

2025

STATE OF THE IMMUNION

VACCINATE YOUR FAMILY



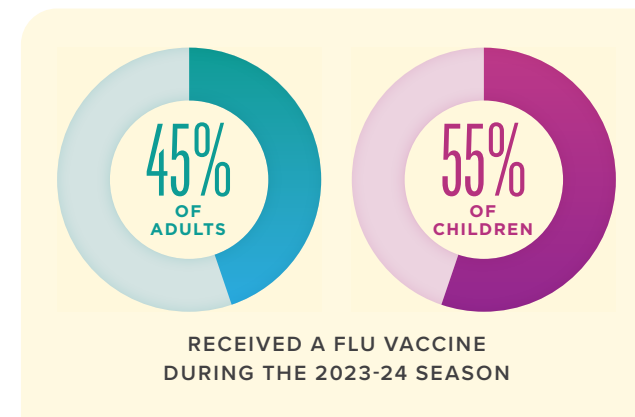
From whooping cough to chickenpox, we have the ability to protect Americans of all ages from deadly infectious diseases thanks to vaccines.



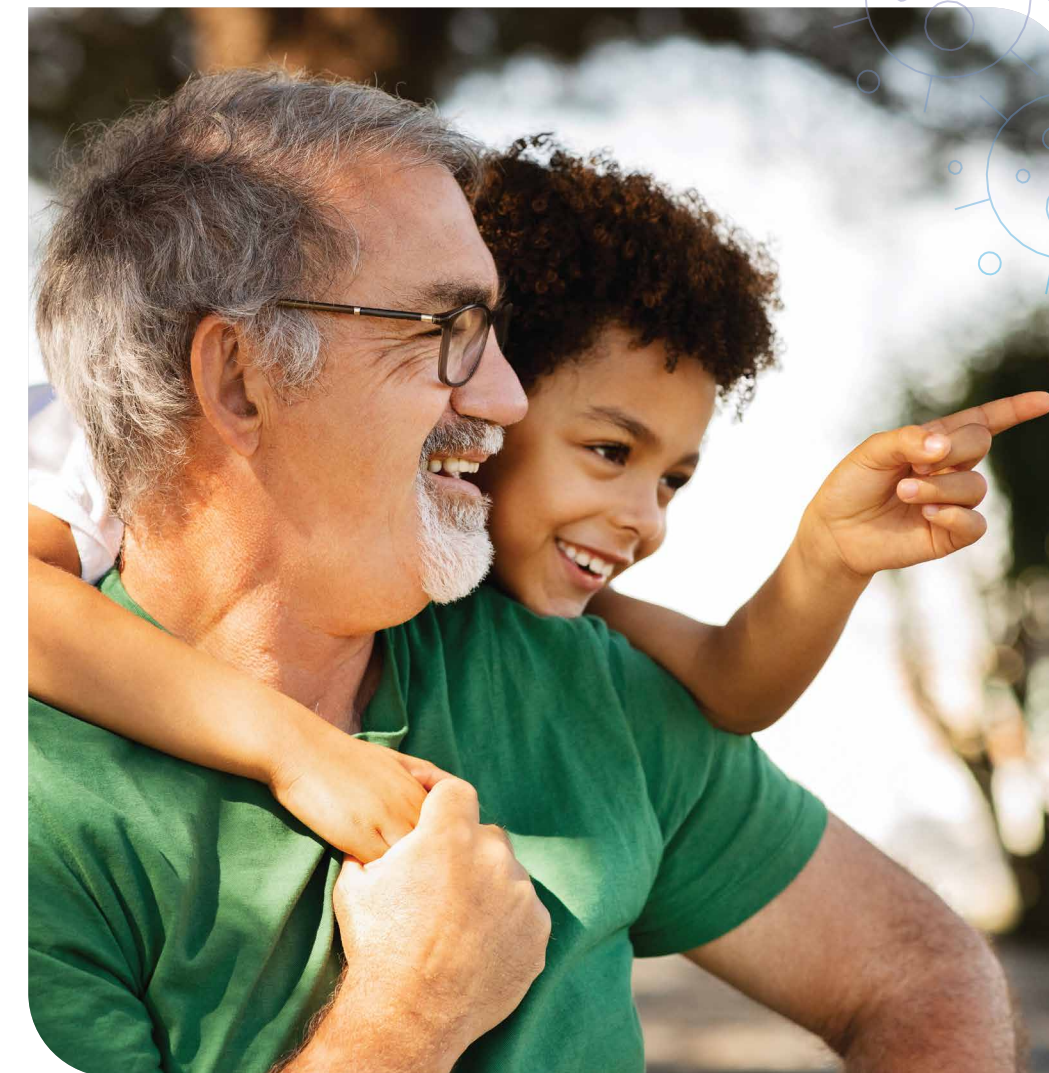
2024 marked a difficult year in our fight against vaccine-preventable diseases. Measles outbreaks, the resurgence of whooping cough, and the burden of respiratory diseases such as influenza (flu) highlight the consequences of declining routine immunization rates.

The 2023-2024 influenza season resulted in approximately 28,000 deaths,¹ including 207 children,² most of whom were unvaccinated. This number of pediatric deaths is the highest ever reported for a regular (non-pandemic) flu season.

Only 45% of adults and 55% of children³ received a flu vaccine during the season, despite the fact that vaccination is the best way to avoid serious illness and complications from vaccine-preventable diseases, including the flu.



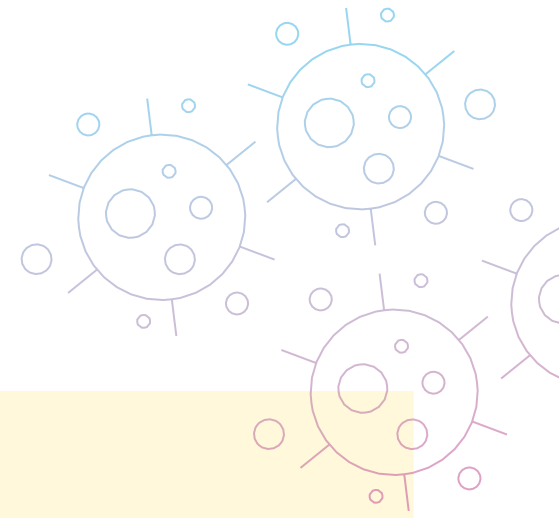
Vaccines are one of the most thoroughly tested and continuously monitored medical products available in the U.S. Despite this, disinformation about vaccines and public health continues to run rampant, leading to the decline of routine immunization rates. The persistence of this disinformation leads to skepticism toward trusted provider and public health officials' recommendations.



30 YEARS OF PREVENTION

2024 also marked the celebration of the 30th anniversary of the Vaccines for Children (VFC) program, which has helped prevent millions of illnesses, hospitalizations, and deaths, improved public health and the lives of children, and helped to ensure that eligible

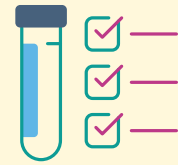
children in the U.S. have access to vaccines. In fact, the vaccination of children born since the VFC program started will prevent 508 million illnesses and 1.1 million deaths and will save \$540 billion in direct costs and \$2.7 million in societal costs.



PREVENTION

Childhood Vaccines Will Save Over 1 Million Lives⁴

VACCINES GIVEN TO CHILDREN SINCE 1994 WILL PREVENT...



508 MILLION
ILLNESSES



1.1 MILLION
DEATHS



\$2.7 TRILLION
IN SOCIETAL COSTS

Despite advances from the VFC program, outbreaks of some diseases that affect children are now on the rise.

While national vaccination rates remain high overall, 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 5 percent in 14 of those states.⁵

Overall, 3.3 percent of kindergartners in the U.S. now have an exemption – the highest amount of exemptions ever recorded in our country.⁶ While this number may seem small, in actuality it means more than a **quarter of a million children are now vulnerable to measles.**⁷ This leaves not only these children vulnerable to infectious disease, it also leaves those around them vulnerable as well. The rates to achieve community protection vary based on the infectious nature of each disease. For highly infectious diseases such as measles, 92-94

percent of individuals within our communities must be fully vaccinated to prevent outbreaks.⁸

We must continually strive toward high vaccination rates, because even a small drop in vaccination rates within a community can lead to a disease outbreak. By maintaining high vaccination rates, we not only protect ourselves, but we also protect vulnerable infants who are not fully vaccinated yet, as well as millions of people with weakened or failing immune systems.

280,000
U.S. children are now vulnerable to measles.

DEMOGRAPHICS

Community Protection Thresholds

A community protection threshold is the percentage of vaccinated individuals needed in a population to prevent a disease from spreading.⁹

Measles:



Whooping Cough:



Varicella:



Mumps:



Polio:



Vaccinate Your Family (VYF) is a nonpartisan organization that seeks to protect people of all ages from vaccine-preventable diseases.

VYF has prepared this 9th annual State of the ImmUnion report to examine how strong our defenses truly are against vaccine-preventable diseases and what we can do, as public health advocates and legislators, to make our country stronger and more resilient in the face of emerging health threats. Vaccinate Your Family is committed to working with stakeholders across the country and across the political spectrum to ensure everyone understands the dangers of vaccine-preventable diseases and has access to lifesaving vaccines. We hope this report will offer you insights into areas of improvement to strengthen your constituents' protection against vaccine-preventable diseases.



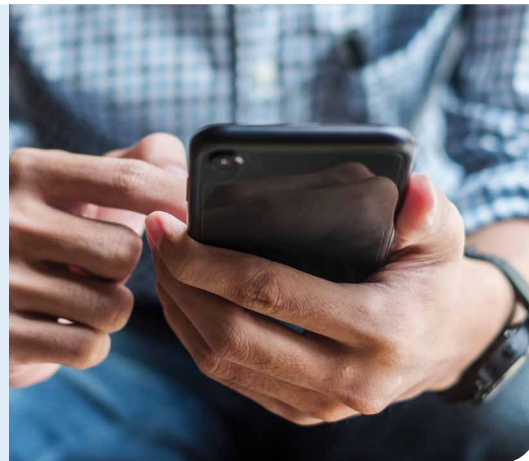
REAL TALK



WE ARE ALL VULNERABLE TO MIS AND DISINFORMATION.

The internet can be a great source for medical information, but we must acknowledge that it can also be the Wild West when it comes to the sharing of unfounded health information.

For over three decades, VYF has been committed to answering questions individuals, and especially parents, have about vaccines and vaccine-preventable diseases. We appreciate the fact that new parents in particular are seeking to make informed health decisions for their children, and we strive to address their questions with scientifically sound information.



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



Increasing access to vaccines by increasing the number of vaccinators and vaccination locations



Making all recommended vaccines accessible across the life course



Ensuring rare injuries are covered and compensated through the Vaccine Injury Compensation Program in a timely manner



Increasing funding to support state and local public health agencies' efforts



Raising awareness of the critical importance of lifesaving vaccines

Together, we can prevent needless illnesses, hospitalizations, disabilities, and deaths that result from infection with vaccine-preventable diseases.



Expanding 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 decrease in the number of uninsured children who are vaccinated. In fact, uninsured children are nearly 6 times less likely to be vaccinated than their insured counterparts.¹⁰ 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. Those who are under- or uninsured are left to pay out of pocket for many recommended 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 support the vaccine infrastructure to increase access to lifesaving immunizations. In order to protect 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.¹¹



To expand access to vaccines, Congress should take these three key steps:

1 Continue to support pharmacist vaccination.

According to the Centers for Disease Control and Prevention (CDC), approximately 68 percent of COVID-19 vaccines were administered in a pharmacy during the COVID-19 Public Health Emergency,¹² and it is estimated that nearly two-thirds of adults received a flu shot at a pharmacy during the 2023-2024 season.¹³

Pharmacies clearly have an important role to play in the future of vaccinations. Nearly 90 percent of people living in the United States live within 5 miles of a pharmacy, and nearly 80 percent of the U.S. population can reach a pharmacy by driving 10 minutes or less.

Pharmacists can play an important role in expanding vaccine access and should continue to be considered key vaccinators, particularly for adults. **Congress can help ensure pharmacists receive timely and adequate reimbursements to cover vaccine costs as well as administration fees.**

2 Include Community Health Workers and Promotores (CHWs/Ps) as core partners in vaccinating.

CHWs/Ps play an important role in educating and connecting community members with health services. Many are trusted members of the community who people turn to with questions or concerns.

Funding provided during the COVID-19 Public Health Emergency allowed CHW/P programs to expand, and many states now recognize their

pivotal role in the healthcare system, resulting in an increasing number of states now allowing Medicaid payment for services provided by CHWs/Ps. Numerous studies have shown the effectiveness of CHWs/Ps in improving the quality of care and individual health outcomes while also reducing healthcare costs.

Congress should direct and incentivize the inclusion of CHW services in both Medicaid and Medicare payment models. This would cement their vital role in healthcare and ensure their networks for delivering cost-effective 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 vaccine counseling and vaccination-only visits.

The Centers for Medicare & Medicaid Services' (CMS) Prospective Payment System (PPS) does not provide a means for FQHCs and RHCs to bill for vaccine counseling or for vaccination-only visits with nurses or pharmacists. According to a 2024 report from the National Adult and Influenza Immunization Summit and the National Association of Community Health Centers, such improvements would greatly enhance access to vaccine information and services within FQHCs and RHCs.¹⁴ **Therefore, Congress should encourage CMS to allow FQHCs and RHCs to receive reimbursement for vaccine counseling as well as vaccination-only visits with a nurse or pharmacist.** These specific interventions would dramatically increase access to vaccines without necessitating massive changes to the current infrastructure.



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 (CHWs/Ps) in partnership with Día de la Mujer Latina. The Vaccination Community Navigator (VCN) program is available in both English and Spanish to help CHWs/Ps, and other vaccine navigators, learn how best to share information about vaccines with their communities and navigate people to vaccination services. The VCN consists of four primary components: an online training series, an online community for participants to find and share resources, Community of Practice meetings, and in-person facilitation that brings the curriculum to a classroom setting for those who face technology barriers.

More than 1,500 CHWs/Ps have participated in our VCN activities since 2022. In 2024, VYF began offering financial assistance to CHW instructors from across the U.S. to offer the curriculum in person, in order to increase access to training for those experiencing technology barriers. VYF continues to offer technical support and financial assistance to community-based organizations through a "train the trainer" model, furthering the reach of science-backed strategies to improve vaccine confidence and knowledge 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 direct and incentivize 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 vaccine counseling and vaccination-only visits.

DEMOGRAPHICS

Who Uses FQHCs and RHCs?

FQHCs and RHCs provide health care to millions of people in the U.S.¹⁵

>24.7 MILLION
uninsured, Medicaid, and Medicare patients

>1.1 MILLION
patients served at school-based health center sites

1,000,000
agricultural workers

1 in 8 children

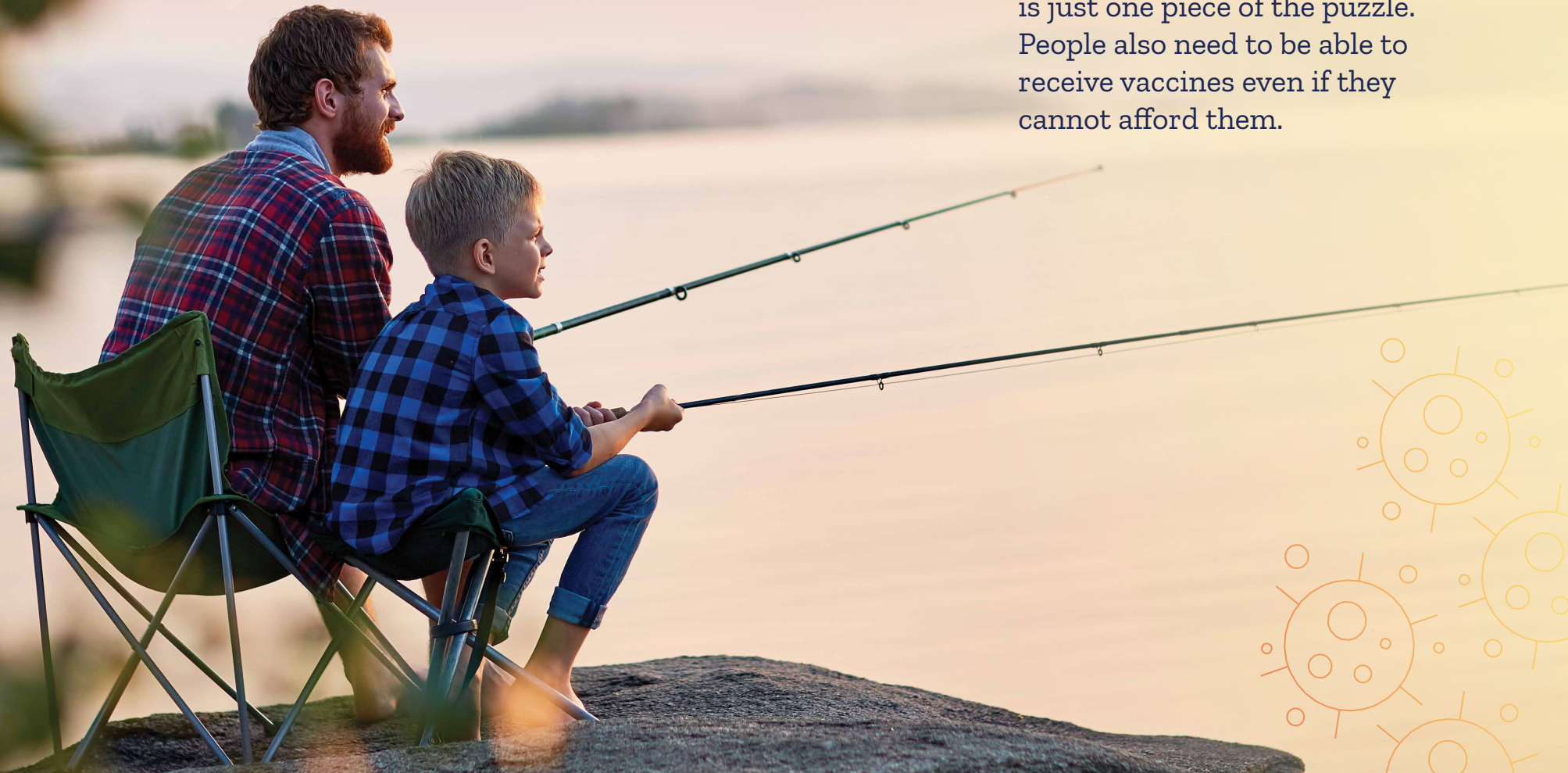
>9.7 MILLION
rural residents

1.4 MILLION
patients experiencing homelessness

>405,000
veterans

Facilitating Access for All

Expanding who can administer vaccines and in what locations is just one piece of the puzzle. People also need to be able to receive 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.¹⁷ 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. 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, such as RSV and shingles, otherwise their Part D plan may not cover the costs because their clinician is "out of network."

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



ACCESSIBILITY

Medicare Part D

Approximately

14  MILLION

people on Medicare do not have Part D plans¹⁸



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.

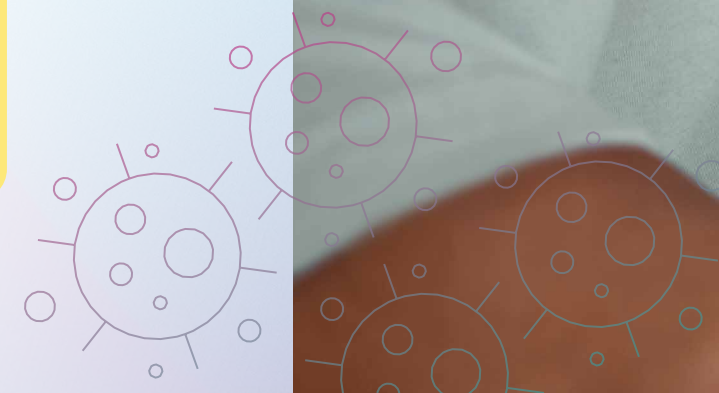
In addition, these changes do not improve access for the tens of millions of uninsured people in the U.S. An analysis of U.S. Census Bureau data from the Peter G. Peterson Foundation found that 26 million people were uninsured in the U.S. in 2023.¹⁸ That number is expected to grow for 2024; more

than 25 million people were disenrolled from Medicaid after pandemic-related continuous coverage requirement ended and states resumed determinations of people's Medicaid eligibility. Some who lost coverage, however, were still eligible and were able to re-enroll.¹⁹

Unfortunately, the Medicaid program is under threat of cuts, which could include cuts to cost-saving vaccine coverage and/or cuts to the number of people who are covered by Medicaid.

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 carry and offer Part D vaccines.
- ◆ **Raise Awareness of Medicaid Coverage.** Ensure the large medical groups in your community are aware that Medicaid now covers all recommended vaccines at no cost to patients.



Ensuring Rare Injuries are Covered

The U.S. recommends vaccines for people of all ages to stop the spread of infectious diseases and protect against suffering and premature death. Vaccines are highly effective at reducing hospitalizations and long-term debilitating illnesses. They are extensively tested and monitored for their safety.

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.²⁰



The vast majority of 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.

Recognizing the need to balance the overwhelming societal value of vaccines with the extremely rare possibility of an individual adverse reaction, the **Vaccine Injury Compensation Program (VICP) was created by an act of Congress in 1986, under President Reagan. Since that time, the law has helped to ensure an adequate supply of vaccines; stabilize vaccine costs; and establish an efficient way to provide timely compensation for those who may have experienced a vaccine injury.**²¹

The VICP is a federally administered program that imposes a tax on vaccine manufacturers. It is designed to be less complicated and burdensome for an injured party to navigate than a traditional court system and requires a lower burden of proof based on a table of injuries of potential adverse events from vaccines. However, the VICP has not been updated since it was established. While the VICP currently covers most vaccines routinely given in the U.S., steps must be taken for new vaccines or categories to be included in the program.

For a vaccine to be covered, the CDC must recommend the category of vaccine for routine administration to children or pregnant women, and Congress must authorize an excise tax, which is collected to support the VICP, for each new vaccine added to the program. **Given the increased number**

of vaccines available to adults since the program's introduction, 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. With expanded eligibility as new vaccines come to market, **both the number of judges and the resources for the Department of Justice must also 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). The CICP was created for interventions developed in response to an epidemic, pandemic, or security threat that received emergency use authorization through the Food and Drug Administration (FDA).

Unfortunately, CICP was designed to serve as a temporary program and was never intended to provide compensation for vaccines that have received full FDA approval. The CICP does not have the same clear-cut evidence procedures as VICP and is overwhelmed by the number of COVID-19 claims. As of December 1, 2024, more than 14,100 claims have been filed with more than 10,000 still pending.²² Moving these claims to the VICP would expedite decisions and ensure those injured by a COVID-19 vaccine receive the timely and just compensation they deserve.

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 the Excise Tax for New Vaccines is Levied on Manufacturers Swiftly** so those vaccines can be added to support the VICP.
- ▶ **Increase Resources for the Department of Justice and Increase the Number of Judges** to ensure claims are handled quickly and efficiently.
- ▶ **Move COVID-19 Vaccine Compensation to the VICP.** The Vaccine Injury Compensation Program is better equipped to handle COVID-19 vaccine claims than the Countermeasures Injury Compensation Program.



Increasing Funding to Support State and Local Public Health Agencies' Efforts

State and local health departments are struggling to address lower routine vaccination rates and outbreaks that occur as a result of the pandemic and increased vaccine hesitancy.

The CDC's Section 317 Immunization Program 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.

SECTION 317 IMMUNIZATION PROGRAM FUNDING ALLOWS AWARDEES TO:



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



Educate providers about new and routine vaccines.



Manage, purchase, and administer vaccines for uninsured adults.



Monitor vaccine storage and handling.



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



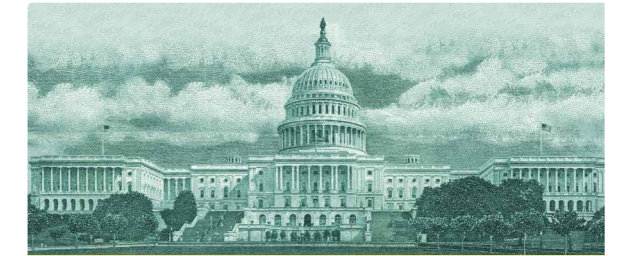
Conduct outreach communication campaigns.



Staff vaccination clinics.

Unfortunately, this program has been chronically underfunded. The CDC has documented that it needs \$1.6 billion to support a fully implemented, comprehensive immunization program. Yet for Fiscal Year 2024, Congress provided just \$682 million. This funding level was flat from Fiscal Year 2023, despite an increased number of recommended vaccines, increased costs of vaccines, and increased operational costs. Outbreaks of diseases have also required reallocations of Section 317 funds, further diminishing the amounts available for routine vaccination initiatives.

State and local public health departments need these funds more than ever. The re-emergence of diseases like measles and polio is an additional burden on health departments' budgets and staff, who must also contend with increased vaccine hesitancy, access challenges, and educating providers and the public about new vaccines and updated recommendations for RSV, meningitis, shingles, and COVID-19. Increased funding and sustained investments in immunization infrastructure are needed to protect ourselves, our families, and our communities from vaccine-preventable diseases. Underfunding can lead to lower rates of vaccination, higher risks of infectious diseases, and higher societal costs.



WHAT CAN CONGRESS DO?

➔ Increase Section 317 Immunization Program Funding to \$1.1 Billion



THE COST EFFECTIVENESS OF VACCINATIONS

In addition to saving lives, vaccines benefit our nation through substantial cost savings. By preventing serious infectious diseases, vaccines also prevent us from spending large amounts of money treating diseases. **For every \$1 spent on childhood vaccination, our country saves \$3 in direct medical savings and \$11 in societal savings.**²³ Together, we can ensure we're saving both lives and money.

When a child contracts a vaccine-preventable disease, parents may have to miss work to remain home and provide care, which can translate to costs that add up quickly. Parents also risk missing even more days if they or other family members contract the disease as well.

Low vaccination rates contribute to substantial, yet preventable, national healthcare expenses and productivity losses. **The United States spends nearly \$27 billion annually treating four vaccine-preventable diseases in adults over the age of 50, including influenza, pertussis, pneumococcal disease, and shingles.**²⁴ These costs only include medical visits, hospitalizations, and prescription coverage. They do not include the astronomical costs of absenteeism and short-term disability from work.

Disease outbreaks require a huge investment of public health staff and financial resources to control and contain outbreaks once they have begun. **In 2019, one measles outbreak in Washington State resulted in 71 confirmed cases; this required a \$2.3 million public health response**²⁵ and required approximately 200 officials from Clark County Public Health, the Washington State Department of Health, and CDC to respond.²⁶ **New York City spent \$8.4 million**

and required 559 officials, comprising 7 percent of the staff of the city's Department of Health and Mental Hygiene, to respond to the city's 2018-19 measles outbreak.²⁷ It is estimated that a 5 percent decline in measles coverage would lead to an estimated 3-fold increase in measles cases for children aged 2 to 11 years and an additional \$2.1 million in costs per annum.²⁸ It's far better to vaccinate children and adults to prevent these diseases than to have to treat the illnesses.

In fact, vaccines given to children born between 1994-2023 will save an estimated \$540 billion in direct costs and \$2.7 trillion in societal costs.²⁹ In addition, adult vaccination programs can return up to 19 times their initial investment in healthcare savings and socioeconomic value. This is the equivalent of billions of dollars in net monetary benefits to society, or more concretely, up to \$4,637 for one individual's full vaccination course.³⁰



Raising Awareness of the Critical Importance of Lifesaving Vaccines

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.

Never forget: people experienced the very real threat of COVID-19 as this infectious disease destroyed both lives and livelihoods. The fact is that millions of Americans lost loved ones to COVID-19. This included mothers and fathers, sisters and brothers, aunts and uncles, grandmothers and grandfathers, and far too many first responders who stepped up to care for those who were struck by this novel virus.

More than 1 million COVID-19 deaths resulted in over 200,000 children who lost a residing caregiver.³¹

Unfortunately, the emergence of a brand-new virus meant that scientists had to learn in real time how that virus spread and could be contained or combated. This led to confusion amongst the public as seemingly contradictory advice was offered by government agencies and political leaders 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.

We need trusted voices to help the public understand that routine vaccines are still our best defense against serious outcomes such as hospitalization and death from dangerous infectious diseases. Vaccines are critical to protecting our individual and communities' health. Members of Congress can help get the word out in a variety of ways, including:

1 SHARE GOOD, EVIDENCE-BASED INFORMATION ABOUT VACCINES TO KEEP YOUR CONSTITUENTS SAFE.

It is hard to tell fact from fiction online and in the news today. You and your staff understand how to parse out accurate information from the misleading. Help make sure your constituents are getting the latest evidence-based information about vaccines and the diseases they prevent. Understand the science behind vaccines and support the CDC-recommended immunization schedule. The public needs reassurance that the use and timing of vaccines is carefully considered prior to a CDC recommendation and that both prior to and following licensure, vaccine safety is heavily monitored. There are many disproven myths about the safety of vaccines that continue to circulate, negatively impacting your constituents' understanding about the safety and value of vaccines and threatening the health of your communities. You can be an immunization champion and advocate simply by knowing how to respond to your constituents' concerns and offering evidence-based responses.

2 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 or a friend 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.

3 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 are 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.



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.

WHAT CAN CONGRESS DO?

- ➔ **Be A Resource to Your Constituents.** Now more than ever, Members of Congress must act to share the latest, science-based vaccine information with constituents.
- ➔ **Make it Personal.** Share why you believe in vaccines with your constituents and lift up their stories as well.
- ➔ **Hold or Attend Vaccine Clinics or Events.** Lead by example by hosting or attending a vaccine clinic, news conference, or educational event in your District or State.



HAVE QUESTIONS ABOUT VACCINE SCIENCE AND SAFETY?

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



The Real Impact of Vaccine-Preventable Diseases



Ian

At six months old, Ian was a picture of health and laughed all the time. Sadly, **he died from complications of influenza (flu)** just 30 hours after showing his first symptom.



Callie

After suffering several miscarriages, Callie was her parents' miracle baby – until she **contracted pertussis (whooping cough)** in the hospital. She **lost her life** to the disease at just 37 days old.



Tamika

Tamika's life was forever changed when she was **diagnosed with cervical cancer** in her 20s. After chemotherapy and radiation, she underwent a radical hysterectomy to save her life.



Kimberly

At 17 years old, Kimberly was getting ready for her high school prom when **meningococcal disease took her life**. Her dream was to become a pediatric nurse.



Joshua

Joshua didn't know that he **wasn't vaccinated against measles** until he began experiencing a high fever and rash. **He ended up in the hospital** and it took him months to recover.



Carol

Carol discovered she had polio as a child after she was diagnosed with post-polio syndrome as an adult. She is living proof that the **polio virus can cause lifelong damage**.

Read more stories at www.vaccinateyourfamily.org/stories

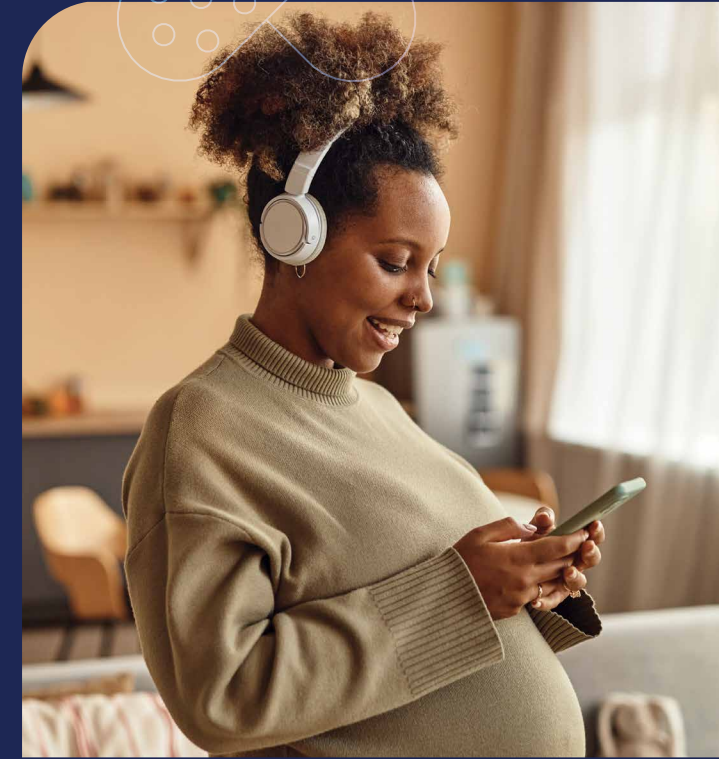
The State of Our ImmUnion is Precarious

The U.S. has lost its focus on vaccine-preventable diseases at a critical moment. We lost over 1 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 and economic security 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 in 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) and move COVID-19 injury claims from the Countermeasures Injury Compensation Program (CICP) to VICP.
- ➔ Fund the CDC Section 317 Immunization Program at \$1.1 billion.
- ➔ 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

Which vaccines does my family need? vaccinateyourfamily.org/which-vaccines-does-my-family-need

Paying for vaccines: vaccinateyourfamily.org/paying-for-vaccines

Vaccine safety: vaccinateyourfamily.org/vaccine-safety

Personal stories of people impacted by vaccine-preventable diseases: vaccinateyourfamily.org/personal-stories

Information in Spanish: 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.

Autism Science Foundation supports people with autism and their families by funding scientific research to understand the causes of autism and to develop better treatments.

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

National Association of Community Health Workers unifies CHWs across geography, ethnicity, sector and experience to support communities to achieve health, equity and social justice.

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.

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