10-ID-01

Committee: Infectious Disease Steering Committee

Title: Promotion of an increase in Section 317 funding

I. Statement of the Problem:
The Section 317 program provides funds for immunization programs through federal grants to states and is the main source of funding for most state vaccine programs. Section 317 provides critical funding for vaccines as well as immunization infrastructure such as surveillance and outbreak control in the United States. However, funds for state and local vaccine preventable disease epidemiologists remains lacking, and funding is needed to ensure states have adequate capacity for immunization surveillance activities.

As the CSTE 2009 Epidemiology Capacity Assessment illustrates, epidemiology capacity in states has been declining since 2001, and funds are needed to increase surveillance efforts in all program areas. A strong public health infrastructure is needed to ensure vaccine delivery, outreach and education, effective surveillance, and outbreak control activities.

II. Statement of the desired action(s) to be taken:
CSTE supports an increase in Financial Assistance funding for the Section 317 program specifically to fund full-time equivalent (FTE) vaccine preventable disease epidemiologists in states for work at both the state and local levels. CSTE also supports increasing the flexibility in the Section 317 program so that states can use the funds to support states' individual immunization goals. State immunization programs are very unique, and priorities often vary widely among states.

III. Public Health Impact:
An increase in Section 317 funding for FTE vaccine-preventable disease epidemiologists would improve epidemiology capacity in the states for vaccine-preventable disease surveillance and outbreak control of vaccine-preventable diseases. While CSTE supports increasing Section 317 overall funds in the Direct Assistance vaccine purchase area as well, Financial Assistance funds that provide programmatic support is needed to more effectively perform surveillance activities at the state and local levels.

Increasing Section 317 funds would help states raise immunization coverage rates among underinsured children and adolescents and among uninsured and underinsured adults. Increased coverage rates would decrease vaccine-preventable disease morbidity and mortality, the public health impact of which is tremendous.

IV. Coordination:

Agencies for Response:

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