questions at
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