Immunization Grant Program (Section 317)

WHAT IS THE PUBLIC HEALTH ISSUE?
Approximately 43,000 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. Additional doses of vaccine are needed to purchase the full series of recommended vaccines for children who are not eligible for the Vaccines for Children program, but go to state and local public health departments for vaccinations. Most children served through Section 317 are under-insured or their parents are working poor who cannot afford the high deductibles required to fully vaccinate their children. Therefore, many of these children are under-immunized. 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 or unanticipated shortages pose challenges to state programs.

Federal funding for the Section 317 Grant Program was launched in 1963. Forty-one years later, in 2004, CDC awarded $387 million in federal grants to state, local, and territorial public health agencies for program operations and vaccine purchase. The majority of Section 317 program funds are dedicated to routine childhood programs, with a smaller portion remaining for adult immunization programs. Therefore, despite high vaccination coverage levels among preschool-aged children, adult vaccination levels remain considerably lower and racial and ethnic disparities exist.

WHAT HAS CDC ACCOMPLISHED?
The Section 317 grant program works to ensure that children, adolescents, and adults receive appropriate immunizations by partnering with healthcare 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.

Because of the shortage of influenza vaccine in 2004, grantees assisted with the purchase and redistribution of influenza vaccine to high priority individuals. This vaccine management role is similar to the vital role grantees have played during pediatric vaccine shortages, although much more intensive efforts were required because of the magnitude of the shortage and the size of the high priority population in need of vaccine.

WHAT ARE THE NEXT STEPS?
CDC will continue to work with federal, state, and local partners to build support for adult immunizations, increase vaccination coverage levels, educate parents and providers about the importance of vaccination, and address pockets of need where there are substantial numbers of under-vaccinated groups.

For information on this and other CDC and ATSDR programs, visit www.cdc.gov/programs.

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