



2024

# STATE OF THE IMMUNION

VACCINATE YOUR FAMILY



If we are to truly limit the impact of future epidemics and pandemics, we must do more to increase awareness of, and access to, all recommended vaccines.



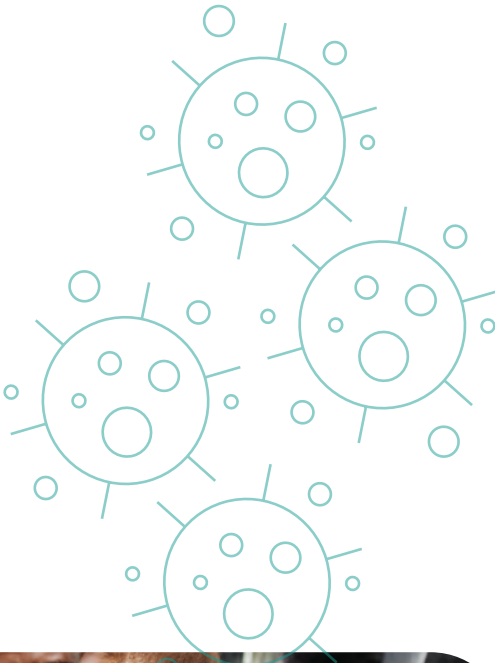
In 2023, exemptions to childhood vaccinations reached an all-time high in the U.S., and adult vaccination rates continued to struggle, particularly amongst Black, Latino, and Hispanic adults.

As the COVID-19 Public Health Emergency (PHE) declaration ended over the summer, public health experts, healthcare providers, advocates, and patients were unsure of what the future would hold for vaccine access. The small glimpse we had of a national effort to eliminate costs and increase both the number of vaccinators and vaccination sites was at an end.

The introduction of the Centers for Disease Control and Prevention’s (CDC’s) Bridge Access Program offers a glimmer of hope that we can rebuild access to COVID-19 vaccines for uninsured adults. Working with both large chain and community pharmacies, the CDC is making COVID vaccines more accessible to people who would traditionally have to pay out of pocket for them. This program, however, addresses just one vaccine for one specific population. If we are to truly limit the impact of future epidemics and pandemics, we must do more to increase awareness of, and access to, all recommended vaccines.

Our challenges unfortunately are not limited to COVID or to adult vaccinations. In a report from November 2023, the CDC discovered that childhood exemption rates are at an all-time high. The number of families who have chosen to exempt their children from vaccines recommended for school entry increased in 41 states and now exceeds five percent in 10 of those states.<sup>1</sup> Over 95 percent of children within our communities must receive recommended vaccines to prevent outbreaks of deadly diseases such as measles.

Overall, three percent of kindergartners in the U.S. now have an exemption—the highest amount of exemptions ever recorded in our country.<sup>2</sup>



2023 was a challenging year for public health. Public-private partnerships launched during COVID-19, which did incredible work to close the gap on adult vaccinations, began to lose federal funding despite partners’ continued commitment to the work.

While this number may seem small, in actuality it means roughly a quarter of a million children are now vulnerable to measles.<sup>3</sup>

As we celebrate 30 years of the Vaccines for Children (VFC) program, it is a perfect moment

to pause and reflect on the impact of vaccines. The VFC program guaranteed no child would be denied a vaccine based on their family's ability to pay. As a result, vaccination of children born since 1994 will prevent 472 million illnesses and over one million deaths.<sup>4</sup>

250,000 

U.S. children are now vulnerable to measles.

PREVENTION

Childhood Vaccines Will Save Over 1 Million Lives

VACCINES GIVEN TO CHILDREN SINCE 1994 WILL PREVENT...



472 MILLION  
ILLNESSES




1 MILLION  
DEATHS




\$2.2 TRILLION  
IN SOCIETAL COSTS<sup>15</sup>

We must learn from the successes of the VFC program by remaining vigilant in ensuring all children receive necessary vaccines while also building a broader vaccine infrastructure that includes access for every person in the U.S.


**TO PROTECT OUR NATION'S RESIDENTS AND ECONOMY, POLICYMAKERS SHOULD ACT TO INCREASE BOTH ADULT AND CHILDHOOD VACCINATION RATES THROUGH:**

 Increasing access to vaccines by supporting diverse vaccinators and vaccination locations

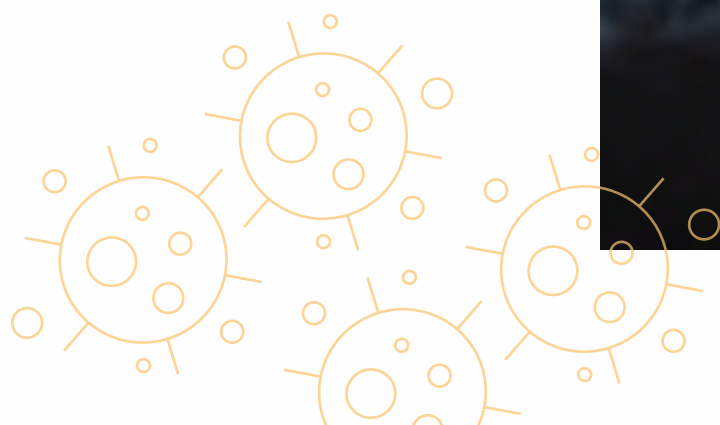
 Making all recommended vaccines accessible for all adults

 Ensuring rare injuries are covered and compensated in a timely manner

 Increasing funding to cover state and local public health needs

 Raising awareness of the value of vaccines

Together, we can prevent needless infections and deaths from vaccine-preventable diseases.





## Diversifying Vaccinators and Vaccination Locations

Doctors and nurses, along with nurse practitioners, physician assistants, and pharmacists, are the backbone of our vaccination infrastructure. Through their hard work, the vast majority of children in the U.S. are fully vaccinated.

Unfortunately, we have seen a steep decrease in the number of uninsured children who are vaccinated. In fact, uninsured children are 10 times less likely to be vaccinated than their insured counterparts.<sup>5</sup> While we await more research to determine the exact causes for this gap, it is clear that we must do more to connect children with the tens of thousands of providers who participate in the VFC program.

Adults' access to providers is even more complex. Even if an adult is insured, not everyone is able to get vaccinated during normal working hours when doctors' offices and pharmacies are most often open. Those who are under- or uninsured are left to pay out of pocket for many routine preventive services and thus wait until they are seriously ill to seek out care. This care is then sought at urgent care facilities or already overburdened hospital emergency rooms. This all comes at a significantly higher cost than the prevention offered through timely immunizations.

Clearly, we need to further develop the vaccine infrastructure to increase access to lifesaving immunizations. The COVID-19 pandemic demonstrated that in order to reach every person in the U.S., we need to be sure vaccinations are available where and when people are ready to receive them.



## PROTECTION

### We Are Failing Uninsured Children

A child's chance of being unvaccinated by their second birthday is greatly increased by their insurance status.



## In order to expand access to vaccines, Congress should take these three key steps:

### 1 CONTINUE TO SUPPORT PHARMACIST VACCINATION.

According to the CDC, approximately 70 percent of COVID-19 vaccines were administered in a pharmacy during the COVID-19 Public Health Emergency.<sup>6</sup> Pharmacies clearly have an important role to play in the future of vaccinations. The CDC's Bridge Access program provides access for adults who are uninsured to receive COVID-19 vaccines at both large retail and local pharmacies. Pharmacists can play an important role in expanding vaccine access and should continue to be considered key vaccinators, particularly for adults.

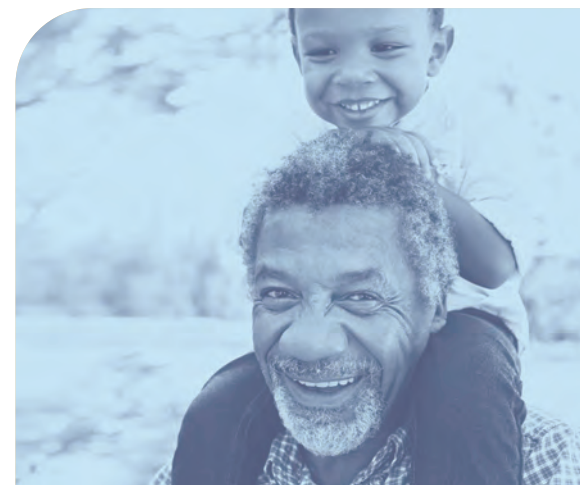
### 2 INCLUDE COMMUNITY HEALTH WORKERS AND PROMOTORES (CHW/Ps) AS CORE PARTNERS IN VACCINATING.

CHW/Ps play an important role connecting community members with health services. Many are trusted members of the community who people can turn to with questions or concerns. Funding provided to CHW/P services during the COVID-19 Public Health Emergency have begun to dwindle, forcing many to turn to other jobs or cut their hours. Many states have begun to recognize CHW/Ps' pivotal roles in the health ecosystem, however, resulting in well over half of states now allowing Medicaid payment for services provided by CHW/Ps.<sup>7</sup> But this patchwork across states is not practical. Congress can set a federal standard for the inclusion of CHW/P services in both Medicaid and Medicare payment models. This would cement their vital role in healthcare and ensure their networks for

delivering healthcare information and services remain strong to address future health crises.

### 3 ALLOW FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs) AND RURAL HEALTH CLINICS (RHCs) TO BILL FOR VACCINATION-ONLY VISITS.

The Centers for Medicare & Medicaid Services' (CMS) Prospective Payment System (PPS) does not provide a per-visit fee to FQHCs and RHCs for vaccination-only visits with nurses or pharmacists. According to a 2019 report from the National Adult and Influenza Immunization Summit and the National Association of Community Health Centers, it is possible to change this billing approach, but it would be a huge lift for individual states.<sup>8</sup> Therefore, Congress should ask CMS to make a federal change to the PPS for FQHCs and RHCs which would set a standard code and reimbursement rate for vaccination-only visits.



These specific interventions would dramatically increase access to vaccines without necessitating massive changes to the current infrastructure.

#### DEMOGRAPHICS

#### Who Uses FQHCs and RHCs?

FQHCs and RHCs provide health care to millions of people in the U.S.

>24.2 MILLION  
uninsured, Medicaid,  
and Medicare patients



>952,000

patients served at school-based health center sites



1,000,000  
agricultural workers





### EMPOWERING COMMUNITY HEALTH WORKERS AND PROMOTORES TO SPREAD THE WORD ABOUT VACCINES

In 2022, Vaccinate Your Family launched a national training program for Community Health Workers and Promotores (CHW/Ps) in partnership with Día de la Mujer Latina. The Vaccination Community Navigator Program is available in both English and Spanish to help CHW/Ps, and other vaccine navigators, learn how best to share information about vaccines with their communities and navigate people to vaccination services.

More than 1,200 CHW/Ps have participated in our navigator activities since 2022. Starting in 2024 VYF is offering financial assistance to CHW instructors from across the U.S. to facilitate the curriculums in person, in order to increase access to training for those experiencing technology barriers. VYF is also providing mini grants to Community Based Organizations who are becoming VCN facilitators themselves, furthering the reach of evidenced-based strategies to improve vaccine confidence and connect people to vaccination services.



#### WHAT CAN CONGRESS DO?

- **Support Pharmacist Vaccination.** Balancing access to vaccines between doctors' offices and pharmacies is critical to ensure more people are able to get vaccinated.
- **Ensure Community Health Workers (CHWs) Can Administer Vaccines.** Congress can set a federal standard for the inclusion of CHW services in both Medicaid and Medicare payment models.
- **Change Billing Rules.** Allow all Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to bill for vaccination-only visits.



1 in 9 children



1.4 MILLION patients experiencing homelessness

>9.6 MILLION rural residents

>395,000 veterans<sup>17</sup>



## Facilitating Access for All

Expanding who can administer a vaccine—and where they can give it—is just one piece of the puzzle. People also need to be able to access vaccines even if they cannot afford them.



In 2022 and 2023, Congress passed historic legislation to guarantee all adults on Medicaid, as well as all adults with Medicare Part D programs, would no longer have to pay out of pocket for vaccines. This has simplified communication and access for Medicaid patients. Rather than a patchwork of coverage from state to state and even from plan to plan within states, adults with Medicaid coverage can now feel confident that they can be vaccinated wherever they receive care.

This huge step forward has not, however, completely solved access issues for those with Medicare coverage. Vaccine coverage under Medicare is split between Part B and Part D. Not everyone can afford a Medicare Part D plan, which offers additional benefits for prescription drugs and vaccines including those that protect against shingles, hepatitis, and other preventable diseases.

This split between Part B and Part D also affects where seniors can receive their vaccines. Doctors, nurses, and other providers within a doctor's office can administer Part B vaccines, which include influenza, pneumococcal, and COVID-19 vaccines as well as Hepatitis B vaccines under select circumstances. Depending on a patient's Part D plan, however, they may not be able to receive other vaccines in their provider's office. Instead, they must take a prescription to a pharmacy to receive vaccines, otherwise their Part D plan may not cover the costs because the provider is "out of network."


Because these changes to coverage only came into effect in 2023, many providers and major health systems are still unaware of the new benefits or the nuances on who may receive which vaccines at which locations.



#### ACCESSIBILITY

### Medicare Part D

Approximately

14   
MILLION

people on Medicare do not have Part D plans<sup>18</sup>.



Members of Congress can help get the word out by sharing information from CMS directly with the health systems and providers in their districts and states.

Finally, these changes do not improve access for the tens of millions of uninsured people in the U.S. An analysis of U.S. Census Bureau data from the Peter G. Peterson Foundation found that 26 million people were uninsured in the U.S. in 2022.<sup>9</sup> That number is expected to rise once the so-called “unwinding” of Medicaid is completed over the course of 2023 and early 2024.

During the COVID-19 pandemic, Congress passed legislation that authorized a temporary 6.2 percentage point increase in the Federal

Medical Assistance Percentage (FMAP), provided that states kept patients on Medicaid continuously enrolled during the pandemic.<sup>10</sup> That requirement ended on April 1, 2023. KFF has estimated anywhere between 8 and 24 million people will lose Medicaid coverage as a result.<sup>11</sup>

While the CDC’s Bridge Access program is an important way to connect uninsured patients with COVID-19 vaccines, it requires an enormous communication effort from trusted messengers to ensure people are aware of the program and how to access the vaccines. It also will not help to cover people against other costly vaccine-preventable diseases such as influenza, RSV, shingles, or pneumococcal disease.

#### MEDICAID UNWINDING

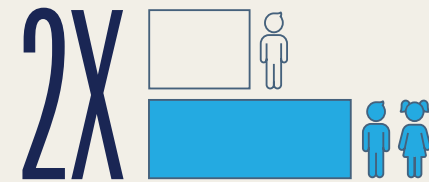
### The Unwinding of Medicaid Will Hit Latino Families Hardest

4.6 MILLION

Latinos will lose Medicaid, more than half of whom are still eligible.



Red tape and paperwork requirements will prevent them from maintaining coverage.



as many Latino children will lose Medicaid compared to White children.<sup>19</sup>



### WHAT CAN CONGRESS DO?

- ▶ **Close the Final Gaps on Medicare Coverage.** Not everyone is able to enroll in a Medicare Part D plan, which means they won't have access to no-cost vaccines such as shingles or RSV.
- ▶ **Create Additional Opportunities for Physicians to Bill for Vaccines under Medicare Part D.** Simplifying billing for doctors' offices to administer Part D vaccines would encourage more physician offices to stock and carry and offer Part D vaccines.
- ▶ **Raise Awareness of Medicaid Coverage.** Ensure the large medical groups in your community are aware that as of October 2023, Medicaid now covers all recommended vaccines at no cost to patients.





## Ensuring Rare Injuries are Covered

The U.S. recommends vaccines for the vast majority of people not just because they are effective, but also because they are extensively tested and monitored for their safety.

Most side effects from vaccines are mild, such as sore arms or fevers as the immune system learns how to fight the disease against which a person is being vaccinated. In very rare cases, however, people can experience serious reactions.

The Vaccine Injury Compensation Program (VICP) allows those injured by vaccines to receive financial compensation. The VICP system is designed to be faster and easier to navigate than a traditional court system, and it requires a lower burden of proof. However, the system needs to be updated.

Given the increased number of vaccines available to adults since the program's introduction in the 1980s, all adults should be eligible to file a claim. Awards for pain and suffering must also be increased to reflect inflation over the last 40 years. Finally, with expanded eligibility, both the number of judges and the resources for the Department of Justice must be increased to ensure claims are still handled quickly and efficiently.

Finally, COVID-19 vaccine injuries should also be moved to VICP. As of the writing of this report, they are covered under a more limited program, the

Countermeasures Injury Compensation Program (CICP). CICP was created for interventions developed in response to an epidemic, pandemic, or security threat that received emergency use approval through the Food and Drug Administration (FDA). Unfortunately, CICP does not have the same clear-cut evidence procedures as VICP and is overwhelmed by the number of current claims. As of January 1, 2024, over 12,800 claims have been filed with over 10,600 still pending.<sup>12</sup> Moving these claims to VICP would expedite decisions and ensure those injured by a COVID-19 vaccine receive just compensation.

### SERIOUS VACCINE SIDE EFFECTS ARE RARE.

There are only:

**2** REPORTED  
INJURIES  
FOR  
**1** MILLION

doses of vaccines administered.

Over half of the claims are due to shoulder injury from the administration of a vaccine, not the vaccine itself.<sup>20</sup>

### WHAT CAN CONGRESS DO?

- ➔ **Expand the Vaccine Injury Compensation Program to All Adults.** The program already covers some adults under specific circumstances, but it should be expanded to cover all adults.
- ➔ **Increase Awards to Reflect Inflation.** The monetary cap for pain and suffering needs to be increased to properly compensate families.
- ➔ **Ensure an Excise Tax is Added to New Vaccines Swiftly Following CDC Recommendation.**
- ➔ **Move COVID-19 Vaccine Compensation to VICP.** The Vaccine Injury Compensation Program is better equipped to handle COVID-19 vaccine claims than the Countermeasures Injury Compensation Program.





# Increasing Funding to Cover State and Local Needs

Now that emergency funding to combat COVID-19 has been either expended or rescinded by Congress, many state and local health departments are struggling to address lower routine vaccination rates that occurred as a result of the pandemic.

CDC's Section 317 funds (named after the section of the Public Health Services Act where they are authorized) provide the majority of vaccine funding to 64 awardees, including each of the 50 states, eight current and former territories, and six large cities. Unfortunately, the program remains woefully underfunded.

## SECTION 317 FUNDING ALLOWS AWARDEES TO:



Coordinate delivery of vaccines purchased through the Vaccines for Children program (VFC).



Manage, purchase, and administer vaccines for uninsured adults.



Respond to public health emergencies, including monitoring and containing disease outbreaks.



Staff vaccination clinics.



Educate providers about new and routine vaccines.



Monitor vaccine storage and handling.



Conduct outreach communication campaigns.



Public health departments must now handle COVID-19 immunizations and boosters, catch up on the millions of routine vaccines missed during pandemic related shutdowns, and contend with the re-emergence of polio, whooping cough, and measles. Without increased funding and sustained investments in immunization infrastructure, the U.S. will never win the battle against vaccine-preventable diseases.

To compound these challenges, the only specific funding for Indian Health Service (IHS) immunization programs or those run by Tribal Nations is for Hepatitis B and Hib in Alaska. This is especially

troubling given that, due to lack of access to care and high rates of poverty, American Indians and Indigenous Americans have significantly higher rates of serious chronic health conditions such as heart disease, obesity, and diabetes than the general population.<sup>13</sup> All of these conditions put people at higher risk of complications from infectious diseases. Not surprisingly, this community faced more deaths and hospitalizations due to COVID-19 than any other ethnic group.<sup>14</sup> In order to address this disparity, Congress must create, and adequately fund, a separate line item to support both IHS and provide CDC with funds to disperse to those Nations who operate their own healthcare systems.

#### WHAT CAN CONGRESS DO?

- ➔ **Increase 317 Funding to \$1.6 Billion**
- ➔ **Create a Separate Line Item at Indian Health Service for Funding for Vaccines**



#### BUILDING A NATIONAL INFRASTRUCTURE THAT CAN ADDRESS INDIVIDUAL NEEDS

The Indian Health Service provides health care to approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally recognized tribes across 37 states.

Each tribe has its own customs that need to form the basis of any communication or vaccination effort. In order to effectively address the COVID-19 pandemic, IHS officials therefore needed to create a unique infrastructure to

both gather and share information and supplies across this sprawling network.

IHS developed the COVID-19 Incident Command Structure to communicate more effectively with all tribal leaders and ensure vaccines were going where they were needed. National officials collaborated with regional leads who in turn liaised with local tribal leaders. Tribal leaders were consulted through this structure every step of the way to ensure communication was culturally appropriate and that specific supply and vaccine needs were being met.

As a result, IHS consistently exceeded their vaccination goals. In testimony before Congress, Rear Admiral Dr. Michael Toedt, Chief Medical Officer of IHS, reported that by April 5, 2021, 1,562,837 doses of COVID-19 vaccine had been administered across the IHS network.<sup>21</sup>

Unfortunately, with the end of the COVID-19 Public Health Emergency, the funds to maintain the Incident Command Structure have ended. This incredible infrastructure, capable of tackling health issues beyond COVID such as heart disease, diabetes, and other vaccine-preventable diseases, is now disbanded.

# Raising Awareness of Vaccines

Public health officials often say that vaccines are a victim of their own success. Because many of us have never seen polio or measles, it is easy to think these diseases are not a threat to ourselves or our families.



Because many of us have never seen polio or measles, it is easy to think these diseases are not a threat to ourselves or our families.



People did see the very real threat of COVID-19 in 2020 and how infectious diseases can destroy both lives and livelihoods. Unfortunately, the emergence of a brand new virus means scientists learn in real time how that virus spreads and can be contained or combated. This led to confusion amongst the public as seemingly contradictory advice was offered by government agencies who were simply doing their best to protect the country as new information became available. The public has therefore lost confidence in many of the public health agencies and officials who lead the U.S.'s efforts to protect us from vaccine-preventable diseases.

### WHAT CAN CONGRESS DO?

- **Be A Resource to Your Constituents.** Recommendations for vaccines can change, so be sure to share the latest, science-based information with your constituents.
- **Make it Personal.** Share why you believe in vaccines with your constituents and lift up their stories as well.
- **Hold or Attend Vaccine Events.** Lead by example by hosting or attending a vaccine event in your District or State.

**We need new, trusted voices to help the public understand that routine vaccines are still critical to protecting our individual and country's health. Members of Congress can help get the word out in a variety of ways, including:**

#### 1 SHARE YOUR STORY. WHAT HAVE YOU PERSONALLY EXPERIENCED?

Do you remember the diseases we now have vaccines for? Perhaps someone you knew had polio or measles. Did you lose any loved ones to COVID or flu? Share these stories with your constituents so they can understand the very real risks of these diseases.

#### 2 LIFT UP THE VOICES OF YOUR CONSTITUENTS.

Perhaps you don't have a personal story, but one of your constituents does. Whether they experienced a disease firsthand or is a healthcare provider who has treated these diseases, they can help your district understand that vaccine-preventable diseases are not just a generic threat, but a real danger in their own neighborhoods.

#### 3 SHARE GOOD, EVIDENCE-BASED INFORMATION ABOUT VACCINES.

It is hard to tell fact from fiction online and in the news today. You and your staff understand how to parse out good information from the bad. Help make sure your constituents are getting the latest evidence-based information about vaccines and the diseases they prevent.



#### MEMBERS OF CONGRESS: SHARE YOUR MESSAGE

As a Member of Congress you have multiple outlets to share your messages: websites; newsletters; social media; speeches; media appearances and interviews; and in-person meetings. It might seem trite, but you may never know the lives you save by sharing the value of vaccines with your constituents.



# The State of Our ImmUnion is Crumbling

The U.S. has lost its focus on vaccine-preventable diseases at a critical moment. We lost over one million people to COVID-19 as we determined the best public health interventions, developed a vaccine, and then urged people to seek out the vaccine. Meanwhile, childhood vaccination rates plummeted. People began to lose faith in the public health system in the U.S. and are now choosing to skip vaccines for themselves and their families.

## Congress must present a united front, knowing that vaccines are essential to the wellbeing of our nation.

### WE URGE CONGRESS TO:

- ▶ Expand the professionals who can vaccinate by allowing community health workers and promotores, as well as nurses and pharmacists at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), to bill for vaccination.
- ▶ Support pharmacists authority to vaccinate, particularly for adults.
- ▶ Close the remaining gaps on adult vaccine coverage by protecting the uninsured and ensuring people on Medicare without Part D coverage can access vaccines at no cost.
- ▶ Ensure those who are injured are adequately compensated by the Vaccine Injury Compensation Program (VICP).
- ▶ Move COVID-19 injury claims from the Countermeasures Injury Compensation Program (CICP) to VICP.
- ▶ Fully fund the CDC 317 Program at \$1.6 billion.
- ▶ Support funding for the Indian Health Service (IHS) to continue and enhance their immunization work.
- ▶ Speak out about the value of vaccines.





## Additional Resources

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

Please visit our website for more information:  
[vaccinateyourfamily.org/questions-about-vaccines](https://vaccinateyourfamily.org/questions-about-vaccines)

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

**Paying for vaccines**  
[vaccinateyourfamily.org/paying-for-vaccines](https://vaccinateyourfamily.org/paying-for-vaccines)

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

**Personal stories of people 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.

**Adult Vaccine Access Coalition** is a partnership working to enact federal policies that improve access to and increase utilization of vaccines among adults.

**American Academy of Pediatrics** offers an overview of recent disease outbreaks and vaccination rates among children, along with resources for vaccine education.

**American Immunization Registry Association** 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.

**Coalition to Stop Flu** advocates for increased federal funding and proactive policy solutions to stop flu deaths in our lifetime.

**National Association of County & City Health Officials** is comprised of over 3,300 local health departments across the United States.



**Trust for America's Health** is a nonprofit, non-partisan organization that promotes optimal health for every person and community and makes the prevention of illness and injury a national priority.

## OUR COMMUNITY PARTNERS

**Good Health WINs**, a project of the **National Council of Negro Women**, Vaccinate Your Family, and Trust for America's Health, works to reduce health disparities, increase vaccination opportunities and vaccination education, and identify the drivers of vaccine hesitancy.

**Día de la Mujer Latina** promotes healthy behaviors within the underserved Latino community by providing culturally and linguistically proficient education, facilitating early detection screening, and offering culturally appropriate preventative care interventions.

## ENDNOTES

- 1 Seither R, Yusuf OB, Dramann D, Calhoun K, Mugerwa-Kasujja A, Knighton CL. Coverage with Selected Vaccines and Exemption from School Vaccine Requirements Among Children in Kindergarten — United States, 2022–23 School Year. *MMWR Morb Mortal Wkly Rep* 2023;72:1217–1224. DOI: <http://dx.doi.org/10.15585/mmwr.mm7245a2>
- 2 Ibid.
- 3 Ibid.
- 4 Centers for Disease Control and Prevention. “Vaccines for Children: Protecting America’s children every day.” Available online: [www.cdc.gov/vaccines/programs/vfc](http://www.cdc.gov/vaccines/programs/vfc)
- 5 Hill HA, Yankey D, Elam-Evans LD, Chen M, Singleton JA. Vaccination Coverage by Age 24 Months Among Children Born in 2019 and 2020 — National Immunization Survey-Child, United States, 2020–2022. *MMWR Morb Mortal Wkly Rep* 2023;72:1190–1196. DOI: <http://dx.doi.org/10.15585/mmwr.mm7244a3>.



- 6 Oliver S. Evidence to Recommendation Framework: Pfizer-BioNTech COVID-19 Booster Dose. [(accessed on 29 August 2022)]; Available online: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-9-23/03-COVID-Oliver.pdf>
- 7 Haldar, S and Hinton, E. “State Policies for Expanding Medicaid Coverage of Community Health Worker (CHW) Services.” Kaiser Family Foundation. 23 January 2023. Available online: <https://www.kff.org/medicaid/issue-brief/state-policies-for-expanding-medicaid-coverage-of-community-health-worker-chw-services/>
- 8 National Adult and Influenza Immunization Summit and National Association of Community Health Centers. “Strategies to Address Policy Barriers to Adult Immunizations in Federally Qualified Health Centers.” September 2019. Available online: <https://www.izsummitpartners.org/content/uploads/2019/12/adult-imm-fqhc-white-paper-11-01-2019.pdf>
- 9 “The Share of Americans Without Health Insurance in 2022 Matched a Record Low.” Peter G. Peterson Foundation blog. 3 November 2023. Available online: <https://www.pgpf.org/blog/2023/11/the-share-of-americans-without-health-insurance-in-2022-matched-a-record-low>
- 10 Medicaid.gov. “Unwinding and Returning to Regular Operations after COVID-19.” Available online: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- 11 Tolbert J and Ammula M. “10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision.” Kaiser Family Foundation. 9 June 2023. Available online: <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>
- 12 Health Resources & Services Administration. “Countermeasures Injury Compensation Program (CICP) Data.” 1 January 2024. Available online: <https://www.hrsa.gov/cicp/cicp-data>



Data.” 1 January 2024. Available online: <https://www.hrsa.gov/cicp/cicp-data>

- 13 Disparities | Fact Sheets [Internet]. Newsroom. 2013 [cited 2022 Oct 24]. Available online: <https://www.ihs.gov/newsroom/factsheets/disparities/>
- 14 Hatcher SM, Agnew-Brune C, Anderson M, et al. COVID-19 Among American Indian and Alaska Native Persons — 23 States, January 31–July 3, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1166–1169. DOI: <http://dx.doi.org/10.15585/mmwr.mm6934e1>



## GRAPHICS CITATIONS

- 15 Centers for Disease Control and Prevention. "Vaccines for Children: Protecting America's children every day." Available online: [www.cdc.gov/vaccines/programs/vfc](http://www.cdc.gov/vaccines/programs/vfc)
- 16 Hill HA, Yankey D, Elam-Evans LD, Chen M, Singleton JA. Vaccination Coverage by Age 24 Months Among Children Born in 2019 and 2020 — National Immunization Survey-Child, United States, 2020–2022. *MMWR Morb Mortal Wkly Rep* 2023;72:1190–1196. DOI: <http://dx.doi.org/10.15585/mmwr.mm7244a3>
- 17 Health Resources & Services Administration. "Health Center Program: Impact and Growth." Available online: [bphc.hrsa.gov/about-health-center-program/impact-health-center-program](http://bphc.hrsa.gov/about-health-center-program/impact-health-center-program)
- 18 Center for Medicare Advocacy. "Medicare Enrollment Numbers." 29 June 2023. Available online: <https://medicareadvocacy.org/medicare-enrollment-numbers/>
- 19 UnidosUS. "Medicaid Unwinding." Available online: <https://unidosus.org/issues/health/aca-open-enrollment/medicaid-unwinding/>
- 20 Belluck, P., & Abelson, R. "Vaccine Injury Claims Are Few and Far Between." *The New York Times*. 11 January 2021. Available online: <https://www.nytimes.com/2019/06/18/health/vaccine-injury-claims.html>
- 21 RADM Michael Toedt, M.D. Testimony before the Senate Committee on Indian Affairs Oversight Hearing. 14 April 2023. Available online: [https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/testimony/117/117th-Apr-14-2021.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/testimony/117/117th-Apr-14-2021.pdf)



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Congress must  
present a united  
front, knowing that  
vaccines are essential  
to the wellbeing of  
our nation.





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