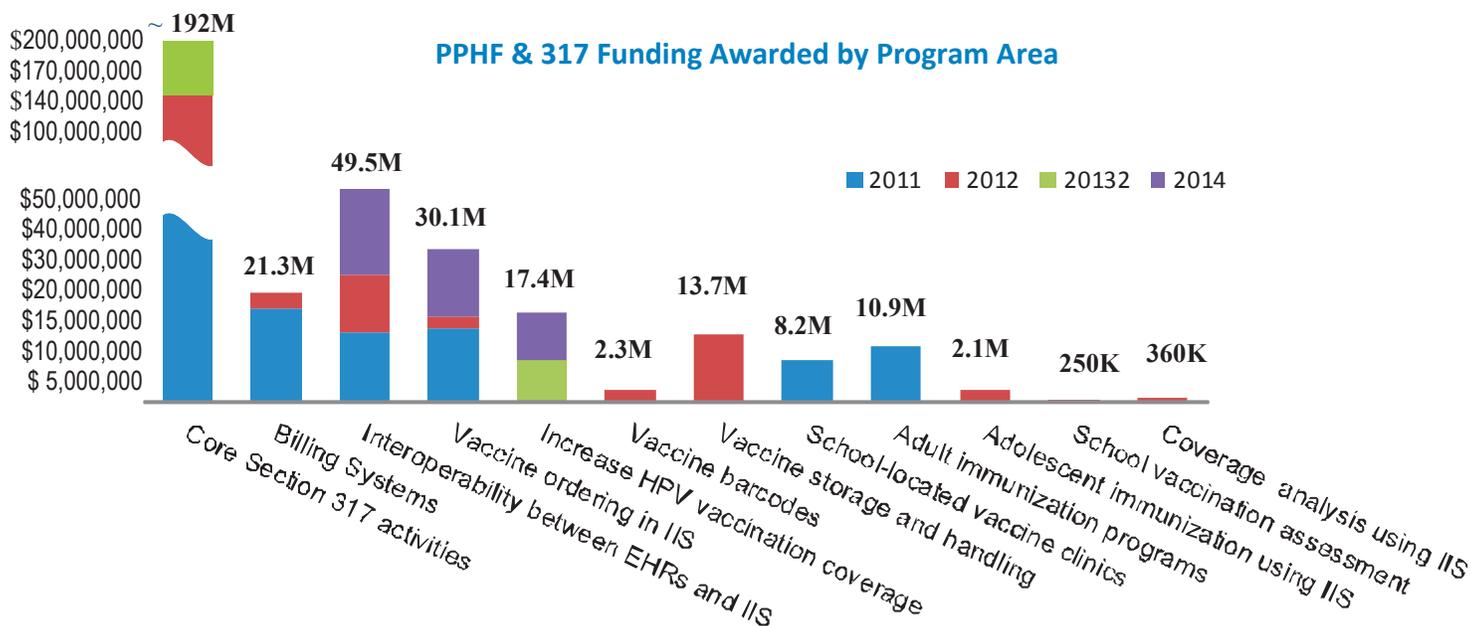


The Prevention and Public Health Fund (PPHF) is a mandatory fund created in 2010 by Congress as part of the Affordable Care Act for prevention and public health programs. As an allocation from Department of Health and Human Services (HHS) and Centers for Disease Control and Prevention (CDC) for prevention and public health programs, PPHF is intended to provide stable and increased investment in public health activities to prevent disease and promote health and wellness in communities nationwide.

Over \$347 million of PPHF funds have been invested in immunization, including approximately \$192 million to support core activities in the nation's existing immunization system through the Section 317 program. Other PPHF funds\* have been awarded through competitive funding opportunity announcements to state, territorial and local immunization programs to modernize and enhance technology including immunization information systems (IIS), reach undervaccinated populations and improve capacity to assure high vaccination rates.



**Billing Systems:** \$21.3 million awarded to 33 states and 2 cities to help public health clinics become approved in-network providers by health insurance plans and establish billing systems to get reimbursed for vaccination services. Public health billing systems will save taxpayer money and allow insured individuals to get vaccinated rather than turned away. (AL, AR, AZ, CA, CT, CO, GA, IA, IL, IN, KS, MD, MA, MI, MN, MO, MS, MT, ND, NE, NM, NY, NV, OH, OK, OR, TN, TX, VA, WA, WI, WV, WY, Chicago and Houston)

*Arkansas Department of Health billed insurers more than \$1.7 million for influenza vaccinations in 2012*

*In 2011 and 2012 Massachusetts increased the amount of data in their IIS by tenfold as a result of data exchange with EHRs from 38 providers*

**Interoperability Between EHRs and IIS:** \$49.5 million awarded to 31 states and 2 cities to enhance the ability of immunization information systems (IIS) to exchange and accept data from electronic health records. Seamless data exchange will improve record keeping, reduce extra vaccinations, and provide valuable information to both providers and public health agencies. (AL, AZ, CO, CT, DE, GA, HI, IA, KS, MA, MD, MI, MN, MO, MS, NC, ND, NE, NJ, NM, NY, NV, OH, OR, RI, TX, UT, VT, WA, WI, WV, NYC and Philadelphia)

\*Some 317 funds used



## Prevention and Public Health Fund

Investment in Immunizations

2011-2014



**Vaccine Ordering in IIS:** \$30.1 million awarded to 36 states, 2 cities and 1 territory to develop vaccine ordering modules in immunization information systems that directly connect to the Centers for Disease Control and Prevention's centralized vaccine ordering system (VTrckS). (AK, AZ, CA, CO, DE, FL, HI, IA, ID, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NM, NV, NY, OH, OR, RI, TN, TX, UT, VA, VT, WA, WI, WY, Philadelphia, NYC and Puerto Rico)

*More than 63% of providers enrolled in the Vaccines for Children Program (VFC) ordered vaccine electronically through an IIS system in 2011*

**Increase HPV Vaccination Coverage:** \$17.4 million to 18 states and 4 cities to increase HPV vaccination coverage among adolescents through joint initiatives with immunization stakeholders, communication campaigns, IIS-based reminder/recall, assessment and feedback (AFIX), and strategies targeted to improve immunization providers' knowledge, skills, and adherence to current HPV vaccination recommendations. (AK, AZ, GA, IA, IL, KS, KY, MA, MI, MN, ND, NV, NY, OH, RI, UT, WA, WI, Chicago, DC, Philadelphia and NYC)

**Vaccine Barcodes:** \$2.3 million to 6 states to work with providers to pilot test vaccines with new two-dimensional barcodes. The barcodes contain information such as the vaccine lot number and expiration date and will improve vaccine safety monitoring as well as efficiency in vaccine inventory management. (MI, MS, NE, NY, OR and WI)

**Vaccine Storage and Handling:** \$13.7 million awarded to 17 states, 2 territories and 3 cities to improve vaccine storage and handling. These awardees are pilot testing new digital thermometers which provide continuous temperature data electronically and implementing provider training and education activities focused on vaccine storage and handling. (AK, CA, CO, DE, GA, KY, MA, MI, MN, MS, ND, NH, NV, NY, PA, VA, WA, NYC, Marshall Islands, Palau, Chicago and Philadelphia)

*90,000 students in 140 South Carolina schools were offered influenza vaccine at school-located vaccination clinics during the 2012 - 2013 influenza season*

**School Located Vaccination Clinics:** \$8.2 million awarded to 7 states to develop sustainable vaccination programs in schools. (AR, GA, KS, ME, NV, SC and UT)

**Adult Immunization Programs:** \$10.9 million awarded to 9 states and one city to: expand access to vaccine and reporting of adult vaccinations; improving healthcare personnel immunization coverage rates; promoting hepatitis B immunization; and ensuring all adult ACIP-recommended vaccinations are included as preventive benefits by state Medicaid offices. (AR, CT, IA, MA, MN, OR, UT, VA, WA and Chicago)

**Adolescent Immunizations using IIS:** \$2.1 million awarded to 7 states and 1 city to conduct targeted efforts to increase adolescent immunization coverage rates through immunization information systems, such as conducting reminder/recall for adolescents who have received one dose of HPV vaccine but have not returned for the second and third doses of the series. (MI, MN, NV, ND, NM, OR, WA and NYC)

*Minnesota's healthcare personnel vaccinations expanded in hospitals and nursing homes from 68 hospital and 68 nursing homes in 2010-11 to 106 hospitals and 123 nursing homes in 2012-2013*

**School Vaccination Assessment:** \$250,000 awarded to 6 states to improve the quality and consistency of immunization coverage data collected from schools and to document compliance with school entry vaccination requirements. (AK, CO, KY, MD, ND and PA)

**Coverage Analysis Using IIS:** \$360,000 awarded to 3 states and 1 city to develop methodology to assess vaccination coverage at the local level and identify specific areas as pockets of need for additional intervention to improve immunization coverage. (MI, MN, ND and NYC)