

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,<sup>1</sup> including 185 children, most of whom were unvaccinated.<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> Forty people have died of hepatitis A in Kentucky alone.<sup>5</sup> Additionally, new cases of hepatitis B (HBV) increased 729% in Maine from 2015-2017<sup>6</sup>, 114% from 2009-2013 in Kentucky, Tennessee and West Virginia<sup>7</sup>, 78% in 2017 in Southeastern Massachusetts<sup>8</sup>, and 56% from 2014-2016 in North Carolina.<sup>9</sup>

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.<sup>10</sup> 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

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

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

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

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

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

<sup>6</sup> [http://www.maine.gov/dhhs/mecdc/infectiousdisease/epi/hepatitis/documents/2016-HBV\\_SurvReport.pdf](http://www.maine.gov/dhhs/mecdc/infectiousdisease/epi/hepatitis/documents/2016-HBV_SurvReport.pdf)

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

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

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

<sup>10</sup> <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)