

IMMUNIZATION GRANT PROGRAM (SECTION 317)

WHAT IS THE PUBLIC HEALTH ISSUE?

Almost 50,000 adults and 300 children in the United States die annually from vaccine-preventable diseases or their complications. Despite high immunization coverage levels for preschool-aged children, pockets of need remain. A January 2003 survey revealed that 19 states reported insufficient 317 funds to implement Pneumococcal Conjugate Vaccine recommendations. Additional doses of vaccines are needed for children who are not eligible for the Vaccines for Children program, but go to state and local public health departments for vaccinations. Children served through 317 are under-insured and therefore under-immunized. A stable immunization program, at the state level, is necessary to fully vaccinate all children.

Immunization infrastructure is crucial, especially when public health priorities can shift rapidly in the event of an outbreak of a vaccine-preventable disease, or a bioterrorism event. Managing immunization resources to deal with urgent events poses a challenge to state programs. During the 2003–2004 influenza seasons, the use of 317 funds to respond to influenza season challenges reduced the grant funds available for essential routine vaccination programs.

WHAT HAS CDC ACCOMPLISHED?

Federal funding for the Immunization Grant Program (also called the “317 grant program”) was launched in 1963. Forty years later, CDC awarded \$408 million in federal grants to state, local, and territorial public health agencies for program operations and vaccine purchases. The majority of 317 program funds are dedicated to routine childhood programs, with a smaller portion remaining for adult immunization programs. Despite high immunization coverage rates of preschool-aged children, adult vaccination rates remain considerably lower.

The 317 grant program works to ensure that children, adolescents, and adults receive appropriate immunizations by partnering with health providers in the public and private sectors. The program helps assure the implementation of effective immunization practices and proper use of vaccines to achieve high immunization coverage, and supports infrastructure for essential activities such as immunization registries, outreach, disease surveillance, outbreak control, education, and service delivery. A strong immunization infrastructure ensures optimal coverage with routinely recommended vaccines.

- During the 2003–2004 influenza seasons, grantees assisted with the redistribution of influenza vaccine to individuals at high risk for complications. This vaccine management role is similar to the vital role grantees play during pediatric vaccine shortages.
- Flexibility of 317 grant funds allowed states to deliver additional doses of influenza vaccine to alleviate some of the shortages reported during the early severe influenza outbreaks of the 2003–2004 seasons.
- CDC has partnered with the Department of Agriculture to assess the immunization status of the children participating in the Women, Infants and Children program; children missing recommended immunizations may be referred to a healthcare provider.

WHAT ARE THE NEXT STEPS?

CDC will continue to work with federal, state, and local partners to

- Build support for adult immunizations, increase immunization coverage, and educate parents and providers.
- Address pockets of need where there are substantial numbers of under-immunized groups.