AIM Annual Survey - 2013

**Purpose:** assess and characterize immunization program policy, infrastructure, program activities and priorities and the impact of funding changes (both federal and state) on immunization programs

- AIM Members - 64 state/local/territorial Immunization Program (IP) Managers
- Administered January-March 2014
  - 2013 Grant Year Funds
  - 2013 Calendar Year Activities
  - Current Policies
- Response Rate 95% (61 of 64) IPs
Funding Cuts in Grant Year 2013

- number of IP with cuts -

Cuts in Section 317 operations/Infrastructure Funding

Cuts in Section 317 Vaccine Funding

Section 317 Vaccine Purchase Funding FY2000-FY2013

Source: Centers for Disease Control and Prevention

* only an estimate at this time
NON-FEDERAL revenue source to purchase vaccine for all age groups - Percent of 2013 vaccine purchase budget-

317 Vaccine Budget – Michigan

• Reductions in 317 vaccine funds
  – 317 Vaccine funding history
    • 2010 – $9,538,943
    • 2011 – $7,638,000, 20% reduction
    • 2012 – $6,003,387, 21% reduction
    • 2013 – $4,508,248, 25% reduction
    • 2014 - $2,499,372, 46% reduction
      – Total 74% Reduction since 2010
Michigan

• “We use the majority of our 317 for the underinsured children seen at private provider offices. We have been able to maintain our program to vaccinate these kids because there has been such a reduction in the underinsured population. We continue to track these kids and the number drops off every year. The unfortunate thing is that we have a very limited adult vaccination program. If we did not see such a dramatic decrease in our 317 vaccine funding we would be able to expand our adult program.”

317 Vaccine Budget – New York City

• Reductions in 317 vaccine funds
  – 317 Vaccine funding history
    • 2010 – $7,110,195
    • 2011 – $5,976,342
    • 2012 – $4,913,454
    • 2013 – $4,090,215
    • 2014 - $2,229,980
New York City

• Vaccine distribution to private providers and CBOs in neighborhoods of disparity was phased out after 2010-11.
• Influenza vaccine distribution for other partners was curtailed beginning 2011-12, sharply cut in 2013-14 and will not be available for the 2014-15 influenza season.
• Discontinued providing varicella (chicken pox) vaccine to adults at PH immunization clinics in 2011 and phased out human papillomavirus (HPV) vaccine for adult women in 2012; HPV vaccine was not available for adult males.
• Discontinued providing vaccine to 58 Gratis program providers beginning in October 2013. At the peak of the program, 110 sites were enrolled.
• Discontinued vaccine distribution to colleges in 2014.

Colorado

• “In Colorado, we had been offering zoster as part of our 317 vaccines for uninsured adults. Due to the funding cuts, we had to discontinue that vaccine in order to be able to purchase influenza vaccine this year. That leaves some uninsured adults without access to zoster. The bigger picture is having to make tough decisions about what vaccines we can offer and how many of them.”
Engagement level for increasing ADULT vaccination rates in the 2013 grant year

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PPHF Awards

• $10.9 million awarded to 9 states (AR, CT, IA, MA, MN, OR, UT, VA, WA) and one city (Chicago) to conduct adult immunization activities
• AIM working with CDC to share lessons learned
IP Use of Section 317 Funding -2013 Grant Year-

IP Adult Vaccine Purchase in 2013

91% of IPs purchased vaccine for adults
32% of IPs purchased vaccine for adult refugees/immigrants