



SCIENCE+SAFETY+CENTS

MAKING IT ALL ADD UP

MAY 10-11, 2011 - ANCHORAGE MARRIOTT

Vaccine Financing – What Does It Mean for Alaska?

May 11, 2011

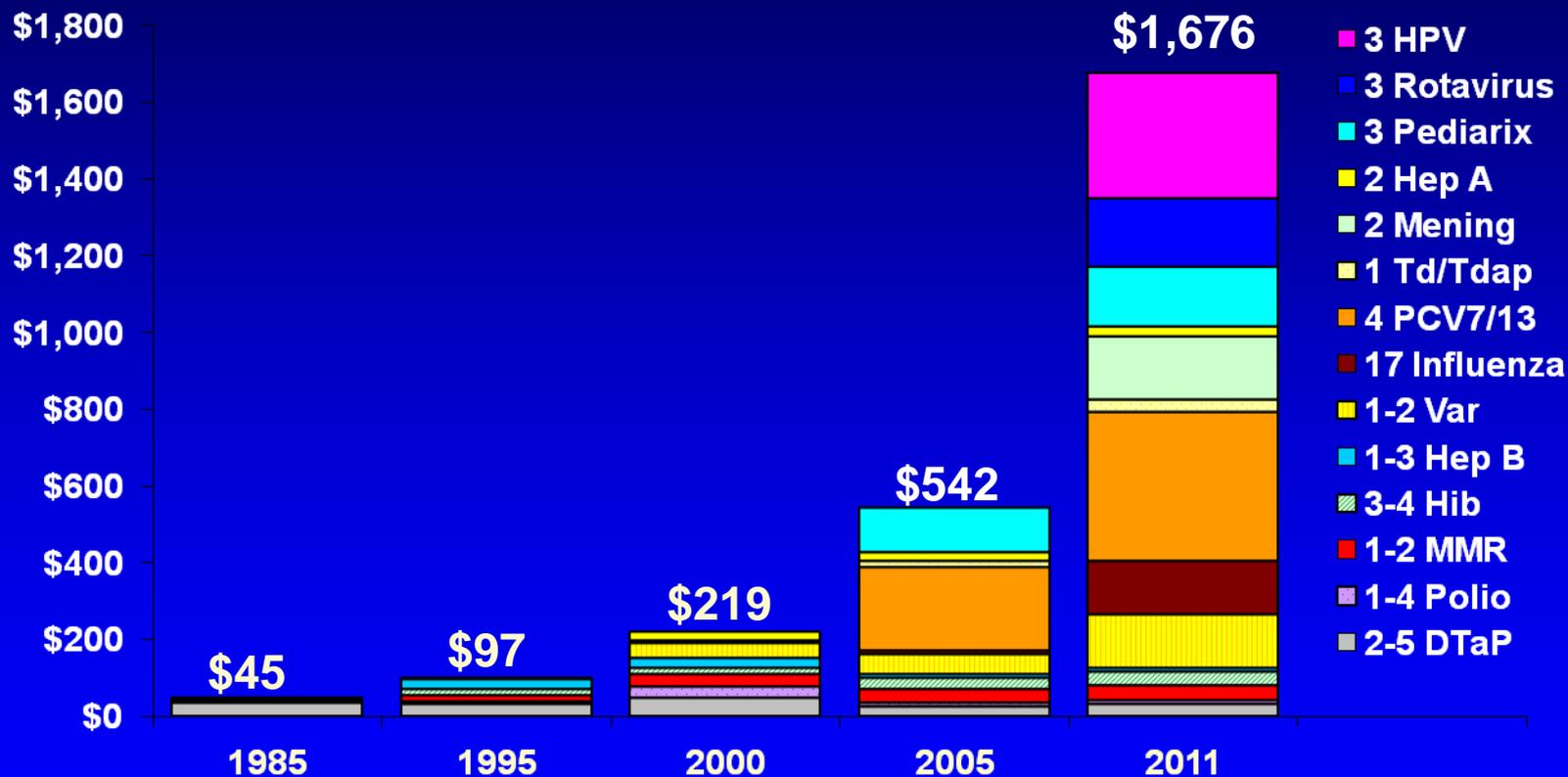
**Laurel Wood
Alaska Immunization Program**

CDC Contract Prices for Selected Pediatric Vaccines Currently Supplied by Alaska Immunization Program

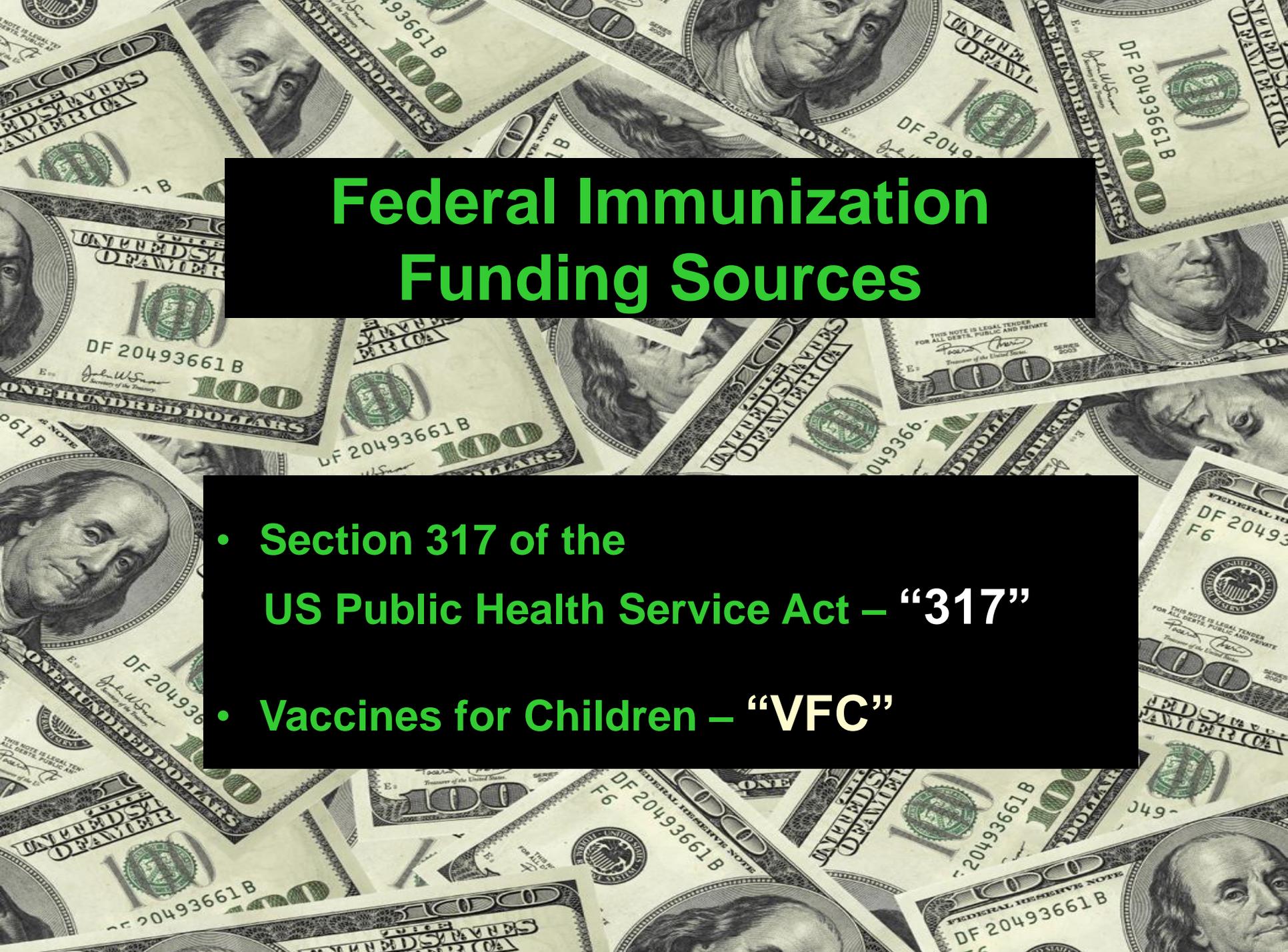
Vaccine	Cost/Dose	
	2010	2011
DTaP (<i>Infanrix</i>)	\$14.25	\$14.85
DTaP-HepB-IPV (<i>Pediarix</i>)	\$49.75	\$51.15
e-IPV	\$11.74	\$11.97
Hep A (<i>Havrix</i>)	\$13.25	\$4.25
Hep B (<i>Recombivax</i>)	\$10.25	\$10.50
Hib (<i>PedvaxHIB</i>)	\$11.51	\$11.64
HPV	\$108.72	\$108.72
Meningococcal Conj	\$79.75	\$82.12
MMR	\$18.64	\$18.99
PCV13 (<i>Prevnar</i>)	\$91.75	\$97.21
Rotavirus	\$59.18	\$59.76
Tdap	\$28.54	\$30.25
Varicella	\$67.08	\$69.73

↑ 2.7%

Cost* of Vaccines Recommended for Alaska Children and Adolescents



* Federal contract as of May 2011



Federal Immunization Funding Sources

- Section 317 of the
US Public Health Service Act – “317”
- Vaccines for Children – “VFC”



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333
March 5, 2008

Joe McLaughlin, M.D., M.P.H.
Chief, Alaska Section of Epidemiology
3601 C Street, Suite 540
Anchorage, Alaska 99503

Dear Dr. McLaughlin:

The Centers for Disease Control and Prevention (CDC) administers the Section 317 program, which is a discretionary federal grant program to 64 state, local, and territorial grantees. This grant program provides limited support for the purchase of vaccines that are included in the CDC vaccine contracts.

From fiscal year (FY) 2000 until FY 2007, the U.S. Senate Appropriations Committee Report on funding for the Centers for Disease Control and Prevention (CDC) contained language that

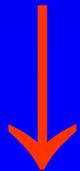
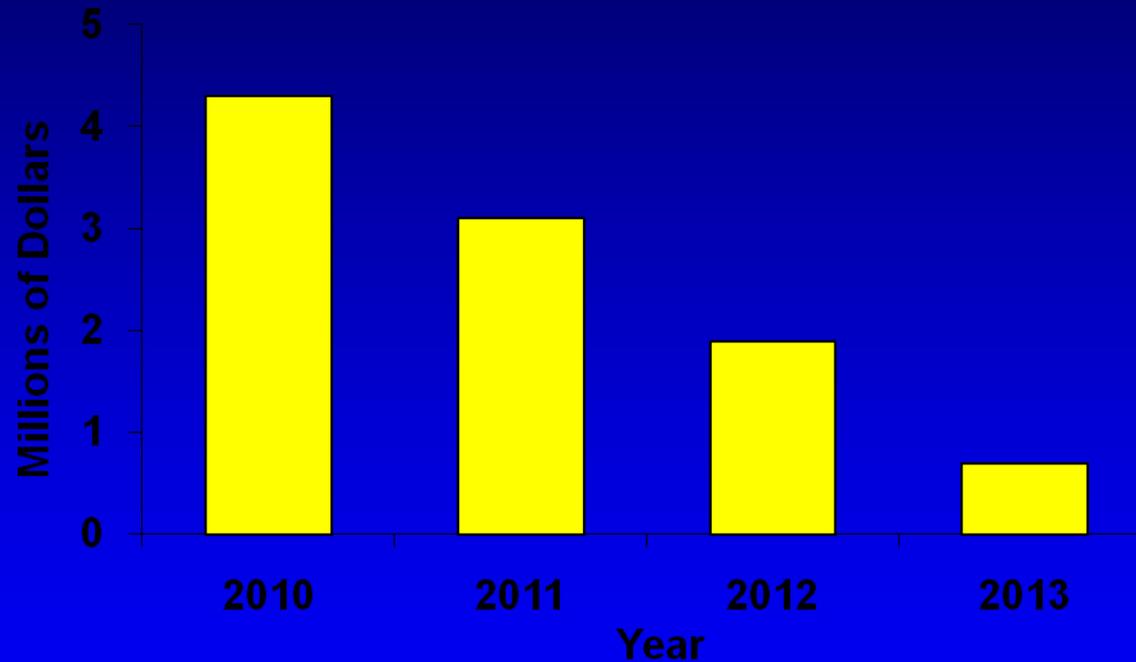
The cost to fully vaccinate a child or adolescent with the recommended vaccines has increased faster than the increase in vaccine funding available through the Section 317 program. As a result, CDC can no longer fully support Alaska's universal immunization program with Section 317 vaccine funds. CDC plans to fund Alaska using a methodology similar to that used for other states. Because it is likely to take several years for Alaska to plan an appropriate transition to augment Section 317 funding with private or other government funding, CDC will continue its FY07 level of support for the next three fiscal years, FY08, FY09 and FY10, after which we will use the funding methodology used for other states. In FY07, Alaska used \$4.18M of Section 317 vaccine funding.

CDC project officer. I am also happy to answer questions as well.

Lance E. Rodewald, M.D.
Director
Immunization Services Division
National Center for Immunization and
Respiratory Diseases

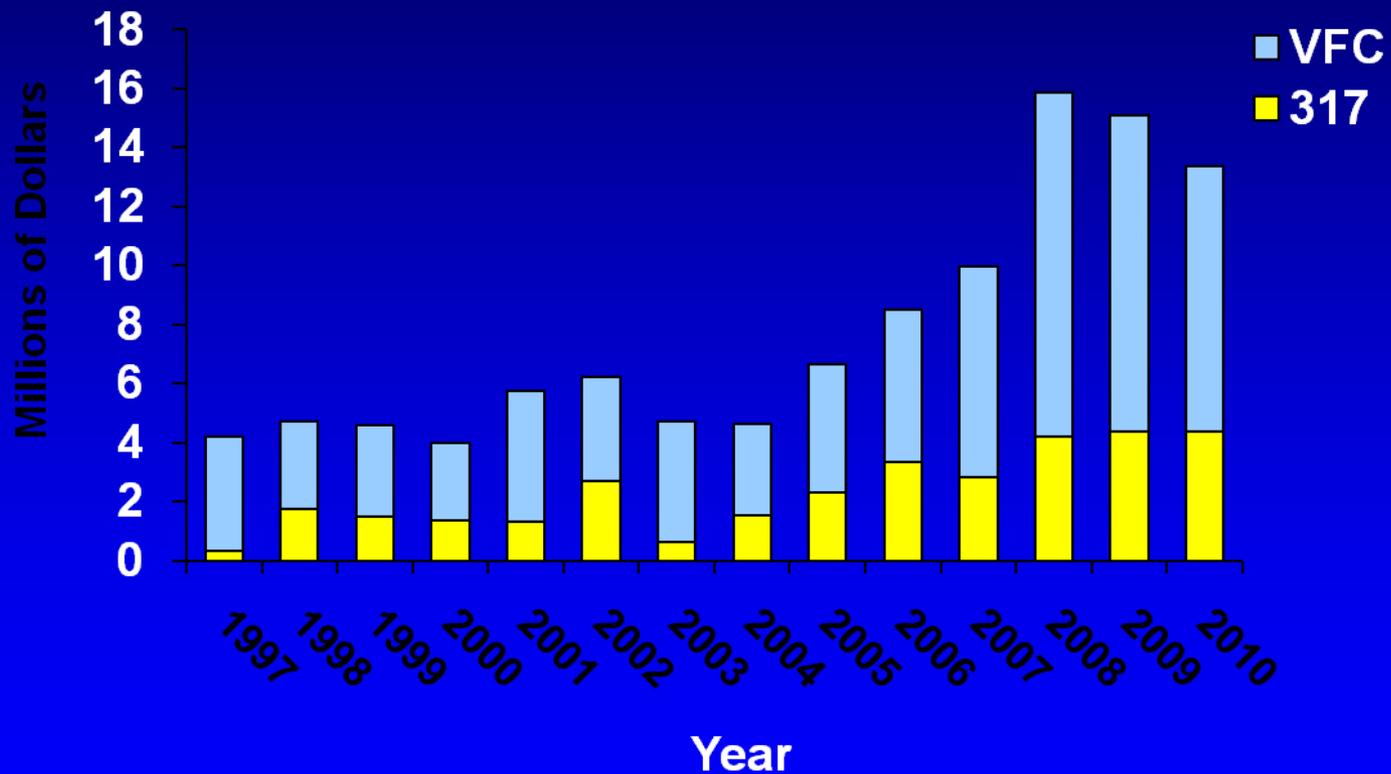
cc:
Laurel Wood, MPA, Program Manager

Projected 317 Vaccine Funding for Alaska, 2010 – 2013



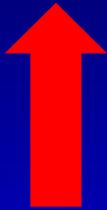
317 vaccine funding reduced ~\$1.2 million each year

Federal Vaccine Funding, 1997-2010 (2010 approx) Alaska Immunization Program



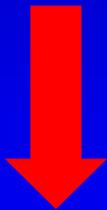


Increase revenue



- State funding?
- Billing for persons with 3rd party coverage

Decrease expenditures



- Eliminate provision of vaccines for adults (all 317 \$)
- Increase # of vaccines for VFC-eligibles only
- No 317 vaccine for persons with 3rd party coverage (i.e., become “VFC only”)
- Decrease vaccine waste



Eliminate Provision of Vaccines for Adults

*State of Alaska
Epidemiology*



Bulletin

Department of Health and Social Services
William H. Hogan, MSW, Commissioner

Division of Public Health
Ward Hurlburt, MD, MPH, CMO/Director

Editor:
Joe McLaughlin, MD, MPH

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Local (907) 269-8000
24 Hour Emergency 1-800-478-0084

Bulletin No. 31 October 6, 2010

Only Pediatric/Adolescent Vaccines to be Supplied by State Beginning in 2011



Department of Health and Social Services
William J. Streur, Commissioner

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Bulletin No. 12 May 9, 2011

Expanded Use of State-Supplied Tetanus/Diphtheria/acellular Pertussis (Tdap) and Meningococcal Conjugate (MCV4) Vaccines

Vaccine	Expanded Recommendation	OK with State-Supplied Vaccine?
Tdap	May be used for children aged 7–10 yrs	yes
	May be used for adults aged 65+ yrs	no
	No minimum interval after prior dose of Td	n/a
MCV4	2 doses needed	Yes, <u>IF</u> : <ul style="list-style-type: none"> • ≤18 yrs • VFC-eligible



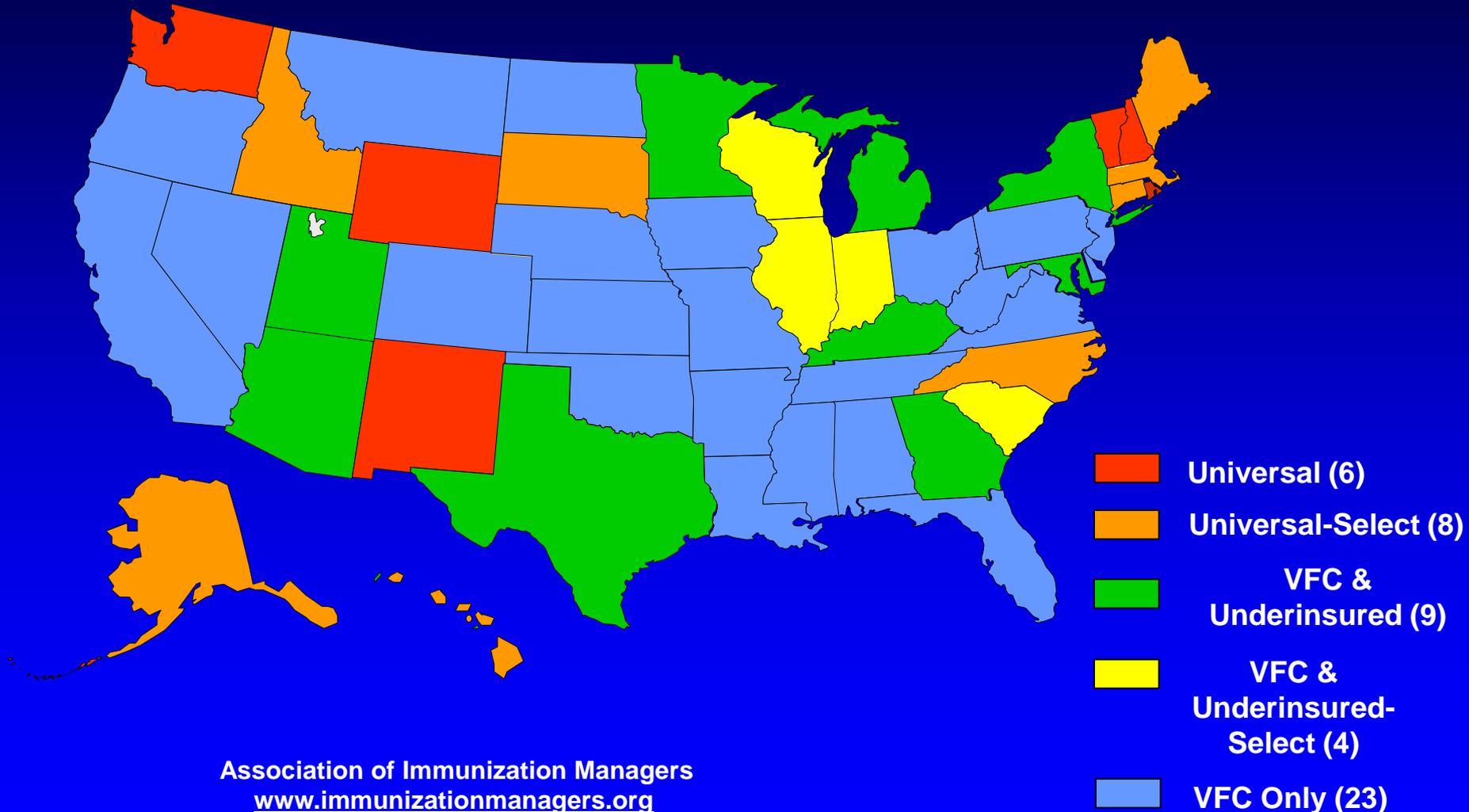
Increase # of Vaccines for VFC-Eligibles Only

1st choice:

Vaccines *not* required for school/ child care

- Influenza
- Rotavirus
- Pneumococcal

Public Purchase Vaccine Supply Policy



Association of Immunization Managers
www.immunizationmanagers.org

(information updated through July 2010)



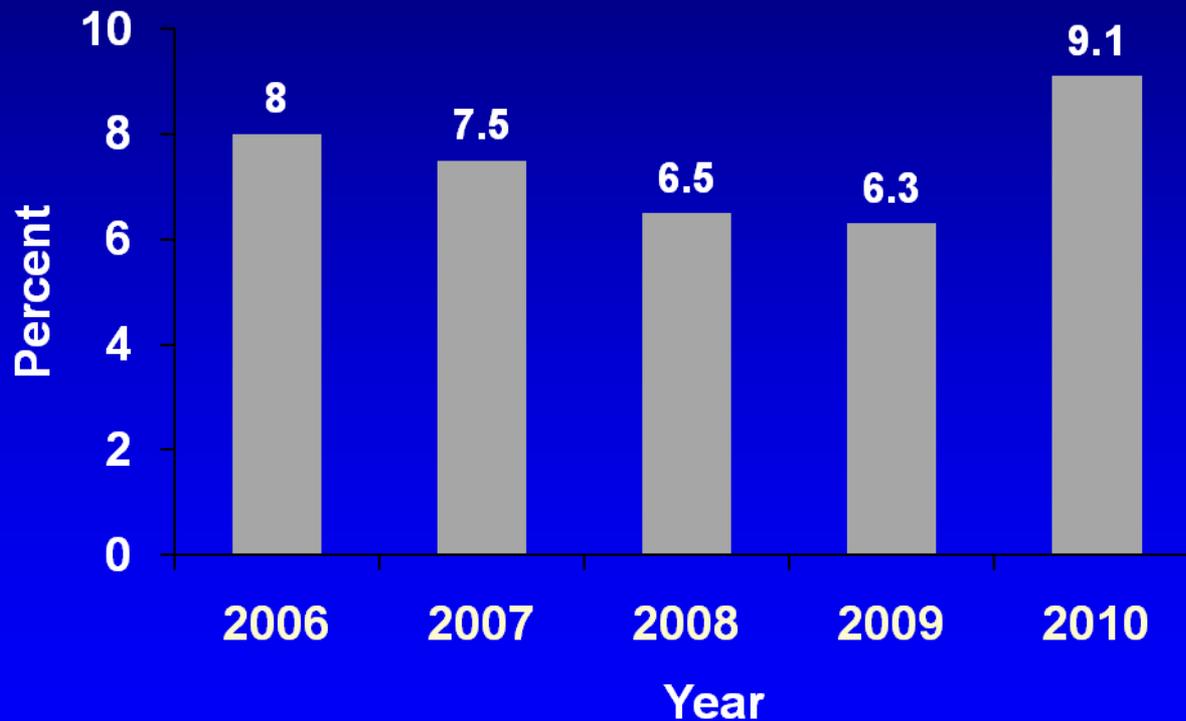
Decrease Vaccine Waste



“Cash in the trash”

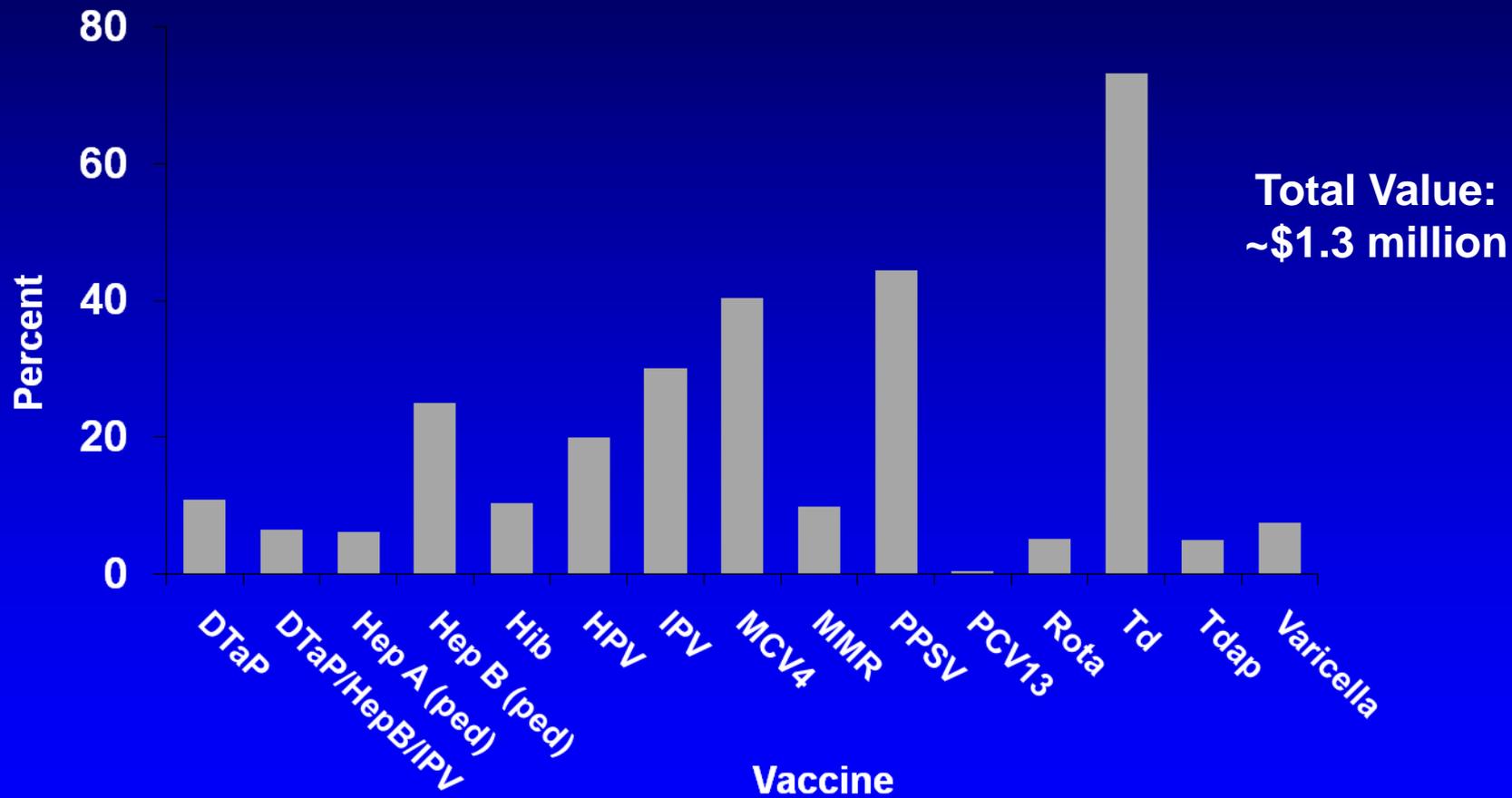


Percent of Vaccine* Lost/Wasted by Alaska Providers, 2006-2010



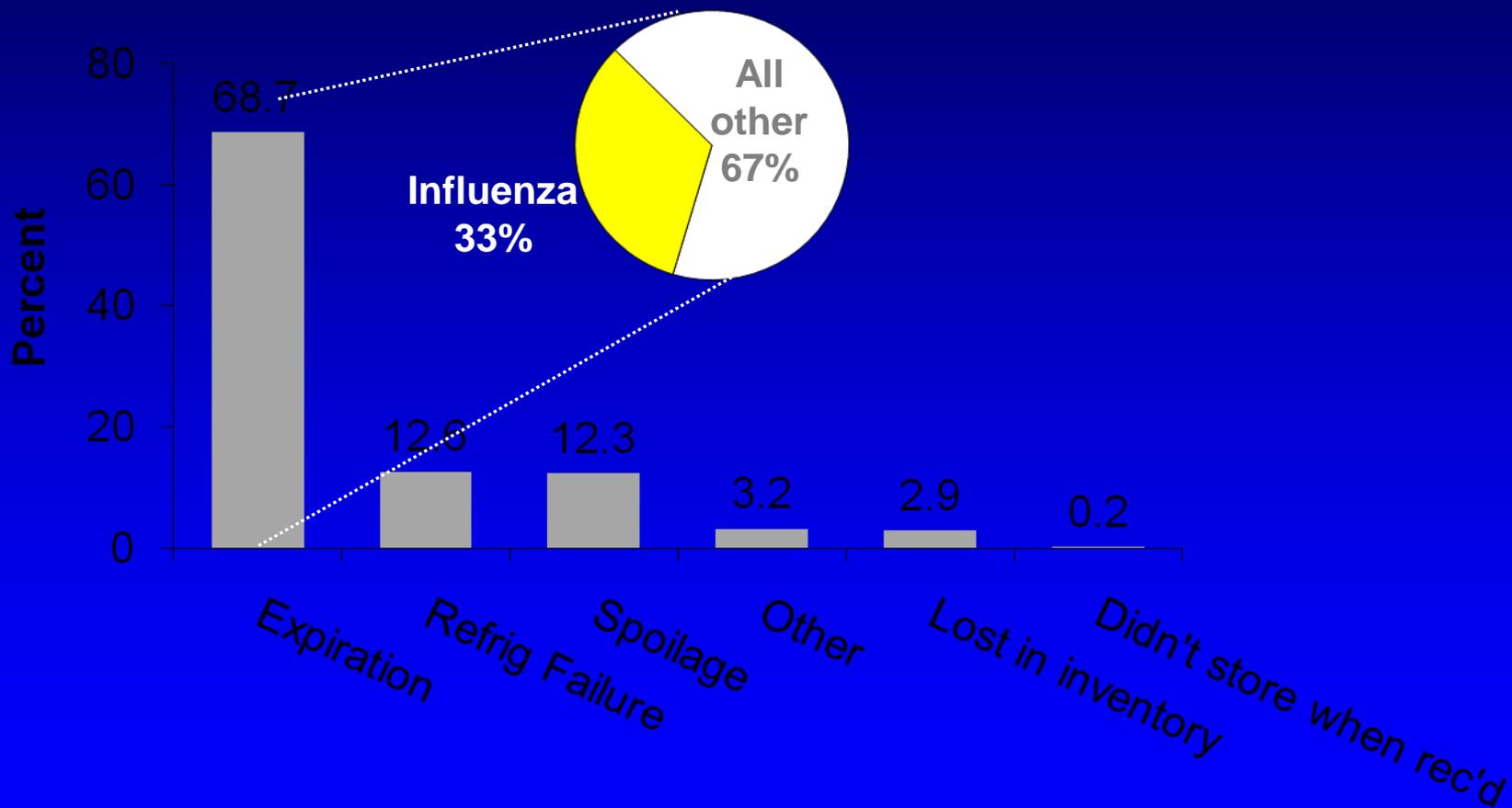
* Does not include PCV7 or any type of influenza

Percent of Vaccine* Reported Wasted, by VACCINE, AK Immunization Program, 2010



* Does not include PCV7 or any type of influenza

Percent of Vaccine* Reported Wasted, by CAUSE, AK Immunization Program, 2010





What does the future hold?

- efforts to ensure maximum use of VFC vaccine (“designated authority”)
- fewer “universal” vaccines
- increased vaccine accountability

MORE dedication from providers!

For all the difficulties entailed in creating vaccines, the hardest job has been to use them appropriately. The social barriers to distribution have been exceeding the biological barriers to development. To reach all children during the small windows of opportunity after birth and before exposure to natural pathogens is the challenge for us now. To maintain the enthusiasm for programs for each daily cohort of births has been daunting. *To counter the effects of complications, the rumors of the unhappy, and the assertions of the paranoid makes the job of the vaccinator unenviable.*

William H. Foege, MD (1997)

Task Force for Child Survival and Development