November 9, 2017

The Honorable Roy Blunt
Chairman
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States Senate
Washington, D.C. 20510

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States House of Representatives
Washington, D.C. 20510

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health and
Human Services, and Education
Committee on Appropriations
United States House of Representatives
Washington, D.C. 20510

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

Thank you for your leadership on our nation’s immunization network in your work on the Labor, HHS, and Education Appropriations Subcommittees. As you move into conference for the fiscal year 2018 Labor-HHS-Education appropriations bill, we urge you to fund the national immunization program authorized under Section 317 of the Public Health Service Act at the Centers for Disease Control and Prevention (CDC) at $606,972,000, the level included in the Senate bill.

Vaccines are one of the greatest success stories in public health and are among the most cost-effective ways to prevent disease. Indeed, we know that for each dollar invested in the U.S. childhood immunization program, there are over ten dollars of societal savings and three dollars in direct medical savings. Moreover, childhood immunizations over the past twenty three years have prevented 381 million illnesses, 855,000 early deaths, and $1.65 trillion in total society costs.

However, purchasing vaccines is not enough to protect a population. A robust immunization infrastructure is required to support programs such as Vaccines for Children, which relies upon the critical infrastructure and operations funded through Section 317 to effectively serve its target population: the 54% of American children, nearly 45 million, who get their vaccines for free every year through this program. The Section 317 program also serves as the backbone of our nation’s public health infrastructure, supporting the science that informs our national immunization policy; providing a safety net to uninsured, poor adults for vaccine purchases; monitoring the safety of vaccines; educating providers and performing community outreach; and conducting surveillance, laboratory testing, and epidemiology to respond to disease outbreaks.
THE 317 COALITION

In 2014, CDC reported 644 cases of measles across 27 states, the largest number of cases since the elimination of measles in the United States in 2000. CDC estimates that it can cost more than $140,000 to contain each individual case of measles.

Unfortunately, that outbreak was not the end. During the spring and summer of 2017 a new outbreak in Minnesota left 79 people, 73 of whom were children, with measles. The Section 317 program supported the rapid response effort and continues to support local and state public health capacity for surveillance, detection and response.

In August of 2016, the CDC submitted a report to Congress which shows that the Section 317 program is not adequately funded to carry out its essential public health mission of protecting Americans from preventable diseases. Providing additional funding for the Section 317 program in FY 2018 would ensure access to cost-effective prevention measures to help keep Americans healthy. We greatly appreciate your consideration of this request.

Sincerely,

Alameda County California
American Academy of Family Physicians
American Public Health Association
Arkansas Immunization Action Coalition
Association of Immunization Managers
Autism Science Foundation
Boost Oregon
California Academy of Family Physicians
California Immunization Coalition
California School Nurses Organization
City of Laredo Health Department (TX)
Colorado Academy of Family Physicians
Colorado Children’s Immunization Coalition
Connecticut Immunization Program
Dane County Immunization Coalition (WI)
EveryThrive Illinois
Every Child By Two
Henderson County Immunization Coalition (NC)
Immunization Action Coalition
Immunization Action Coalition of Washington
Immunization Task Force - Metro Omaha
Immunize Nevada
Immunize Ohio
Indiana Immunization Coalition
Kelsey-Seybold Clinic in Houston, TX
Kentucky Immunization Coalition
Langlade County Immunization Coalition (WI)
Maine Immunization Coalition
March of Dimes
THE 317 COALITION

Meningitis Angels
Mid America Immunization Coalition
Migrant Clinicians Network
National Association of County and City Health Officials
National Foundation for Infectious Diseases
National Meningitis Association
NET Immunization Coalition: Northeast Texas Public Health District/Smith County
New Jersey Immunization Network
PKIDS
Rural Wisconsin Health Cooperative
San Francisco Immunization Coalition
Snohomish Health District (WA)
Super Shot
Task Force for Global Health
The Arizona Partnership for Immunization
The Immunization Partnership
The Kimberly Coffey Foundation
Trust for America's Health
Tulsa Area Immunization Coalition
Vaccinate California
Vaccine Awareness Coalition/Gregg County Health Department-Immunizations
Vaccine Education Center at Children’s Hospital of Philadelphia
WithinReach
WV Immunization Network, a program of The Center for Rural Health Development, Inc.