



2020

STATE OF THE IMMUNION

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



2019 PROVED VACCINE-PREVENTABLE

DISEASES ARE STILL A THREAT TO THE U.S.

In 2000, the United States marked the new millennium with a historic milestone: measles elimination. Nearly 20 years later, in 2019, the United States almost lost its measles elimination status. Across 31 states, the Centers for Disease Control and Prevention (CDC) confirmed 1,282 cases of measles—the highest number of cases in any year since 1992.¹ Of these individuals with measles, 128 people were hospitalized and 61 had serious complications, including pneumonia and encephalitis.² **The fact that the majority of people in the U.S. are vaccinated against measles is the only thing that prevents these clusters of measles cases from becoming even more serious epidemics.**

Beyond measles, outbreaks of hepatitis A continue to occur throughout the country, with 29,804 cases, 18,143 hospitalizations and 302 deaths reported by states between 2016 and January 2020.³ Cases of mumps, whooping cough (also known as pertussis) and hepatitis B continue to occur as well.

We also continue to fall behind other countries such as Australia on human papillomavirus (HPV) vaccination rates and as a result have higher rates of cervical and five other HPV-associated cancers. Each year, HPV causes approximately 35,000 cancers in the U.S. including about 10,900 cases of cervical cancer. HPV vaccination could prevent 90% of these cancers from ever developing.⁴ Meanwhile Australia, a country with much higher vaccination rates than the U.S., is on track to eliminate cervical cancer by the year 2028.⁵

Unfortunately, as the decade came to a close, flu once again had a significant impact on our nation's health. By the end of 2019, the CDC estimated we had already lost between 2,900 and 7,200 people to flu,⁶ including 27 children.⁷ That's more children than we've lost in any other year that early in the flu season.

- Improving access to vaccinations.** CDC's most recent National Immunization Survey shows that **children living below the poverty level and those residing in rural areas, as well as those who are on Medicaid, are less likely to be fully vaccinated by as much as 20% for some vaccines.** Uninsured children are also less likely to be protected than those who are privately insured.⁸ The difference is startling - over 7% of uninsured children receive no vaccines compared to less than 1% of privately insured children.⁹ This is particularly concerning since the Vaccines for Children (VFC) program was authorized by Congress specifically to address disparities based on income and insurance status and provides vaccines at no cost to qualifying children whose families otherwise may not be able to afford them.

Cases

- Flu and Measles Casesⁱ
- Flu and Hep A Casesⁱⁱ
- Flu, Measles, and Hep A Cases

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- **Ensuring the availability of scientifically accurate information about vaccines.**

While the majority of parents in the U.S. ultimately choose to vaccinate their children, many have questions about immunizations. When looking up the word “vaccine” online, search results provide a mix of dubious websites alongside credible, science-based websites such as the CDC. Intentionally misleading information online about the safety, ingredients and effectiveness of vaccines, along with false stories about vaccine-related injuries, may lead parents and parents-to-be to decide to delay or refuse vaccinations for their family and themselves.

- **Reminding people of the dangers of vaccine-preventable diseases and their role in protecting the health of their community.**

Vaccines have done such a good job of reducing and eliminating infectious diseases that many people no longer remember how dangerous these diseases can be. As a result, they may not prioritize getting themselves and their family members vaccinated. When an outbreak of a disease happens in the U.S., such as measles, we often see a temporary increase in immunization rates. But, in order to avoid future outbreaks, we must help people understand the immense importance of following the recommended vaccination schedules.

This report will offer solutions to help ensure the 2020s are a decade of healthy families and communities, not a roaring return of vaccine-preventable diseases.





VACCINES CAN KEEP PEOPLE

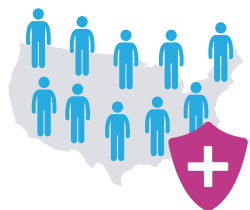
OF ALL AGES HEALTHY

Vaccines are one of the greatest public health interventions in modern times, second only to clean water. We have the ability to protect babies, children, adolescents and adults, including pregnant women, from 27 diseases.

Over the years, vaccines have prevented countless cases of disease and disability, and have saved millions of lives. The CDC estimates that vaccination of children born between 1994 and 2018 in the U.S. will prevent 419 million illnesses, help avoid 936,000 deaths, and save nearly \$1.9 trillion in total societal costs (that includes \$406 billion in direct costs).¹⁰

CHILDHOOD VACCINES SAVE LIVES AND MONEYⁱⁱⁱ

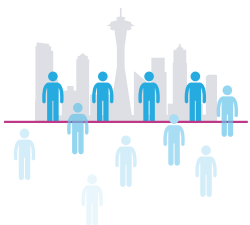
The vaccination of children born between 1994 and 2018 will prevent:



419

MILLION ILLNESSES:

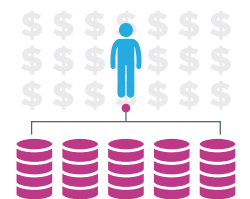
More than the
population of the U.S.



936,000

DEATHS:

Greater than the
population of Seattle, WA



\$1.9

**TRILLION IN
TOTAL SOCIETAL COSTS:**

\$5,000 for each person in the U.S.

Vaccines help prevent infectious diseases that once killed or seriously harmed many children. Without them, children are at risk for serious illnesses such as measles, hepatitis B, whooping cough, polio and flu, which can result in disability or even death. **Through timely vaccinations, we have the power to protect children from 14 dangerous diseases by the time they turn two.** Without the protection offered by vaccines, people would once again have to fear these diseases.

In fact, before a child is even born, we have the ability to protect them from dangerous diseases thanks to vaccination. All vaccines for infants, except for hepatitis B, start at two months of age or later, so the only protection for newborns from vaccine-preventable diseases is through vaccination of their mothers, who transfer antibodies to their babies across the placenta. These antibodies protect the infants until they can develop their own immunity through vaccination. While currently only influenza, pertussis, diphtheria, and tetanus are preventable through maternal vaccination, researchers are working on the development of immunizations for many other devastating infant conditions. **Maternal vaccines may soon be used to protect infants from respiratory syncytial virus (RSV), cytomegalovirus (CMV) and group B streptococcus (GBS).**



DID YOU KNOW?



We could eliminate nearly all cervical cancers, and 5 other HPV-associated cancers, **with the HPV vaccine.**

4 in 5 

people in the U.S. will be infected with HPV at some point.^{iv}



**32,000 OF 35,000 CASES OF
HPV-ASSOCIATED CANCERS**
could be prevented each year

Later, as children grow into adolescents, their disease risks change. Preteens and teens are at risk of contracting certain vaccine-preventable diseases as they engage in common activities such as sharing drinks and utensils, kissing, and attending summer camps. There are now five vaccines recommended for adolescents: Tdap (tetanus-diphtheria-pertussis), HPV, meningococcal ACYW, meningococcal B, and annual flu vaccines. Unfortunately, parental concerns about safety and lack of knowledge about vaccines, combined with weak provider vaccine recommendations, and fewer well visits with healthcare providers can cause this population to remain undervaccinated

The Costs of Vaccine-Preventable Disease^v

Flu, pneumococcal disease, shingles and whooping cough cost \$27 billion to treat each year in adults over the age of 50.

**\$27
BILLION**
in treatment



and thus at risk of deadly diseases both now and in the future. For example, **meningococcal disease can kill 15% of people who get it, sometimes within a matter of hours,¹¹ while HPV can cause cervical and other HPV-associated cancers years after becoming infected with the virus.¹²**

Vaccine-preventable diseases also pose threats to adults. Influenza and pneumonia are together among the top ten leading causes of adult deaths in this country.¹³ Low vaccination rates contribute to substantial, yet preventable, national healthcare expenses and productivity losses. **The nearly \$27 billion that is spent each year treating four vaccine-preventable diseases (flu, pneumococcal disease, shingles and whooping cough) in adults includes the cost of medical visits, hospitalizations and prescription coverage.¹⁴ This does not cover the astronomical costs of absenteeism and short-term disability from work.**

One of every four workers is now over the age of 55.¹⁵ The costs of addressing the health challenges within this segment of the workforce are significant, as treatments for conditions like diabetes and heart disease number in the hundreds of billions of dollars annually.¹⁶ Many current vaccines, as well as those in development pipelines, prevent diseases that can cause dangerous

DID YOU KNOW?

Vaccines Given in Pregnancy Protect Babies^{vi}

Pertussis

When women get Tdap vaccine in pregnancy, they **reduce infants' risk of hospitalization due to whooping cough by:**

91%

Flu

When women get flu vaccine in pregnancy, they **reduce infants' risk of hospitalization due to flu by:**

70%

illnesses, and lead to severe and sometimes deadly complications in individuals with chronic conditions. Vaccines are a proven means of preventing and reducing the inevitably huge cost of maintaining the health of our aging workforce.

Immunizations have the ability to keep each person in the U.S. healthier. It is therefore vitally important that we ensure confidence in, and access to, vaccines.



VACCINES ARE CLOSELY MONITORED

FOR EFFICACY AND SAFETY

Questions about the safety of vaccines are common. Vaccinate Your Family is dedicated to breaking down the complex science so everyone can understand why vaccines are the best option for protecting you, your family and your constituents from serious infectious diseases.

Vaccines are one of the most thoroughly tested medical products available in the U.S. Before a vaccine can be considered for approval by the FDA, a vaccine manufacturer must show it is safe and effective through clinical trials. Developing a new vaccine begins with an exploratory stage and a pre-clinical stage before advancing to three stages of clinical trials. Additionally, concomitant studies must be conducted to ensure new vaccines can be safely given with those already on the schedule. Together, this scientific process can take over a decade and cost millions of dollars.¹⁷ The FDA then examines these studies and determines whether a vaccine is safe, effective, and ready to be licensed for use. The FDA only licenses vaccines that have data that shows that the vaccines' benefits outweigh the potential risks. If there is any question or concern about the data, the FDA will request further studies before deciding whether to approve the vaccine.¹⁸

After a vaccine is licensed for use in the U.S., there are four systems in place that work together to help scientists monitor the safety of vaccines and identify any rare side effects that may emerge after clinical trials. These systems are critical because even large clinical trials may not be big enough to find very rare side effects. For example, some side effects may only happen in 1 in 100,000 or 1 in 500,000 people. Second, vaccine trials may not include certain populations like pregnant women or people with specific medical conditions who might have different types of side effects or who might have a higher risk of side effects than the volunteers who got the vaccine during clinical trials. These four systems are:

- **Vaccine Adverse Events Reporting System (VAERS):**¹⁹ VAERS is a passive reporting system. That means it relies on individuals to report vaccine reactions. Anyone can report a reaction or injury, including healthcare providers, patients and patients' representatives, such as caregivers or attorneys. The system is co-managed by the FDA and the CDC. However, it is important to note that VAERS data alone can't be used to answer the

question, "Does a certain vaccine cause a certain side effect?" This is because adverse events (health problems) reported to VAERS may or may not be caused by vaccines. There are reports in VAERS of common conditions that occur just by chance after vaccination. Further investigation may find no medical link between vaccination and these conditions. Instead, the purpose of VAERS is to see if unexpected or unusual patterns emerge, which may indicate an issue that needs to be researched further.

- **Vaccine Safety Datalink (VSD):**²⁰ Established in 1990, VSD is a collaboration between the CDC's Immunization Safety Office and eight healthcare organizations across the country. It conducts studies based on questions or concerns raised from the medical literature and reports to VAERS. In addition, **when new vaccines are recommended or if changes are made in how a vaccine is recommended, VSD will monitor the safety of these vaccines.**



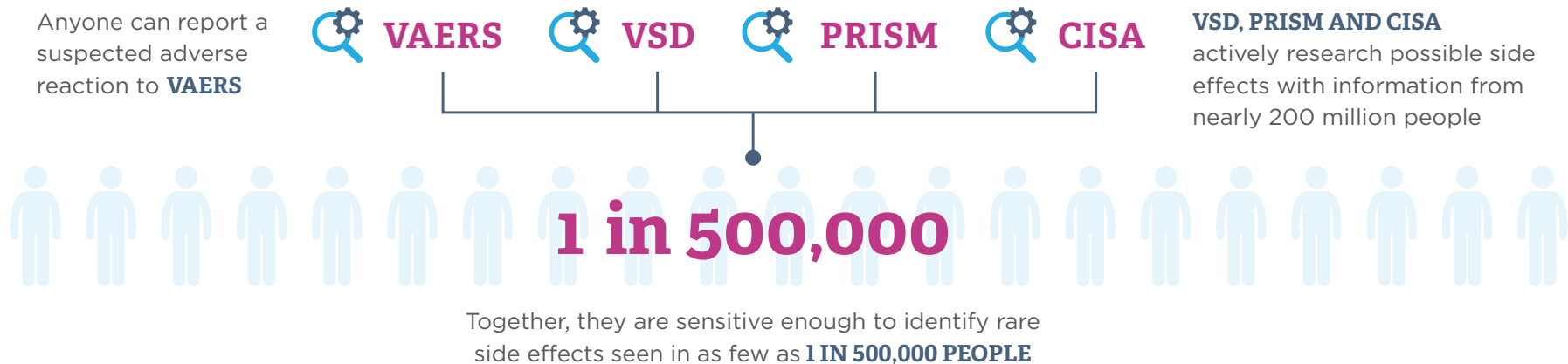
- **Clinical Immunization Safety Assessment Project (CISA):**²¹ CISA, which was created in 2001, is a national network of vaccine safety experts from the CDC's Immunization Safety Office, seven medical research centers and other partners. CISA addresses vaccine safety issues, conducts high-quality clinical research and assesses complex clinical adverse events following vaccination. CISA also helps to connect clinicians with experts who can help consult on vaccine safety questions related to individual patients.
- **Post-Licensure Rapid Immunization Safety Monitoring System (PRISM):**²² PRISM is a partnership between the FDA's Center for Biologics Evaluation and Research and leading health insurance plans. It actively monitors and analyzes data from a representative subset of the general population. PRISM links data from health plans with data from state and city immunization

information systems (IIS). PRISM has access to information for over 190 million people, allowing it to identify and analyze rare health outcomes that would otherwise be difficult to assess.

In summary, **because vaccines are given to the entire population, they are one of the most scrutinized and well-tested products on the U.S. market.** The systems that have been put in place to ensure their ongoing safety are expansive and have time and again proven to be effective at determining any safety signals that require further investigation. For more information on how the U.S. healthcare system collaborates with the federal government on these endeavors or for answers to a particular vaccine-related concern from your constituents, please visit the **Questions About Vaccines** section of Vaccinate Your Family's website at [Vaccinateyourfamily.org/questions-about-vaccines](https://vaccinateyourfamily.org/questions-about-vaccines).

After Approval, Vaccines are Closely Monitored for Efficacy and Safety^{vii, viii, ix, x}

4 MONITORING SYSTEMS:





EVERYONE IN THE U.S. SHOULD

HAVE ACCESS TO VACCINES

Despite progress made since the establishment of the Vaccines For Children program in 1994, children still lack access to vaccines depending on where they live, their families' socioeconomic status, and their insurance status. Adults face similar challenges with additional racial and ethnic disparities.



Last year, the U.S. celebrated the 25th anniversary of the Vaccines For Children (VFC) program. VFC was first implemented in 1994 as a way to ensure all children had access to vaccines, regardless of their families' ability to pay. The program has been an enormous success. The CDC estimates that by 2018, nearly 1 million lives have been saved in the U.S. as a result of VFC. While there is no denying the success of this program, eligible families may still face obstacles in utilizing VFC. For example, some may be unaware of VFC and its benefits, while others may not realize that additional fees they may be charged for vaccine administration and office visits are not mandatory. While these fees help providers offset their costs of doing business, CDC is clear that anyone who cannot pay should not be required to do so.

Unfortunately, while VFC was an important step forward, gaps in vaccine access remain. The results of CDC's most recent National Immunization Survey showed that among children two years of age and younger, there were sociodemographic disparities in coverage, especially by location and health insurance status.

Children who live in rural areas as well as those who are on Medicaid are less likely to be fully vaccinated by as much as 20% for some vaccines. Uninsured children are also less likely to be protected than those who are privately insured.²³ The difference is startling: over 7% of uninsured children receive no vaccines, compared to less than 1% of privately insured children.²⁴

In their discussion of these findings, CDC recommends that vaccination rates for young children can be improved with increased access to healthcare providers and health insurance, and suggests providers administer all recommended vaccines during office visits to avoid missed opportunities. CDC also suggests prioritizing local-level data to assist states and communities in creating targeted interventions to prevent outbreaks of vaccine-preventable diseases.

Challenges in accessing vaccines is not limited to children. There is no program such as VFC for adults, leaving many without a means to pay for recommended vaccines. First dollar coverage of vaccines can greatly improve the likelihood that an adult will be immunized.²⁵

Expanding first dollar coverage of vaccines to Medicare Part D and encouraging Medicare Advantage and stand-alone Medicare Prescription Drug Plans to include immunizations in the zero-cost sharing tier is critical to reducing the barriers to access for seniors. Influenza and pneumococcal vaccines, which are both covered by Part B, have been received by 70.4% and 66.9% of seniors over the age of 65, respectively. This same population must spend between \$14 and \$102, on average to receive either the shingles or the Tdap vaccine. These two vaccines, which protect against four diseases, have only been received by 37.4% and 20.4% of seniors, respectively.²⁶ The cost savings for our economy, coupled with increased workplace productivity, are well worth the investment.

We must also help state Medicaid programs understand the value of first dollar coverage, particularly for pregnant women. **Nearly half of all births are covered by Medicaid.²⁷ Depending on the state, however, women may not have access to vaccines recommended during their pregnancy.** To help remove financial barriers, many, but not all state Medicaid programs remove vaccination copays for maternal vaccinations.²⁸

Racial and ethnic disparities also continue in vaccine coverage among adult populations,

as Whites are consistently better vaccinated than minority groups.²⁹ People of color have traditionally been at disproportionate risk for being underinsured, lacking access to quality treatment, and preventive care through health insurance coverage. Unfortunately, this trend extends to pregnant women. **Pregnant women of color, particularly Black women, and women who live below the poverty line have up to 20% lower vaccination rates than White women or those with higher socioeconomic statuses.³⁰** Lower maternal vaccination rates among pregnant women living below the poverty level and/or participating in Medicaid could be a result of many factors including financial barriers, poor access to care, and lack of vaccination recommendations from providers.³¹



DID YOU KNOW?



Disparities in Adult Vaccination Rates

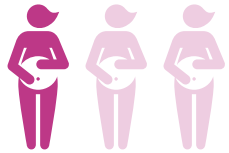
Adult vaccination rates for shingles, as seen in the following statistics from 2016, varied greatly among racial/ethnic groups:^{xi}

Whites	Blacks	Hispanics & Asians
38%	16%	22%

Insurance Coverage Should Not Dictate Access to Childhood Vaccines^{xii}

VACCINATION RATES FOR	PRIVATE INSURANCE	MEDICAID	UNINSURED
DTaP (≥4 doses):	87%	76%	60%
MMR (≥ 1 Dose):	94%	89%	73%
Flu (≥2 doses):	69%	48%	35%
Combined 7-Vaccine Series*:	75%	64%	47%
No vaccines:	0.8%	1.2%	7.4%

PREGNANT WOMEN ARE DRAMATICALLY UNDERVACCINATED^{xiii}



ONLY 1 IN 3

pregnant women receive both flu and Tdap vaccines



ONLY HALF

receive either flu or Tdap



Black, non-Hispanic women and those who live below the poverty line had up to

20% LOWER VACCINATION RATES

WHAT CAN CONGRESS DO?



Increase the federal appropriations to the CDC, states and territories so that they are prepared to respond to existing and potential emerging vaccine-preventable disease outbreaks; conduct community outreach; educate providers and the public; maintain and increase onboarding of providers to immunization information systems (IIS); and offer vaccine services to the community.



Also increase funding to the Indian Health Service that includes a specific line item for immunizations to support immunization activities, clinical service delivery and electronic health record systems.



Ensure all children enrolled in state CHIP programs are eligible for VFC vaccines. Such a step will reduce confusion for providers and families and ensure children more timely access to vaccines.



Support the *Protecting Seniors Through Immunization Act* (S. 1872/H.R. 5076)

to eliminate out-of-pocket costs for vaccines covered under Medicare Part D and improve vaccine awareness and education for beneficiaries.

A woman with dark, curly hair is smiling and looking at a white smartphone she is holding in her right hand. She is wearing a red top. The background is a bright, out-of-focus window with a grid pattern.

SCIENCE-BASED INFORMATION ABOUT

VACCINES MUST BE READILY AVAILABLE

ONLINE AND THROUGHOUT COMMUNITIES

Rumors spread quickly both online and among communities. It is critical to ensure everyone who has questions about immunizations has access to science-based vaccine information.

While the majority of parents in the U.S. ultimately choose to vaccinate their children, many have questions about immunizations. The issue for many people is finding the right sources to answer their questions. While healthcare providers are usually the best people to ask, we live in an age where many people turn to the internet for answers. **Unfortunately, it can often be difficult to tell whether the website or social media page you have found is science-based.**

When looking up the word “vaccine” online, search results provide a mix of dubious websites alongside credible, science-based websites such as the CDC. Intentionally misleading information and false stories about vaccine-related injuries online may lead parents and parents-to-be to decide to delay or refuse vaccines for their children and themselves.



WHY SHOULD WE CARE ABOUT MEASLES?^{XIV, XV}

IN 2019:



1,282
cases



128
hospitalizations



61
complications, including
pneumonia and encephalitis

HOW DID THIS HAPPEN?



Measles is
**HIGHLY
CONTAGIOUS**



It's still common around the
world and **BROUGHT
TO THE U.S.** by
travelers every year



Measles outbreaks
are often the first sign
**VACCINATION RATES
ARE FALLING**

WHY DOES IT MATTER?

MEASLES IS SERIOUS^{VIII}



1 TO 3 OUT OF 1,000
people with measles will die



About **1 IN 5**
will be hospitalized



1 OUT OF EVERY 1,000
will develop brain swelling,
which could lead to brain damage



**MEASLES CAUSE IMMUNE
SYSTEM AMNESIA**—the body
loses its ability to fight diseases
you've already been exposed to
or vaccinated against.



7-10 years after a child recovers
from measles, they can develop
subacute sclerosing panencephalitis
(SSPE)—**A BRAIN DISORDER,
WHICH IS ALWAYS FATAL**

In the past year, social media platforms have made great strides in elevating science-based information on vaccines and discontinuing the practice of recommending pages and profiles that contain disinformation about vaccines. Companies such as Facebook, which also owns Instagram, and Pinterest have placed a box at the top of all vaccine-related searches encouraging users to visit the CDC for reliable information about immunizations. Others, such as YouTube, have removed ads from videos promoting false information about vaccines in order to discourage users from posting it. Vaccinate Your Family continues to work closely with these and other companies, along with national and international partners, to offer expertise and support for ongoing efforts to ensure the scientific accuracy of vaccine information available online.

In addition to information found online through websites and social media, it is often in-person interactions that can motivate a person to vaccinate. Healthcare providers are key in these types of discussions, but not everyone relies on their doctors' advice as much as they do on their friends' and family members' advice. **Many of the measles outbreaks in 2019 happened in tight-knit communities that relied on each other for medical information rather than government agencies, healthcare systems or other "outside" organizations.** Therefore, it is critical that states and local officials have the resources they need to identify communities with serious concerns about vaccines and create culturally and racially sensitive materials and programs to address their hesitations.

WHAT CAN CONGRESS DO?



Support the *VACCINES Act of 2019 (H.R. 2862)* which has been included in the *Lower Health Care Costs Act of 2019 (S. 1895)*, which authorize CDC to begin funding local responses to communities who are hesitant about vaccinating.



Become a vaccine champion in your own community. As a leader in your community, many constituents look to you for advice on immunizations. Use our list of resources at the end of this report to understand good sources of vaccine information and share those with your community.





PEOPLE MUST BE REMINDED

OF THE DANGERS OF

VACCINE-PREVENTABLE DISEASES

Work-life balance is hard enough without taking time to also get vaccinated. People have forgotten why it's important to take the time for immunizations, both for themselves and their loved ones.

At the beginning of the 2019-2020 flu season, the National Foundation for Infectious Diseases conducted a poll and asked: How many adults were planning to receive their flu vaccine during the upcoming season? Only 52% said they planned on receiving it, and one in four who were at higher risk of complications from the disease were planning to skip the vaccine.³² In the same survey, **nearly half of adults at high risk of complications from pneumococcal disease reported they had never even heard of the disease.**³³

Community Protection Thresholds

A community protection threshold is the percentage of vaccinated individuals needed in a population to prevent a disease from spreading.^{xvi}



MEASLES: 93-95%



MUMPS: 75-86%



PERTUSSIS: 92-94%



POLIO: 80-86%



The fact is that vaccines have done such a good job of reducing and eliminating infectious diseases in the U.S. that many people no longer remember how dangerous these diseases can be. Additionally, many people are not aware that people with chronic health conditions such as heart disease, asthma and diabetes are at increased risk for complications from certain vaccine-preventable diseases. Many of these individuals don't think of themselves as "sick" and therefore don't consider themselves to be particularly vulnerable to these serious, and sometimes deadly, diseases. As a result, they may not prioritize getting themselves and their family members vaccinated. Even doctors and other healthcare professionals have not seen these diseases and often call in an older colleague to consult when they suspect a patient has measles or another vaccine-preventable disease.

When an outbreak of a disease happens, such as measles, we usually see temporary boosts in immunization coverage in that community. **But, in order to avoid future outbreaks, we must help people understand the immense importance of vaccinating on time, every time.**

People also need to understand the role they play in keeping their communities healthy through "community immunity." Diseases can spread quickly through a community, making a lot of people sick. However, when enough people are vaccinated against a certain disease, the germs can't travel as easily from person to person, and the entire community is less likely to get the disease. This is known as "community" or "herd" immunity.

The levels of vaccination rates needed to protect communities from diseases vary based on several factors, including how infectious the disease is and how well the vaccine works. As a society, it is important that we work together to protect one another from deadly diseases. By maintaining high vaccination rates we not only protect ourselves, but we also protect vulnerable infants who are not fully vaccinated yet and people of all ages with weakened or failing immune systems.

If we stopped vaccinating, the limited number of vaccine-preventable disease cases we have in the United States could very quickly become tens or hundreds of thousands of cases.



WHAT CAN CONGRESS DO?



Share your own story. If you remember these diseases, or remember your parents or grandparents talking about vaccine-preventable diseases, share those stories with your constituents. Research shows that personal stories can help people better understand the dangers these diseases pose and possibly influence their behavior.



Learn how your constituents have been affected by vaccine-preventable diseases. Unfortunately, these diseases do still affect people in the U.S. Ask your constituents about their experiences and use your platform to share those with your broader community. Reach out to major hospital networks in your state to discuss the burden of vaccine-preventable diseases. Additionally, Vaccinate Your Family is available to assist if you wish to connect with immune-compromised individuals that rely on community immunity to keep them safe from vaccine-preventable diseases.



Let your local media know you support vaccines. Reporters want to know where legislators stand on vaccination policy. Let them know that you believe in the value of vaccinations and that you support strong immunization legislation.

THE STATE OF OUR

IMMUNION DEPENDS ON YOU

Congress has a critical role to play in preventing and eliminating vaccine-preventable diseases. Your work on national policy sets the stage for many people on the state and local levels to raise immunization rates. Please:

- **Increase the federal appropriations to the CDC, states, large cities and territories** so that they are prepared to respond to existing and potential emerging vaccine-preventable disease outbreaks; conduct community outreach; educate providers and the public; maintain their immunization information system (IIS); and offer vaccine services to the community. Historically, federal vaccine appropriations have remained fairly stagnant and are far below the levels requested in CDC's Congressional budget justifications, and state budgets for vaccine infrastructure are nearly non-existent. This has resulted in a loss of essential immunization program personnel and the disbanding of several highly effective statewide immunization coalitions, which supported vaccination programs for decades.
- **Also increase funding to the Indian Health Service that includes a specific line item for immunizations** to support immunization activities, clinical service delivery and electronic health records.
- **Support the *VACCINES Act of 2019* (H.R. 2862) which is included in the *Lower Health Care Costs Act of 2019* (S. 1895),** which authorizes CDC to begin funding local responses to communities who are hesitant about vaccinating. These bills will then require appropriations to ensure CDC has enough funds to enhance, not detract from, current vaccination education activities.
- **Support the *Protecting Seniors through Immunization Act* (S. 1872/H.R. 5076),** which eliminates out-of-pocket costs for vaccines covered under Medicare Part D and improves vaccine awareness and education for beneficiaries.
- **Ensure all children enrolled in state CHIP programs are eligible for VFC vaccines.** Such a step will reduce confusion for providers and families and ensure children more timely access to vaccines.
- **Learn how your state's Medicaid program funds vaccines.** This is critical information in ensuring low income children and adults, particularly pregnant women, have access to lifesaving vaccines.



- **Become an immunization champion.** The public must be reassured that the timing of vaccines is carefully considered prior to CDC's recommendations and that prior to and following licensure, vaccine safety is heavily monitored by various departments within HHS, CDC, and FDA, and through long-term health plan collaboratives. There are many disproven myths about the safety of vaccines that continue to circulate, negatively impacting your constituents' understanding of the

safety and value of vaccines, and threatening the health of your communities. You can be an immunization champion by knowing how to respond to your constituents' concerns and offering evidence-based responses. You can also share stories of your own constituents' devastating experiences with vaccine-preventable diseases to remind people of the importance of timely immunization.





RESOURCES AND USEFUL LINKS

Commonly Requested Information for Constituents

- Vaccinate Your Family: The Next Generation of Every Child By Two is a leading source of evidence-based vaccine information. You can find information on common questions about vaccines, vaccine safety oversight, disease outbreaks and other topics on our website and social media pages. Learn more at:
- [Vaccinate Your Family \(Vaccinateyourfamily.org\)](https://www.vaccinateyourfamily.org)
- [Shot of Prevention Blog \(Shotofprevention.com\)](https://www.shotofprevention.com)
- [Facebook \(@VaccinateYourFamily\)](https://www.facebook.com/VaccinateYourFamily)
- [Twitter \(@Vaxyourfam\)](https://twitter.com/Vaxyourfam)
- [Instagram \(@VaccinateYourFamily\)](https://www.instagram.com/VaccinateYourFamily)

Policy Resources

- [Trust for American's Health: Ready or Not?](#) examines the nation's ability to respond to public health emergencies, tracks progress and vulnerabilities, and includes a review of state and federal public health preparedness policies and a state-by-state map rating of preparedness.
- [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 fostering an inclusive partnership of organizations to inform and engage federal policymakers in working towards common legislative and regulatory solutions that will strengthen and enhance access to and utilization of adult immunization services across the health care system.
- [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, and the District of Columbia, and over 100,000 public health professionals these agencies employ.
- [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.
- [American Academy of Pediatrics](#) offers an overview of recent disease outbreaks and vaccination rates.
- [The Centers for Disease Control and Prevention](#) has created an infographic outlining the country's process for vaccine approval and ongoing oversight.

Annual Vaccination Rate Data

- Child Rates: <https://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/interactive-reports/index.html>
- School Rates: <https://www.cdc.gov/vaccines/imz-managers/coverage/schoolvaxview/data-reports/index.html>
- Teen Rates: <https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/index.html>
- Adult Rates: <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html>
- Flu Rates: <https://www.cdc.gov/flu/fluview/index.html>

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The fourth annual *State of the ImmUnion* report is dedicated to Rich Greenaway. Rich spent over two decades advocating for vaccines on behalf of Vaccinate Your Family and families across the U.S. Although we lost Rich in 2019, we will honor his legacy by continuing to support the importance of immunization for people of all ages.



The Next Generation of Every Child By Two

Vaccinate Your Family: The Next Generation of Every Child By Two

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.