

# Boosting the Vaccine for Children Program to Endure Vaccine Politics

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In 1994, the Vaccine for Children (VFC) Program Act made free vaccines for millions of children a key part of preventative health in the United States (US).<sup>1,2</sup> On the 30th anniversary of the VFC program, we see powerful descriptions of the strong public health impact of the program.<sup>3</sup> Yet, due to rising anti-vaccine sentiment and legislation and spill-over effects of polarized COVID-19 vaccine politics,<sup>4</sup> we see ongoing challenges to childhood vaccination programs.

Children on Medicaid and the Child Health Insurance Program (CHIP) are eligible for the program, accounting for about 50% of children in the US, or more than 37 million boys and girls.<sup>1,2</sup> Since the VFC program began, more than 117 million children in the US born between 1994 and 2023 have received VFC vaccines. The vaccines provided by the VFC program include those against COVID-19, Dengue, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human Papillomavirus, Influenza, Measles, Meningococcal disease, Mumps, Pertussis, Pneumococcal disease, Polio, Respiratory syncytial virus, Rotavirus, Rubella, Tetanus, and Varicella.<sup>1,2</sup> It is estimated that the VFC program has prevented more than 500 million cases of illness, 32 million hospitalizations, \$540 billion in healthcare costs, \$2.7 trillion in societal costs, and 1.1 million deaths.<sup>3</sup>

But along with the program's successes, we see challenges to childhood vaccination. From 2020 to 2023, the share of kindergarteners with required vaccines has declined from 95% to 92% nationally, meaning that 250,000 entering kindergarteners are now susceptible to measles.<sup>5</sup> Measles, mumps, and rubella (MMR) vaccination rates are also now below the 95% threshold needed for population protection in more than half of the states.<sup>5</sup> In comparison with many other states, in Rhode Island the vaccine exemption rate is low at 1.5%, making this state one of the most highly vaccinated states in the US.<sup>5</sup>

Why is this decline in vaccination affecting children happening? First, parents are increasingly being enabled to opt out of vaccination. Even before the COVID-19 pandemic, we saw escalating legislation allowing either religious or personal exemptions for school-required vaccines. Data from 2022–2023 show that pre-kindergarten vaccination exemption rates increased in 41 states, and exemption rates were more than 5% of students in 10 states.<sup>5</sup>

Second, COVID-19 vaccines developed under the Trump administration in 2020 became politicized in 2021.

Negativism toward COVID-19 vaccines has spilled over to childhood vaccines along political party lines.<sup>6</sup> Based upon recent surveys, 63% of Democrats and 23% of Republicans now believe in the importance of childhood vaccines.<sup>7</sup> Third, mainstream medicine is being outmatched in vaccine information delivery. Anti-vaccine messaging on social media and the Internet greatly surpasses expert medical recommendations.<sup>8,9</sup>

We also see anti-vaccine stances from politicians, some of whom have received millions of dollars in financial support from the anti-vaccine movement.<sup>10</sup> Notable politicians with anti-vaccine stances include 2024 Presidential candidates Robert F. Kennedy, Jr. and Governor Ron DeSantis of Florida.<sup>10</sup> Former President Trump is also threatening to withhold funding from schools in the US that require up-to-date vaccinations for children, which is nearly all public schools.<sup>11</sup>

Considering these factors, we can anticipate that fewer children will receive medically recommended vaccines than in the past. We can also anticipate new clusters of vaccine-preventable illnesses including measles, as reported in Ohio and Illinois over the past two years.<sup>12,13</sup> As increasingly observed, we now have pockets of under-immunized children across the US.<sup>5</sup>

What are potential strategies to strengthen this program? First, it is gratifying to see the VFC program is moving to enhance vaccine confidence space, by launching the Fostering Overall Community Understanding & Support (FOCUS) project among communities that have had vaccine-preventable disease outbreaks.<sup>14</sup> In addition, grassroots vaccine counseling efforts by local providers play a very important role in guiding vaccination decision-making. Yet, vaccine counseling involves more time than in the past. Reimbursement rates set by Medicaid for VFC vaccine administration are extremely low, often less than \$15. It was not until 2022 that practitioners could bill for vaccine counseling,<sup>15</sup> but there is a call for such payments to be enhanced. Although materials are available from the CDC and the American Academy of Pediatrics, further development of effective vaccine-promoting public messaging is needed to support provider efforts.

Outbreak control also now needs to be considered a focus of vaccination programs. The recent collaborative response of the CDC and the Chicago Department of Public Health to

a measles outbreak in a migrant refugee center in Chicago in March 2024 shows the effectiveness of this strategy, where over 30,000 doses of MMR vaccine were administered.<sup>16</sup> The VFC program network with more than 37,000 provider locations can also be valuable outbreak control partners.<sup>1</sup> When elected officials defied standard outbreak control measures during the measles outbreak in Florida,<sup>17</sup> local providers acted to promote MMR vaccination.

VFC incentive payments could help support provider responses to community outbreaks to support additional personnel and administrative costs. Benefiting the community at large, VFC providers also administer vaccines to non-VFC-eligible children on commercial insurance. However, there is concern that the number of VFC providers has dropped by about 5,000 from 2014 to 2021, and there are regions of the country without adequate VFC coverage.<sup>2</sup>

Over three decades, the VFC program has been a shining example of what our country can do for the health and prosperity of our children. Yet, emerging from the COVID-19 pandemic, we are now in a place where fundamental medical and public health practices are being questioned, thousands of children will enter school not vaccinated, and outbreaks of vaccine-preventable diseases will be more common. As with other important longstanding government programs, continued effectiveness involves using the program's strengths with an additional focus on reaching those who are under-immunized, while also needing to focus on outbreak control. And we will need to do this until political leaders stop making vaccines a part of political campaigns and culture wars.

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