

Childhood Immunization File

CARTER

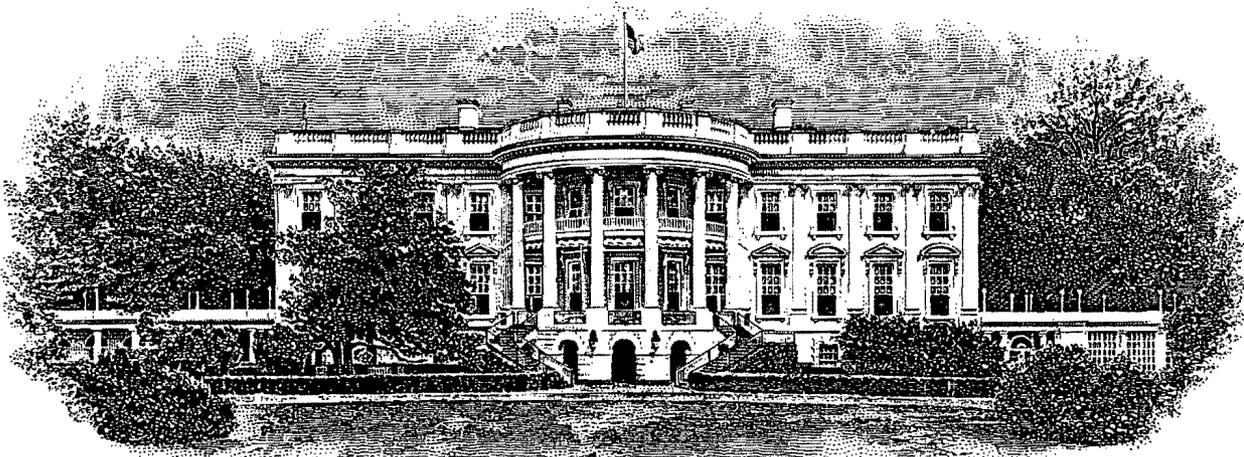
- worked with Betty Bumpers in mid 70s when they were both Governors wives
- worked on school entry laws w/ Betty Bumpers as First Lady
- 1991 formed "every child by 2" w/ Betty Bumpers.



PHOTOCOPY
PRESERVATION

23746

The White House



December 11, 2000

MEMORANDUM FOR THE SECRETARIES OF AGRICULTURE AND HEALTH AND HUMAN SERVICES

SUBJECT: IMPROVING IMMUNIZATION RATES FOR CHILDREN AT RISK

In 1992, less than 55 percent of children under the age of three nationwide had received the full course of vaccinations. This dangerously low level of childhood immunizations led me to launch the Childhood Immunization Initiative, which helped make vaccines affordable for families, eliminated barriers preventing children from being immunized by their primary care provider, and improved immunization outreach, on April 12, 1993. As a result, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago.

Despite these impressive gains, immunization levels in many parts of the country are still too low. According to the Centers for Disease Control and Prevention, low income children are less likely to be immunized than their counterparts. In fact, immunization rates in certain inner-city areas are at or below 65 percent, placing them at high risk for potentially deadly diseases such as diphtheria, pertussis, poliomyelitis, measles, mumps, and rubella. These diseases are associated with birth defects, paralysis, brain damage, hearing loss, and liver cancer. In addition, children who are not fully immunized are proven to be at increased risk for other preventable conditions, such as anemia and lead toxicity. Clearly, more needs to be done.

Today, I am directing you to focus your efforts to increase immunization levels among children at risk in a place where we clearly can find them: the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This program, which serves 45 percent of infants nationwide and more than five million children under the age of five, is the single largest point of access to health services for low-income preschool children who are at the highest risk for low vaccination coverage. State data indicates that in 41 states, the immunization rates for children enrolled in WIC are lower than the rates for other children in their age group – in some cases, by as much as 20 percent.

Therefore, I hereby direct you to take the following actions, in a manner consistent with the mission of your agencies:

- Include a standardized procedure as part of the WIC certification process to evaluate the immunization status of every child applying for WIC services using a documented immunization history. Children who are determined to be behind schedule on their immunizations or who do not have their immunization records should be referred to a local health care provider as appropriate.

- Develop user-friendly immunization materials designed to ensure that information on appropriate immunization schedules is easily accessible and understandable for WIC staff conducting nutritional risk assessments. WIC staff should be trained to use these materials by state and local public health authorities.
- Develop a national strategic plan to improve the immunization rates of children at risk, to be completed within 60 days. In developing the plan, USDA and HHS should: consult with representatives from the Office of Management and Budget to ensure consideration for the FY 2002 budget; include input from provider, health care consumer, and nutrition communities, and develop a blueprint for action to:
 - Expand the availability of automated systems or computer software to provide WIC clinics with information on childhood immunization schedules, with the eventual goal of providing this service in every WIC clinic nationwide, to provide more accurate and cost-effective immunization assessment, referral, and follow-up, in a manner that addresses cost-sharing concerns by both agencies;
 - Disseminate a range of best practices for increasing immunization rates for low-income children to WIC state and local agencies, as well as immunization programs nationwide, including developing efficient and effective ways to educate WIC staff about the importance of immunization, appropriate immunization schedules, and the information necessary to make a meaningful referral;
 - Foster partnerships (through written guides and/or technical assistance) between WIC offices and health care providers/advocates who can assist with immunization referrals and conduct appropriate follow-up with families;
 - Include information on the importance of immunizations and appropriate immunization schedules in standard WIC efforts to educate families about breastfeeding, anemia, lead poisoning, and other health-related topics; and
- Evaluate whether other Federal programs serving children should require a standard question on immunizations as part of their enrollment processes, and if deemed appropriate, develop a plan for implementing that new requirement.

The actions I am directing you to take today, and any further actions developed as a result of interagency collaboration or public-private partnerships, should not create barriers to WIC participation. Immunization outreach and assessment procedures should never be used as a condition of eligibility for WIC services or nutritional assistance. Rather, activities to improve immunization rates for children participating in WIC should be complementary, aggressive, and consistent with the Administration's overall initiative to increase immunization rates for children nationwide.

DRAFT

**Improving Immunization Rates of Children Participating in the
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

Introduction

Because WIC is the largest single point of access to preschool children nationally, it is in a unique position to provide access to the low-income, high risk population most in need of immunizations. The challenge has been to promote immunizations in a setting where severe time constraints exist, often using non-medical staff. In addition, variation in WIC environments (e.g., collocation of clinics with immunization services, degree of computerization, baseline immunization coverage across States, staffing resources and competencies, service delivery, WIC's role within a local health care system, demographics of population) implies the need for flexibility in chosen strategies.

The promotion of strategies that enhance the public health goals of both WIC and immunization programs, reduce barriers to service in both programs, and empower mutual program beneficiaries to achieve optimal nutritional well-being and up-to-date immunization status should be the focus of efforts to immunize children participating in the WIC Program.

Over the past five years, six national organizations have been attempting to develop a strategic plan for WIC immunization coordination efforts. These organizations include the Department of Agriculture, the Centers for Disease Control and Prevention (CDC), the National Association of WIC Directors, the Association of State and Territorial Health Officials, the American Academy of Pediatrics, and the Association of Immunization Managers.

Congressional Intent

Congressional language (House Report 106-619 and Senate Report 106-288) accompanying the fiscal year 2001 Agriculture Appropriations Bills (H.R. 4461 and S.2536) clarifies Congress' intent with respect to the delivery of screening, assessment and referral services in WIC.

While the Committee supports and encourages State and local agency efforts to utilize WIC as an important means of participant referral to other health care services, it recognizes the tremendous constraints that WIC programs are experiencing as a result of expanding health care priorities. The Committee also recognizes that the Department's broad interpretation of the Child Nutrition Act of 1966, with respect to the delivery of screening, assessment and referral services on behalf of other Federal agencies or departments, may jeopardize WIC agencies' ability to deliver the core mission of WIC program services—quality nutrition education and counseling, breastfeeding promotion and support, and related health care services. The Committee wishes to clarify that while WIC plays an important role in screening and referral to other health care services, it was never the Committee's intention that WIC should perform aggressive screening, referral and assessment functions on behalf of other programs, nor was it the Committee's intention that WIC

State and local agencies should assume the full burden of entering into and negotiating appropriate cost sharing agreements. The Committee again includes language in the bill to preserve WIC funding for authorized WIC services and again directs the Secretary to work with other Federal departments and agencies to ensure that except for basic education and referral purposes, WIC funds are not used to pay the administrative expenses or to coordinate operations or activities of other Federal agency services, activities or programs not authorized by section 17 of the Child Nutrition Act of 1966, unless fully reimbursed by those agencies.

Recommended Issues to be addressed in Executive Order

We propose that the Executive Order be developed to address three areas: 1) development of a national strategic plan; 2) funding and resources; and 3) long-term strategies.

I. Expedite Development of a National Strategic Plan to Improve Immunization Rates of WIC Children

Direct the expedited development of a national strategic plan to improve immunization rates of children served by the WIC Program while maintaining the integrity of WIC's main directive--to provide nutrition assistance and nutrition services to low-income infants and children at nutritional risk. The Plan is to be completed by April 1, 2001. This Executive Order establishes the expectation that the Plan should:

I don't want to do an EO directing them to do a Plan.

1. Address the development of standardized procedures for assessing a child's immunization status at WIC certification using documented immunization history and referring children found to be behind schedule and/or without documentation to the health care provider of choice.

(Background: Standardized procedures to assess a child's immunization status at WIC certification expand current WIC regulations in this area. The use of documented immunization histories are compatible with CDC's immunization program performance guidelines for WIC immunization linkages. However, it should be made clear that an immunization record is not a condition of eligibility for WIC. Assessment procedures should not present a barrier to WIC participation for those who do not have records, nor turn anyone away at certification for failure to bring one. Aggressive WIC immunization linkage strategies should be reserved for use in areas where WIC participant immunization coverage remains substantially below the national average.

2. Provide a range of evidence-based best practices methods that are compatible with WIC operations in the varied WIC clinic environment.

~~X~~ Recommend strategies for developing formal written agreements for the sharing of costs and immunization data between WIC and Immunization Programs. The agreements should appropriately and fairly apportion costs between both WIC and Immunization Programs and clarify roles and responsibilities around immunization assessment, referral and follow-up for WIC children.

Can't we just DO this? we can give them some implementation time.

EO can direct them to:

this will NOT

be a part of the EO.

II. Funding and Resources

The proposed standardized procedures to assess and refer WIC participants for immunization services and other activities to be addressed in a national strategic plan may exceed WIC's available resources. Therefore:

Not in ED

X

Direct DHHS to ensure that immunization services provided by WIC are reimbursable by State Medicaid Programs.

Don't we currently dedicate 10%?

B. Reinstate the "10 percent set aside" for WIC-related immunization activities for grantees receiving childhood immunization (Section 317 infrastructure) funds in areas with low or declining immunization rates or areas that are particularly susceptible to disease outbreaks.

(Background: In September 1995, Congress directed CDC to ensure that all grantees receiving 317 immunization infrastructure funds reserve 10 percent of those funds for immunization assessment and referral services in WIC sites on an ongoing basis. CDC estimated that \$14.7 million was spent in FY 96 by immunization grantees on WIC-related immunization promotion activities. During the past few years, as grant funding has declined, grantees have reduced their investment of immunization grant dollars in this effort. The requirement to reserve 10 percent of funds for WIC immunization activities was removed from CDC's legislation. CDC's 2001 grant guidance for 317 program funded grantees no longer requires a "10 percent set aside" for WIC-related immunization activities. The FY 2000 Infrastructure base was \$41.8 million.)

C. Encourage the use of Americorp/VISTA outreach workers to assist with immunization promotion efforts in WIC sites. *does WIC have specifics?*

Not in ED

X

Direct the Secretary of Agriculture to work with other Federal departments and agencies to ensure that except for basic education and referral purposes, WIC funds are not used to pay the administrative expenses or to coordinate operations or activities of other Federal agency services, activities or programs not authorized by section 17 of the Child Nutrition Act of 1966, unless fully reimbursed by those agencies.

III. Long-Term Strategies

seems impractical for ED but okay for long term plans

A. Expand the availability of automated immunization assessment to provide more accurate and cost-effective immunization assessment and referral.

B. Expedite development of integrated public health data systems and the strengthening of state immunization information systems as a major initiative to improve immunization

C. Expedite statewide registry development and expand the use of immunization registries to

acquire immunization histories in WIC. WIC staffs must have access to registries and the ability to update records.

D. Develop innovative methods to conduct outreach and marketing of both WIC and immunization programs using a unified, integrated message to enhance understanding and appreciation for the value and benefits of nutrition, immunizations, and WIC services. Such efforts should be directed to health professionals, the public health community, and potential WIC participants. Promoting full participation in WIC is a method to reach the immunization coverage goal. The more children participating in WIC, the greater the capture for immunizations.

E. Link breastfeeding promotion with immunization promotion. Because of the close association between breastfeeding and a child's immunologic status, including enhanced immune responses to polio, tetanus, diphtheria, and hemophilus immunizations, a combined CDC/USDA effort to promote enhanced immune status as a benefit of breastfeeding could have an impact on both breastfeeding and immunization rates.

do we have specifics for these?

Insurer - ^{HIAA} United Health
NH HIP

- Generics
- Biotech -- Walter?
- Provider groups/suppliers
- Disease groups



Samir Afridi
12/10/2000 10:21:52 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: Child Immunization Remarks - Final



immunization.draft.2.d

Final 12/10/00 10:00 pm

Sam Afridi

**PRESIDENT WILLIAM J. CLINTON
REMARKS ON CHILD IMMUNIZATION
THE WHITE HOUSE
December 11, 2000**

Acknowledge: Rosalyn Carter, Betty Bumpers—the first person to open my eyes to the fact that even though we develop and produce the majority of vaccines, too few of our children were being vaccinated. Rosalyn and Betty have become so recognized as leaders on immunization that people joke every time they show up, kids start to cry because they know someone is going to get a shot. I also want to thank Secretary Shalala, Secretary Glickman, and the many leaders from health organizations here today for their leadership. Also, Hillary, who wanted to be here and has helped lead our efforts to improve and expand health care for our children.

We meet in this historic room named, in part, for a leader who spent most of his life enduring and overcoming the effects of polio. I was part of the first generation of Americans to receive the polio vaccine and I remember the pictures of children who were crippled by that disease. I remember being conscious that an enormous burden was being lifted from me and I was being given a chance that people just a little older than me never had.

Through the miracle of modern medicine, we have seen the triumph of vaccines over infectious, deadly diseases. Vaccines have proven to be a safe and effective way to save lives, save money and save children the agony and pain of diseases such as polio, mumps, rubella and measles.

When I took office, I was determined to do all we could to expand opportunities and improve the quality of life for all our children. Boosting immunization rates was certainly a key. **After all, if we want our children to have the best shot in life, we need to make sure**

they get their shots. Back in 1993, the challenge was clear. Almost two out of five children under the age of three had not been fully vaccinated. So with the leadership of Hillary and Secretary Shalala, we launched the Childhood Immunization Initiative to improve immunization services, make existing vaccines safer and more affordable, and increase immunization rates across our nation. We enacted the Vaccines for Children program to provide free vaccines to uninsured and under-insured children.

Thanks to the work of everyone in this room, childhood immunization rates are now at an all-time high—and the incidence of diseases such as measles, mumps and rubella are at an all-time low. In recent years, we have been able to say for the first time in history, 90 percent of America's toddlers have been immunized against serious childhood diseases. Just as important, vaccination levels are nearly the same for preschool children across racial and ethnic lines.

America's children are safer and healthier. But our work is far from done. Despite our progress, at least one million infants and toddlers are not fully immunized and too many children continue to fall victim to diseases that a simple immunization could have prevented. There is no excuse for that.

Low-income children, in particular, are far less likely to be immunized. In some urban areas, immunization rates are 20 percent below the national average. In Houston, for example, only 63 percent of low-income children are fully vaccinated. In Detroit and Newark, it's 66%. And we know areas with below average immunization rates are at greater risk of potentially deadly disease outbreaks such as what we saw with the measles epidemic in the late 80s.

Today, I am announcing three new steps to build on our record and meet this challenge. First, if we want to increase immunization rates among children at risk, we need to go where they do. Over 45 percent of infants and toddlers nationwide are being served by the Women, Infants and Children program. It is the single largest point of access to health care services for low-income preschool children who are at highest risk for low vaccination coverage. In fact, immunization rates for children in WIC is in some cases 20 percent lower than the rates for other children. When it comes to making sure all of our children are immunized, WIC is the place to start.

Today, I am directing WIC to conduct an immunization assessment of each and every child participating in the program—all five million of them. Each time a child comes in, their immunization status will be evaluated. Children who are behind schedule or who don't have immunization records will be referred to a local health care provider. I am calling on the CDC to provide WIC staff with the information they need to conduct immunization assessments accurately and efficiently. We know this works. WIC centers that have experimented with this type of approach have seen vaccination coverage increase by up to 40 percent in just a year.

Second, I am directing Secretary Shalala and Secretary Glickman to develop a national strategic plan to further improve immunization rates for children at risk. This would include steps to utilize new technology, share best practices, and examine how we can enlist other federal programs serving children in the effort to help improve immunization rates.

But this is not a job for government alone. We need to work in partnership with other caring organizations if we're going to succeed. So third and finally, I am announcing that the American Academy of Pediatrics is launching a new campaign urging all 55,000 of its members to remind WIC eligible patients to bring their immunization records with them when they visit WIC sites. I want to thank the members of the AAP for this initiative.

We need to keep working together until every child, in every community is safe from vaccine-preventable disease. We have come a long way. But remember the words of Dr. Jonas Salk, the father of polio vaccine. He once said, "the greatest reward for doing is the opportunity to do more." We've done so much together. Now let's do more.

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Message Sent To: _____

**SCHEDULE FOR MRS. CARTER
WHITE HOUSE EVENT ON IMMUNIZATIONS**

10:30 ARRIVE – West Basement
You will be greeted by Karin Kullman and Chris Jennings from the Domestic Policy Council.

10:35 HOLD – Ward Room
You will be joined by Betty Bumpers.

11:40 MEETING ON CHILDHOOD IMMUNIZATIONS – Ward Room

Meeting participants include:

Secretary Glickman
Secretary Shalala
Betty Bumpers
Shirley Watkins, USDA
Walt Orenstein, CDC
Bill Nichols, CDC
Amy Pisani
Carol Ruppel

12:25 MEET AND GREET – Oval Office

Participants include:

Secretary Glickman
Secretary Shalala
Betty Bumpers

12:35 EVENT ON CHILDHOOD IMMUNIZATIONS – Roosevelt Room

FORMAT:

- YOU make brief remarks and introduce the President.
- The President makes brief remarks and departs.

12:55 STAKEOUT – Outside of West Lobby

Participants include:

Secretary Glickman
Secretary Shalala
Betty Bumpers
Martin Smith from AAP

1:15 POSSIBLE PRESS INTERVIEWS
Our press office is working to line up some interviews for you after the stakeout. This will be finalized on Monday morning.

**SCHEDULE FOR MRS. BUMPERS
WHITE HOUSE EVENT ON IMMUNIZATIONS**

10:30 **ARRIVE – West Basement**
You will be greeted by Julia Doan, who will walk you to the Ward Room.

10:35 **HOLD – Ward Room**
You will meet Mrs. Carter.

11:40 **MEETING ON CHILDHOOD IMMUNIZATIONS – Ward Room**

Meeting participants include:

Mrs. Carter
Secretary Glickman
Secretary Shalala
Shirley Watkins, USDA
Walt Orenstein, CDC
Bill Nichols, CDC
Amy Pisani
Carol Ruppel

12:25 **MEET AND GREET – Oval Office**

Participants include:
Mrs. Rosalynn Carter
Secretary Glickman
Secretary Shalala

12:35 **EVENT ON CHILDHOOD IMMUNIZATIONS – Roosevelt Room**

FORMAT:

- Mrs. Rosalynn Carter make brief remarks and introduces the President.
- The President makes brief remarks and departs.

12:55 **STAKEOUT – Outside of West Lobby**

Participants include:
Mrs. Rosalynn Carter
Secretary Glickman
Secretary Shalala
Martin Smith from AAP

PRESIDENT CLINTON LAUNCHES NEW EFFORT TO INCREASE IMMUNIZATION RATES AMONG CHILDREN NATIONWIDE

Builds Upon Unprecedented Progress to Target Children at High Risk

December 11, 2000

Today, former First Lady Rosalynn Carter will join President Clinton as he takes strong new action to increase immunization rates among children nationwide. In an effort to build on the Clinton-Gore Administration's unprecedented progress in improving immunization rates, the President will issue an executive memorandum requiring the Department of Agriculture (USDA) to assess the immunization status of the five million children under the age of five participating in the Women, Infants, and Children (WIC) program and refer them to a health care provider when appropriate. This memorandum will also direct USDA and CDC to develop a national strategic plan to ensure more accurate and cost-effective immunization assessment, referral, and follow-up for children at risk. In addition, President Clinton will announce that the American Academy of Pediatrics will instruct all of its 55,000 members to emphasize the importance of timely immunizations to their WIC eligible patients and encourage them to take their records with them when they visit the WIC clinic so that WIC staff can assess their immunization needs.

ALTHOUGH CHILDHOOD IMMUNIZATION RATES ARE AT AN ALL-TIME HIGH, MORE NEEDS TO BE DONE. Under the leadership of the Clinton-Gore Administration, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago. However, despite these impressive gains, immunization levels in many parts of the country are still too low.

- **Immunization rates for low-income and minority children are consistently lower than the national average.** According to the Centers for Disease Control and Prevention, low income, minority children are less likely to be immunized than their counterparts. In fact, immunization rates in certain inner-city areas are at or below 65 percent, placing children at high risk for potentially deadly diseases such as diphtheria, poliomyelitis, measles, mumps, and rubella. These diseases are associated with birth defects, paralysis, brain damage, hearing loss, and liver cancer. In some of these urban areas, immunization rates are 20 percent below the national average.
- **Areas with lower-than-average immunization rates are at increased risk of potentially deadly disease outbreaks.** Nationwide, there are a number of inner-city areas where childhood immunization rates remain significantly below the national average. These "pockets of need", which are home to traditionally underserved populations, are at high risk for disease outbreaks such as the measles epidemic of 1989.
- **Many under-immunized children are served by the WIC program.** State data indicates that in 41 states, the immunization rates for children enrolled in WIC are lower than the rates for other children in their age group – in some cases, by as much as 20 percent. The WIC program, which serves 45 percent of infants nationwide (up to 80 percent of the birth cohort in some cities) and more than five million children under the age of five, is the single largest point of access to health services for low-income preschool children who are at the highest risk for low vaccination coverage.

PRESIDENT CLINTON TAKES STRONG NEW ACTION TO IMPROVE CHILDHOOD IMMUNIZATION RATES. Today, President Clinton will issue an executive memorandum that:

- **Directs the WIC program to conduct an immunization assessment on every child applying for services.** Together with CDC, the WIC program will develop a standardized procedure to include in the WIC certification process in order to evaluate the immunization status of every child applying for WIC services using a documented immunization history. Children who are determined to be behind schedule on their immunizations or who do not have their immunization record will be referred to a local health care provider or public health clinic as appropriate. Children who are uninsured receive vaccinations at no cost under the Vaccines for Children program. Studies indicate that linking immunization services with WIC improves vaccination coverage by up to 40 percent within 12 months.
- **Ensures that WIC staff are able to conduct immunization assessments accurately and efficiently.** The CDC will develop user-friendly immunization materials designed to ensure that information on appropriate immunization schedules is easily accessible and understandable for WIC staff conducting nutritional risk assessments. WIC staff should be trained to use these materials by state and local public health authorities.
- **Develops a blueprint for future action to improve the immunization rates of children at risk.** The President will direct HHS and USDA to develop a national strategic plan to improve the immunization rates of children at risk, to be completed within 60 days. The plan should include steps to:
 - Expand the availability of automated systems or computer software to provide WIC clinics with information on appropriate childhood immunization schedules, with the eventual goal of providing this service in every WIC clinic nationwide;
 - Disseminate a range of best practices for increasing immunization rates for low-income children to WIC state and local agencies;
 - Include information on the importance of immunizations and appropriate immunization schedules in standard WIC efforts to educate families about breastfeeding, anemia, lead poisoning, and other health-related topics.
- **Evaluate the role other Federal programs serving children can play in increasing immunization rates.** The strategic plan will also evaluate whether other Federal programs serving children should require a standard question on immunizations as part of their enrollment processes, and if appropriate, develop a plan for implementing new requirements.

PRESIDENT CLINTON PRAISES THE AMERICAN ACADEMY OF PEDIATRICS' NEW ACTION TO IMPROVE IMMUNIZATION RATES. Today, the American Academy of Pediatrics will advise each of their 55,000 members to remind their WIC eligible patients of the importance of timely immunizations and asking these patients to bring their immunization record with them when they visit the WIC clinic. Providing complete and documented immunization histories to WIC providers ensures that staff can efficiently and accurately evaluate a child's immunization status and refer them to a health care provider if appropriate.

BUILDS ON THE CLINTON-GORE ADMINISTRATION'S LONGSTANDING COMMITMENT TO IMPROVING CHILDHOOD IMMUNIZATION RATES.

In 1992, less than 55 percent of children under the age of three had received the full course of vaccinations. In order to address the dangerously low level of immunizations nationwide, President Clinton launched the Childhood Immunization Initiative, which helped make vaccines affordable for families through the Vaccines for Children Program, eliminated barriers preventing children from being immunized by their primary care provider, and improved immunization outreach. As a result, childhood immunization rates have reached all-time highs, with 90 percent or more of America's toddlers receiving the most critical vaccines by age two. Vaccination levels are nearly the same for preschool children of all racial and ethnic groups, narrowing a gap estimated to be as wide as 26 percentage points a generation ago. In addition, the Clinton-Gore Administration recently took action to provide enhanced Federal funding for those states wishing to develop immunization registries. During the Clinton-Gore Administration, funding for childhood immunization efforts has more than doubled since 1993.