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March 2, 2006

The Honorable Julie Gerberding, M.D., M.P.H.
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

Dear Dr. Gerberding:

Thank you for your response to my letter regarding the reorganization of the National Immunization Program (NIP). While you assert that the commitment of the Centers for Disease Control and Prevention (CDC) to immunization remains strong, the President's budget does not reflect this commitment. Instead, it seeks a cut in the essential funds states use to purchase vaccines.

A key program for vaccinating children and adults is the section 317 program. This program ensures that children who are not eligible for the Vaccines for Children (VFC) Program and who cannot otherwise afford immunizations can be vaccinated. It also provides some access to immunizations for uninsured or underinsured adults.

Unfortunately, the section 317 program is not receiving sufficient funding to carry out its essential public health mission. Already at least ten states do not purchase the pneumococcal conjugate vaccine and therefore cannot ensure that all children in those states are fully immunized. This problem will be exacerbated as new vaccines are added to the immunization schedule. Within the last year, CDC recommended that adolescents and college freshmen receive the meningococcal conjugate vaccine, that adolescents receive the new pertussis booster, and that all children receive the Hepatitis A vaccine. Additionally, there are provisional recommendations for expanded use of varicella vaccine. This year it is likely that CDC will add Rotavirus and perhaps HPV vaccines to the immunization schedule and the flu vaccine recommendation may be expanded to include all children up to age 5 as well as their caregivers.

Despite the growing need for section 317 funding, the President's budget actually cuts the 317 vaccine purchase grants. Last year Congress appropriated $263,023,000 for 317 vaccine purchase grants. This year, the President is requesting $232,456,000 for vaccine purchase grants, a decrease of $30,567,000. I understand that $29,700,000 of this cut is due to CDC not

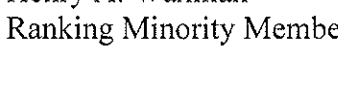
requesting funds for purchase of bulk, monovalent flu vaccine as was requested last year. But even after accounting for this difference, the vaccine purchase grant program would receive close to $900,000 less under this budget request than it did last year even as the number of recommended vaccines is increasing.

The Administration is seeking a statutory change to the VFC program that would increase access to vaccines. If this change is enacted, the Administration is also requesting a $100 million cut to the 317 program. The VFC program is a critical public health program that provides free immunizations to poor and uninsured children. I would certainly support increasing access to the VFC, but I would not support the attendant cut to the 317 program. New vaccines are being added to the adult and childhood immunization schedules and the cost of ensuring that children and adults are full immunized is increasing. The funding for both the VFC and the 317 program should reflect these increased costs.

I am also concerned that funding for vaccine safety activities remains essentially flat in the budget request. As the routine immunization schedule becomes more complicated and as new vaccine technologies are developed, it is critical that CDC ensures that these vaccines are as safe as they can be. Public confidence in the safety of immunizations is a critical component of a successful vaccine program.

I urge you to reconsider these misguided budget decisions. I also ask you to explain why the President's budget is not seeking sufficient 317 funding to ensure that all children have access to life-saving vaccines and why the budget does not seek an increase in vaccine safety funding.

Sincerely,



Henry A. Waxman
Ranking Minority Member