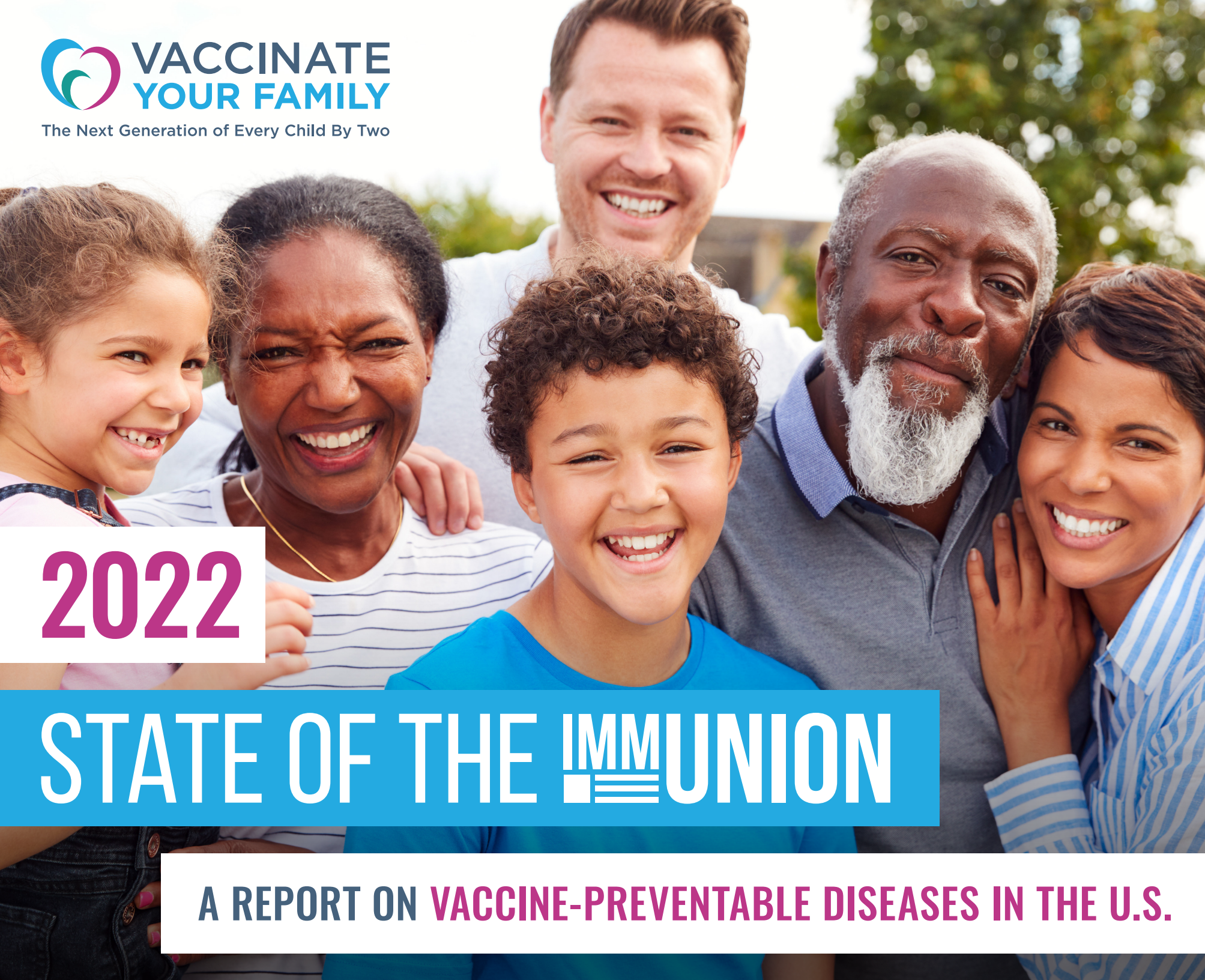




The Next Generation of Every Child By Two



2022

# STATE OF THE IMMUNION

A REPORT ON VACCINE-PREVENTABLE DISEASES IN THE U.S.



# CELEBRATING 30 YEARS

We are proud to celebrate Vaccinate Your Family's 30th Anniversary this year. When our co-founders, Former First Lady Rosalynn Carter and Former First Lady of Arkansas Betty Bumpers, began their commitment to vaccines in the 1970s, no one could have guessed the breadth and impact of their work.

Our mission to prevent the spread of deadly infectious diseases is even more important today than it was when we were founded three decades ago. For two years now, our lives have been disrupted by COVID-19. The pandemic has highlighted the weaknesses in our healthcare systems, with nearly a million COVID-related deaths in the United States alone, and a disproportionate impact on older adults, communities of color, those living in poverty, and those with underlying health conditions.

Today, our nation appears to be deeply divided on the issue of vaccinations. But if you scratch the surface just a little, you will find we are all united by the same concern: the health and well-being of ourselves, our families and our communities.

As we look ahead, our commitment is strengthened by the urgent need to continue educating the public about the importance of vaccinations and advocating for access to vaccinations for **ALL** preventable illnesses. This, our 6th annual State of the ImmUnion report, presents our vision for how we can move forward policies that can make real changes to protect people from deadly infectious diseases.

Sincerely,

A handwritten signature in white ink that reads "Emily Holubowich".

**Emily Holubowich**  
CHAIR

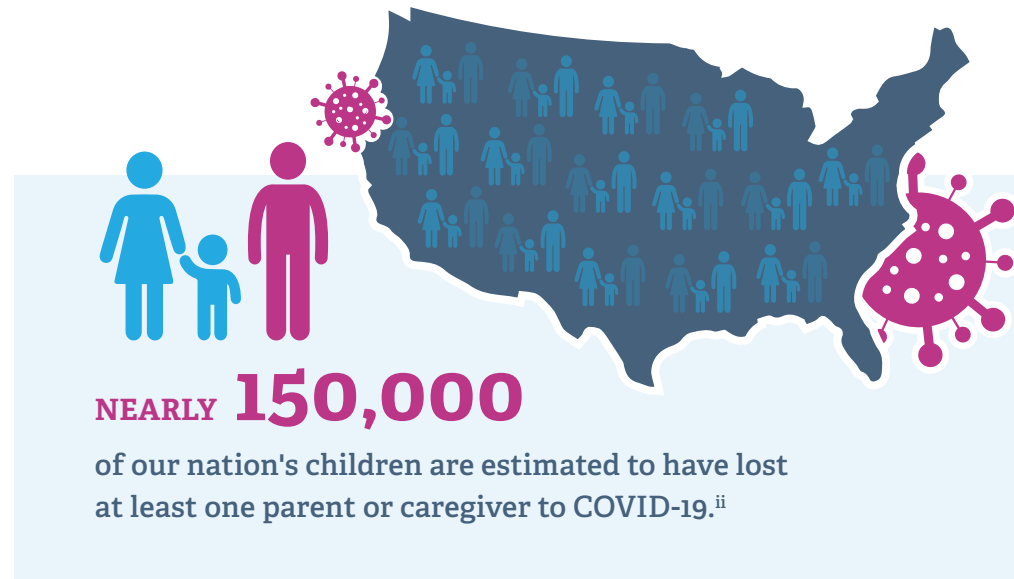
A handwritten signature in white ink that reads "Amy Pisani".

**Amy Pisani, MS**  
CHIEF EXECUTIVE OFFICER



# INTRODUCTION

Never in the history of our nation and our world has immunization policy mattered more. Two years into the COVID-19 pandemic, the U.S. continues to grapple with the harsh realities of a virus that has impacted every person, either directly because they contracted COVID-19 or indirectly through family members or friends contracting the disease. We have had our lives turned upside down by the disruption of normal activities, and the economic and emotional impacts of pandemic-related lockdowns. The burden of this disease is truly staggering. **As of December 2021, there have been more than 57 million reported cases of COVID-19, and 828,000 deaths from the disease in the U.S.<sup>i</sup>**



In the United States, communities of color have been disproportionately impacted with even higher rates of illness, hospitalization, and death (see figure below).

But there is a light at the end of the tunnel due to widely available, lifesaving COVID vaccines. **Researchers have found that in just the first five months they were available, COVID vaccines saved up to 140,000 lives in the United States.**<sup>iii</sup>

However, growing dis- and misinformation, along with distrust of government and deepening political divisions, present serious challenges. Those who are entrenched in their views opposing COVID vaccines may begin to develop similar resistance to routine immunizations against diseases such as measles,

polio and hepatitis. Policymakers must take action now to reunite the country around the importance of vaccines, thus ending the current pandemic and preventing future outbreaks of vaccine-preventable diseases.

**Federal policymakers can help us in our efforts by focusing on three key pillars:**

- **Rebuilding our immunization infrastructure**
- **Ensuring access to all recommended vaccinations**
- **Re-establishing a culture of immunization**

## Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity<sup>iv</sup>

### RATE RATIOS COMPARED TO WHITE, NON-HISPANIC PERSONS

American Indian or  
Indigenous Americans

Asian and Pacific  
Islander Americans

Black and African  
Americans

Hispanic or Latino  
persons

Cases

1.6x

0.6x

1.0x

1.6x

Hospitalizations

3.3x

0.8x

2.6x

2.5x

Death

2.2x

0.9x

1.9x

2.1x



**REBUILDING**

# IMMUNIZATION INFRASTRUCTURE

Congress has made significant investments in outreach over the course of the COVID-19 pandemic, most notably in the American Rescue Plan, which provided \$1.9 trillion to fight the pandemic. While those funds have been used to both educate and vaccinate people against COVID in every state, they have not been sufficient to build a robust, lasting infrastructure to protect our country against future epidemics, pandemics and other public health threats.

Reliable, timely and accurate data is key to a robust immunization infrastructure. Public health departments must be able to access real-time and historical data to determine who has been vaccinated, to address unmet vaccination needs, to plan future immunization efforts, and to evaluate previous efforts.

Immunization Information Systems (IIS), also known as Immunization Registries, are confidential, population-based, computerized systems that can record all vaccine doses administered by participating providers to people residing within a geographic area. Nearly every state, and many large cities, now operate their own IIS. New Hampshire, the final state to implement an IIS, is in the final stages of development.

**However, the COVID-19 vaccine rollout has highlighted the need to modernize IIS to allow better information sharing among jurisdictions and other electronic health systems, and to onboard new providers. H.R. 550, *The Immunization Infrastructure Modernization Act*, would facilitate such information exchanges by:**



Assessing current capabilities and gaps among immunization providers



Enhancing the security of bidirectional exchange of immunization record data and interoperability of Immunization Information Systems with health information technology platforms



Expanding enrollment and training of immunization providers



Supporting real-time immunization record data exchange and reporting



Enhancing data exchange interoperability with other jurisdictions



Improving secure data collection, transmission, maintenance, and analysis of immunization information



**The American Immunization Registry Association**  
has a complete list of standards at [immregistries.org](https://immregistries.org).





Of course, a robust immunization infrastructure requires strong, sustained funding. The vast majority of immunization funding comes from the Section 317 program at the Centers for Disease Control and Prevention (CDC). Named for its Section of the Public Health Service Act, the 317 program awards grants to state, local, and territorial public health agencies who in turn use the funds for vaccine purchases and immunization program activities. Currently, there are 64 grantees in the program: all 50 states, six large cities, and eight current and former territories. Grantees can use these funds for a variety of purposes to ensure that under- or uninsured individuals receive all recommended vaccines.



While both the House and Senate Fiscal Year 2022 Appropriations bills contain a significant increase in funding for Section 317 programs, it is not enough. Like many public health programs, Section 317 has been chronically underfunded.




The U.S. spends **\$26.5 BILLION ANNUALLY** treating adults who contract four vaccine preventable diseases<sup>vi</sup> yet the CDC's Immunization Program was only funded at **\$613.6 MILLION** in Fiscal Year 2021.

Funding for the program has only increased by \$25 million in the past ten years, or an average of \$2.5 million per year. In contrast, the U.S., as of 2019, spends \$26.5 billion treating adults who contract just four vaccine-preventable diseases.<sup>v</sup>

COVID-19 vaccination efforts are draining already stretched budgets. Underfunding means lower overall vaccination rates and increased risk of disease outbreaks. In order to sustain the investment made in emergency supplemental funding bills earlier in the pandemic, the **CDC's Immunization Program should be funded at \$1.13 billion to fully implement Section 317 programs.** These funds will be used to:

-  Coordinate and implement delivery of vaccines to children
-  Manage, purchase, and administer vaccines for uninsured adults since there is no adult vaccine program as there is for children
-  Respond to public health emergencies
-  Staff vaccination clinics
-  Conduct targeted outreach and communication campaigns
-  Monitor and contain disease outbreaks

In addition, the CDC's Immunization Program also does not include funding for the Indian Health Service (IHS) or funds for Tribal Nations that operate their own healthcare systems. This is especially troubling since American Indians and Alaska Natives have been disproportionately impacted by COVID-19. According to the CDC, this population is 3.3 times more likely to be hospitalized due to COVID-19 than white individuals and 2.2 times more likely to die from the disease.<sup>vii</sup>



**American Indians and Alaska Natives have seen more deaths and hospitalizations from COVID-19 than any other racial or ethnic group,** yet the federal government's vaccination program does not provide funding for Indian Health Services or for Tribal Nations' vaccination programs.

That disparity is larger than any other racial or ethnic group in our country. To help address this inequity, Congress must develop a separate line item for immunization services in IHS allocations, as well as provide CDC with additional funding to disperse to Nations who operate their own healthcare systems.

Finally, none of these programs can exist without qualified staff. Like many public service careers, public health positions are often underpaid compared to those in the private sector. At the same time, public health officials have faced tremendous challenges, both from working to contain the COVID pandemic and from members of the public vocally resistant to public health measures. We must recruit and retain professionals in public health. For this reason, Vaccinate Your Family supports legislation, like H.R. 3297, the *Public Health Workforce Loan Repayment Act*, to provide student loan forgiveness for anyone who commits to working at least two years in the public health sector. This is an important first step in recruiting and retaining public health workers.

## WHAT CAN CONGRESS DO?



**Enact H.R. 550 to modernize Immunization Information Systems (IIS)** and provide at least \$400 million for that purpose.



**Increase funding for CDC's Section 317 Immunization Program** to \$1.1 billion annually.



**Create a separate line item for immunization services in IHS funding** as well as provide CDC with additional funding for tribal nations that operate their own health services.



**Enact H.R. 3297, the Public Health Workforce Loan Repayment Act,** to recruit and retain qualified public health professionals - now and for decades to come.



**Support the \$7 billion investment in public health infrastructure** included in H.R. 5376, the *Build Back Better Act*.





# ENSURING TIMELY ACCESS

# TO RECOMMENDED VACCINES

The COVID-19 vaccine distribution effort has taught us the importance of increasing access to vaccines. Providing the vaccine at no cost to patients - with a reasonable reimbursement rate for healthcare providers - has both increased people's willingness to be vaccinated and increased the number of locations at which they can be vaccinated. Yet this is a lesson that has not yet been implemented for all routinely recommended vaccines.

## For children, having private insurance is the biggest determinant in whether they receive recommended vaccines<sup>viii</sup>



### VACCINATION RATES FOR 2-YEAR-OLDS BORN IN 2017-2018

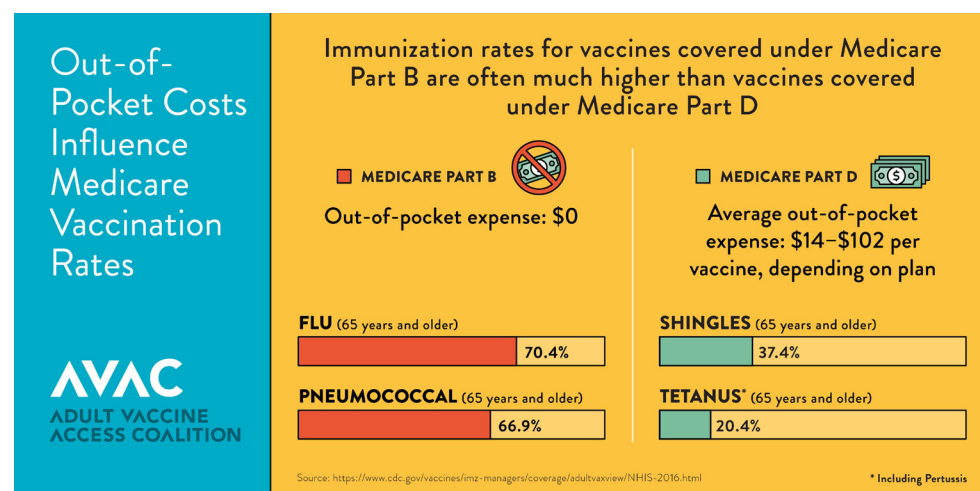
	PRIVATE INSURANCE	MEDICAID	UNINSURED
<b>DTaP:</b>	87.7%	77.7%	<b>61.9%</b>
<b>MMR:</b>	94.4%	89.8%	<b>82.3%</b>
<b>Combined 7 Series:</b>	78.3%	65.6%	<b>48.3%</b>
<b>No vaccines:</b>	0.8%	1.0%	<b>3.3%</b>

Vaccinate Your Family’s co-founders, former First Lady Rosalynn Carter and former First Lady of Arkansas Betty Bumpers were the catalysts for the Vaccines for Children (VFC) program. Since 1994, the VFC program has provided eligible children with recommended vaccines at no cost, but gaps remain. **H.R. 2347, the *Strengthening the Vaccines for Children Program Act*, addresses these gaps by expanding eligibility to children in each state’s Children’s Health Insurance Program (CHIP),** by allowing more locations to participate in VFC, and by better reimbursing providers for vaccine education and counseling.

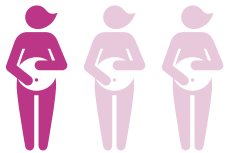
Unfortunately, there is no program like VFC to ensure access to all recommended vaccines for adults, but eliminating cost sharing in both Medicare Part D and Medicaid can greatly increase vaccination rates among the adult population.

For example, adults over the age of 65 need vaccines against COVID-19, flu, shingles, pneumococcal disease, and tetanus, diphtheria and pertussis (administered together as the Tdap vaccine). However, because Medicare splits coverage of these

vaccines between Part B and D, beneficiaries can receive COVID, influenza and pneumococcal vaccines with no out-of-pocket costs, but may have to pay a significant amount for either the shingles or Tdap vaccines. As a result, only 37.4% of seniors have received the shingles vaccine and only 20.4% have received the Tdap immunization.



# PREGNANT PEOPLE ARE DRAMATICALLY UNDERVACCINATED



**1 IN 3**

receive both Tdap and Influenza



**1 IN 2**

receive only one



These rates are

**25% LOWER**

for Black and Latina populations

Ensuring equitable vaccine access is equally important for Medicaid. In addition to low-income children and adults, the program covers individuals with disabilities and chronic conditions as well as pregnant people. Many of these populations are especially vulnerable to vaccine-preventable illnesses. Vaccine coverage in Medicaid may vary based on whether it is traditional Medicaid or an expansion program created under the Affordable Care Act. Waiving cost-sharing for vaccines in all Medicaid programs eliminates confusion and no longer prices vaccines out of reach for many people.

It is especially important that Medicaid, which covers roughly half of all pregnancies,<sup>x</sup> provide first-dollar coverage of immunizations for all pregnant people. Among the general population, only 1 in 3 pregnant persons have received both the flu and Tdap immunizations during pregnancy, and only half receive one of these vaccines. **Among Black and Hispanic/Latina populations, these rates are a startling 25% percent lower.<sup>x</sup> COVID-19 vaccination rates are also staggeringly low. According to the CDC, only 30% of pregnant people are vaccinated against COVID-19, with 18% receiving the vaccine during pregnancy.<sup>xi</sup>**



## WHAT CAN CONGRESS DO?



Support H.R. 2347/S. 2691, the ***Strengthening the Vaccines for Children Program Act*** to increase childhood vaccination rates.



Enact H.R. 1978/S. 912, the ***Protecting Seniors through Immunization Act*** to eliminate cost sharing for vaccines in Medicare.



Enact H.R. 2170/S. 581, the ***Helping Adults Protect Immunity Act*** to eliminate cost sharing for vaccines in Medicaid.



Support H.R. 951, the ***Maternal Vaccination Act*** to increase awareness of the importance of maternal immunizations.

## COVID-19 VACCINATION RATES IN PREGNANCY ARE DANGEROUSLY LOW<sup>xii</sup>

White	Hispanic/Latina	Black	Asian
34%	25%	15%	46%

Ensuring equitable access to vaccines also makes financial sense. Fully vaccinating children born between 1994 and 2013 will have a net savings of \$295 billion and \$1.38 trillion in total societal costs.<sup>xiii</sup>



# REIGNITING A

# CULTURE OF IMMUNIZATION

Perhaps at no other time in our history has immunizations been so critical in protecting public health. However, at this crucial moment, Americans are growing more distrustful of government and public health<sup>xiv</sup>, jeopardizing our ability to protect ourselves and return to pre-pandemic life. Now, more than ever, Congress must act to share science-based vaccine information with their constituents.



**“ Vaccines don’t save lives, vaccinations do. A vaccine dose that remains in the vial is 0% effective no matter what the results of the clinical trials showed.”**

**Dr. Walter Orenstein, VYF Founding Board Member, Director, CDC National Immunization Program (1988-2004)**

While the COVID-19 vaccine has dominated the news cycle, it is important to remember the other routine immunizations people need. **Due to pandemic-related shutdowns, 11 million routine childhood vaccines were missed.**<sup>xv</sup> These rates have increased with the return to in-person learning, but have yet to return to 2019 immunization coverage levels. Routine immunizations for adolescents and adults have also declined.<sup>xvi</sup> This trend threatens the country’s community immunity against deadly, preventable diseases.

Mistrust of vaccines, and science in general, will continue while people are inundated with conflicting information. Members of Congress have an important role in helping to guide their constituents to reliable sources of information. They can also help people understand how to distinguish good information from bad.



It is easy to blame social media for the growing mistrust of vaccines, but what this shift has shown us is that, in trying times, people crave information about what is happening in the world around them and want to share this information with their communities. Social media companies' algorithms often expand the reach of misinformation on COVID-19 virus and vaccines, rather than elevate science-based messaging such as Vaccinate Your Family's. In short, social media empowers people to find their own truth, even if it is at the expense of their family's health.

We know it is not possible to know how to respond to all the vaccine myths circulating online. For that reason, Vaccinate Your Family has created special webpages constantly updated with answers to the recent questions and concerns your constituents may have about vaccines for themselves and their loved ones.

## HAVE QUESTIONS ABOUT VACCINE SCIENCE & SAFETY?

Visit [vaccinateyourfamily.org/questions-about-vaccines](https://vaccinateyourfamily.org/questions-about-vaccines) for answers to common questions and myths about vaccines.

## WHAT CAN CONGRESS DO?



**Share information online about where to get vaccinated and how to pay for vaccines,** such as [www.vaccines.gov](https://www.vaccines.gov) and [vaccinateyourfamily.org/paying-for-vaccines](https://vaccinateyourfamily.org/paying-for-vaccines).



**Add links to science-based vaccine information to your Congressional website.**

Include government sites like [vaccines.gov](https://www.vaccines.gov), but also nonprofit websites that have been certified by the World Health Organization (WHO) as credible sources of vaccine information. Websites such as Vaccinate Your Family receive a "Vaccine Safety Net" stamp of approval once they have been thoroughly vetted by the WHO.



**Show your support of vaccines on social media using #vaccineswork.**

Post photos of you and your family receiving vaccines. Follow groups such as Vaccinate Your Family to share and retweet their posts addressing vaccine benefits as well as disinformation.



**Learn and share how your constituents have been affected by vaccine-preventable diseases.**

In addition to COVID-19, vaccine-preventable diseases such as influenza, meningococcal disease and whooping cough can have devastating consequences. Reach out to people whose stories you see or hear and help them get the word out about the importance of immunization.



# THE STATE OF OUR IMMUNION

# IS RESILIENT

We can bounce back stronger from the devastation of the COVID-19 pandemic, but we must act now to build a robust public health infrastructure, ensure equitable access to vaccines and counteract misinformation.



## WE URGE CONGRESS TO:

- **Increase funding for CDC's Immunization Program** to \$1.13 billion annually.
- **Support enhancements of vaccine infrastructure** to ensure adults receive the vaccines recommended for them.
- **Create a line item in the Indian Health Service for immunization** and provide additional funds to CDC to disperse to Tribal Nations who control their own healthcare systems.
- **Enact H.R. 550 to modernize Immunization Information Systems (IIS)** and provide at least \$400 million for that purpose.
- **Provide student loan forgiveness for public health staff** to help recruit and retain qualified staff.
- **Strengthen the Vaccines for Children (VFC) Program** to include children in CHIP programs and increase the number of eligible providers.
- **Encourage states to include vaccinations at no cost** to pregnant people in all Medicaid plans.
- **Eliminate cost sharing for vaccines** for both Medicaid and Medicare beneficiaries.
- **Show your support of vaccines** on your websites, social media platforms and speaking engagements.





# RESOURCES AND USEFUL LINKS

The World Health Organization's (WHO) Vaccine Safety Net has certified Vaccinate Your Family's website, confirming that our website provides credible information on vaccine safety.

## Please visit our website for more information on:

COVID vaccine frequently asked questions

- [vaccinateyourfamily.org/questions-about-vaccines/questions-and-answers-about-covid-19-vaccines](https://vaccinateyourfamily.org/questions-about-vaccines/questions-and-answers-about-covid-19-vaccines)

What vaccines does my family need?

- [vaccinateyourfamily.org/which-vaccines-does-my-family-need](https://vaccinateyourfamily.org/which-vaccines-does-my-family-need)

Paying for vaccines

- <https://vaccinateyourfamily.org/paying-for-vaccines>

Vaccine safety

- [vaccinateyourfamily.org/vaccine-safety](https://vaccinateyourfamily.org/vaccine-safety)

Personal Stories of individuals impacted by vaccine-preventable diseases

- [vaccinateyourfamily.org/personal-stories](https://vaccinateyourfamily.org/personal-stories)

Information in Spanish

- [vaccinateyourfamily.org/en-espanol](https://vaccinateyourfamily.org/en-espanol)

## Policy Resources from our Partners:

- [317 Coalition](#) is solely focused on advocating for increased federal funding for the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention, and as such will focus on implementing the policies of the Advisory Committee on Immunization Practices and other relevant policy-making bodies.
- [Adult Vaccine Access Coalition](#) is a partnership working to enact federal policy solutions to increase access to and uptake rate of adult vaccinations.
- [American Academy of Pediatrics](#) offers an overview of recent disease outbreaks and vaccination rates among children, along with resources for vaccine education.
- [The American Immunization Registry Assoc.](#) promotes the development and implementation of immunization information systems to ensure healthy communities.
- [Association of Immunization Managers](#) enables immunization program managers to work together to effectively prevent and control vaccine-preventable diseases and improve immunization coverage in the United States and its territories.
- [Association of State and Territorial Health Officials](#) is the national nonprofit organization representing public health agencies in the United States, the U.S. Territories, the District of Columbia, and their employees.
- [Immunization Coalitions Network](#) of the Immunization Action Coalition offers a searchable database to locate state and local immunization coalitions and a host of state policy resources.
- [National Association of County & City Health Officials](#) is comprised of over 2,800 Local Health Departments across the United States.





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**Vaccinate Your Family**

Our mission is to protect people of all ages from vaccine-preventable diseases by raising awareness of the critical need for timely immunizations, increasing the public's understanding of the benefits of vaccines, increasing confidence in the safety of vaccines, ensuring that all families have access to life-saving vaccines, and advocating for policies that support timely vaccination.