

# THE 317 COALITION

## FY 2027 Labor-HHS Appropriations Bill | Centers for Disease Control and Prevention | Immunization

Program	FY 2025 Appropriation	FY 2026 Appropriation	FY2027 President's Budget Request	FY 2027 317 Coalition Recommendation
Section 317 Immunization Program	\$681,933,000	\$681,933,000	TBD	\$1.13 billion

**Vaccines Save Lives and Money** – 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 nearly 11 dollars in societal savings and 3 dollars in direct medical savings. Moreover, routine childhood immunizations between 1994 and 2023 prevented approximately 508 million illnesses, avoided more than 1 million deaths, and saved \$540 billion in direct costs and nearly \$2.7 trillion in societal costs.

### Fast Facts

- The 2025-2026 flu season has already caused at least 27 million illnesses, 350,000 hospitalizations, and 22,000 deaths. This includes 101 reported pediatric deaths.
- In 2025, a total of 2,284 confirmed measles cases were reported across 44 states, from 48 outbreaks, compared to 58 cases and 4 outbreaks reported in 2023.
- As of March 12, 2026, 1,362 confirmed measles cases have already been reported across 30 states.
- CDC estimates it can cost over \$140,000 to contain one individual case of measles.
- The U.S. spends nearly \$27 billion annually to treat four vaccine preventable illnesses – flu, pertussis, pneumococcal, and shingles.

**How the 317 Program Serves an Essential Role** – Vaccines alone cannot protect a population. Ensuring children, adolescents, and adults receive appropriate vaccinations requires a strong immunization infrastructure. Section 317 funding directly addresses the most substantial barriers to vaccination coverage by recruiting and maintaining a network of providers to administer vaccines to eligible adult populations, which includes uninsured and underinsured adults. Funds are also used for insured individuals during an outbreak response. By partnering at the local and state levels with health care providers in the public and private sectors, immunization programs help implement effective and safe immunization practices to achieve high vaccination coverage, reduce disparities, and support infrastructure for essential activities.

The Vaccines for Children program, the primary source of federal vaccine purchase funding for children, relies on the critical infrastructure and operations funded through the Section 317 program to effectively serve millions of children each year.

The Section 317 program is the backbone of our nation's public health infrastructure. It supports the evidence that informs our national immunization policy, provides a safety net to uninsured, low-income adults, monitors the safety of vaccines, educates providers, performs community outreach, and conducts surveillance, laboratory testing, and epidemiology to respond to disease outbreaks. During the 2019 measles outbreak, 317 funds supported local and state health departments in rapid response, public health communication, data gathering, and diagnostics.

**Professional Judgment** – The most recent CDC-developed professional judgment budget estimate covers the costs of realizing the prevention opportunities that are in scope for Section 317, accounting for changes in the recommended vaccination schedules and projecting changes to the immunization financing environment. Program operations, including state, local, and national, amount to \$1.143 billion. Vaccine purchases include uninsured adults and time-sensitive public health needs, coming to \$474.9 million. In sum, the professional judgment total adds up to just over \$1.6 billion.

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## **FY27 Funding Recommendation**

**\$1.13 billion.** This funding is necessary to enable the purchase and dissemination of lifesaving vaccines, as well as support immunization efforts related to provider education, community outreach, public health surveillance, laboratory testing, and public health response efforts to outbreaks of vaccine-preventable diseases.

## **FY27 Proposed Report Language**

**317 Immunization Program.**—The Committee recognizes CDC’s immunization program plays a fundamental role in achieving national immunization goals and sustaining high vaccination coverage. In addition, this program underpins the protection of all children being vaccinated, even those fully insured, by providing Federal, State and local resources to investigate outbreaks, conduct surveillance, and provide public awareness campaigns to address vaccine hesitancy that continues to be the root cause of outbreaks for measles and other preventable diseases.

**Cost Estimates.**—The Committee reiterates the request for the fiscal year 2024 report, included in Public Law 118-47, and requests that the report on estimated funding needs of the Section 317 Immunization Program subsequently be updated and submitted not later than February 1, 2027, to the Committees on Appropriations. The updated report should include an estimate of optimum State and local operations funding, as well as a discussion of the role of the 317 Program, as coverage for vaccination under public and private resources continues to evolve. The Committee also requests that the report include specific information on the estimated cost to fully address evidence-based public health strategies that could be funded through CDC to improve coverage for HPV and influenza. Estimates should also be included to address the needs of outbreak investigation and response, particularly as measles cases are increasing.

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## Appendix

**Adult Vaccinations** – Since 2021, the ACIP voted to expand its recommendations for several adult vaccinations:

- **Hepatitis B** – In a paradigm shift, the ACIP now recommends routine catch-up hepatitis B vaccination for all adults through age 59 and adults with risk factors age 60 and over. Since 1991, children have received hepatitis B vaccinations, resulting in very low rates of new infections in people under 30. Yet, vaccination rates among at-risk adults have remained stagnant and low, while rates of acute hepatitis B are rising among adults aged 30-50, many with no known risk. Anyone can contract hepatitis B, and achieving HHS’s target of eliminating hepatitis B in the U.S. is possible only with higher levels of adult vaccination. Funding is needed to support increased adult vaccination against hepatitis B, which will promote vaccine uptake, equity, and access.
- **Pneumococcal disease** – ACIP recommends one of two newer pneumococcal vaccines for adults 65 and older and adults 19 or older with chronic health problems. ACIP also recommends that adults 50 and older who have unknown vaccination history receive a vaccine. Most adults under 65 who need pneumococcal vaccination have not had it. The vaccines, including a single-dose option, can prevent many more invasive pneumococcal infections and cases of pneumonia, which cause costly hospitalizations, and simplify vaccination programs – but increased funding is needed to purchase the vaccines and implement the ACIP recommendations.
- **Shingles** – ACIP expanded its recommendation for shingles vaccination to include immunocompromised adults age 19 or older who face a high risk of serious and potentially debilitating disease. Successfully implementing and educating the public about this new recommendation requires more funding.
- **Influenza and tetanus, diphtheria and pertussis vaccines** – Immunization rates during pregnancy with both these vaccines remain low, leading to unnecessary morbidity and mortality for the pregnant person and the fetus. Indeed, immunization with both vaccines protects the newborn until they are old enough to be vaccinated. Influenza continues to be a significant cost burden to healthcare systems due to overall coverage rates despite a routine recommendation from the ACIP to vaccinate all persons 6 months of age and older.
- **Mpox** – ACIP established an interim recommendation of a 2-dose vaccine series for people 18 years of age and older who are at risk for mpox. The recommendation will be revisited in two to three years. There are now two vaccines available for the recommended vaccination.
- **Polio** – ACIP expanded its recommendation for vaccination from just adults known to be at increased risk for exposure to include all adults 18 and older who are unvaccinated or incompletely vaccinated. In 2022, a case of polio was identified in an unvaccinated young adult in New York. This case and subsequent detection of community transmission underscored the ongoing risk for the importation of polio into the U.S.
- **RSV** – ACIP updated recommendations to include adults aged 75 and older and adults aged 60 and over who are at increased risk for severe RSV disease. RSV is a major cause of respiratory illness and hospitalizations in older adults during fall and winter in the U.S.