

VACCINES FOR CHILDREN PROGRAM

WHAT IS THE PUBLIC HEALTH ISSUE?

In the past, private providers referred children to public health department clinics for immunizations when the children lacked health insurance or their health insurance did not cover vaccinations. Since 1994, the Vaccines for Children (VFC) program, established by Section 1928 of the *Social Security Act*, has allowed children to receive vaccinations as part of routine care, supporting the reintegration of vaccination and primary care.

While VFC covers underinsured children, their access to vaccines has been limited, permitting them to receive vaccines only at federally-qualified health centers or rural health centers. Because the VFC authorizing legislation still imposes a price cap on all vaccines for which a federal contract existed prior to May, 1993, manufacturers of Tetanus Diphtheria (Td, DT) vaccines have refused to bid on CDC contracts since 1998. Consequently, these vaccines are unavailable for purchase through the VFC program. An unprecedented shortage of many routinely recommended vaccines included in the VFC program occurred in the United States, beginning in 2001. These shortages posed an increased risk to children of preventable infectious diseases. To ensure that providers enrolled in the VFC program adhere to the many VFC program requirements, increased automated accountability processes are needed.

WHAT HAS CDC ACCOMPLISHED?

The VFC program is CDC's largest public-private partnership. Based on the total doses of routinely recommended pediatric vaccines distributed in the United States, the VFC program served about 41% of the childhood population in 2002. The VFC program provides publicly purchased vaccines for use by all participating providers. These vaccines are given to eligible children without cost to the provider or the parent. In 2003, CDC awarded \$975 million in VFC funds to state, local, and territorial public health agencies for program operations and the purchase of vaccines.

The VFC program provides immunizations for children who are uninsured, Medicaid recipients, Native Americans, and Alaska Natives at their doctors' offices. VFC also provides immunizations for children whose insurance does not cover immunizations at participating federally-qualified health centers and rural health clinics. By decreasing referrals to public health departments, the VFC program has improved the continuity of care and promoted the "medical home" concept. The program has contributed to high immunization rates and reduced delays in immunizations and, subsequently, the risk of serious illness or death from vaccine-preventable diseases.

The VFC program ensures that all eligible children receive the benefits of newly recommended vaccines, thus strengthening immunity levels in their communities. The program also ensures that access to newly recommended vaccines for children in low-income and uninsured families does not lag behind that for children in middle- and upper-income families.

WHAT ARE THE NEXT STEPS?

Legislation improving the VFC program has been proposed and includes expanding access to underinsured children seeking immunization services in state and local public health clinics; removing the price caps on vaccines and allowing Td and DT to be purchased with VFC funds again; and amending authorities to simplify the administration of the pediatric vaccine stockpile with respect to stockpile sales. Pediatric vaccine stockpiles are being expanded in 2004–2006 to create a 6-month supply of all recommended pediatric vaccines.

For additional information on this or other CDC programs, visit www.cdc.gov/program

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