

# INTRODUCTION

From 1989 to 1991, a measles epidemic in the United States resulted in tens of thousands of cases of measles and hundreds of deaths. Upon investigation, the Centers for Disease Control and Prevention (CDC) found that more than half of the children who had measles had not been immunized, even though many of them had seen a health care provider.

In partial response to that epidemic, Congress passed the Omnibus Budget Reconciliation Act (OBRA) on Aug. 10, 1993, creating the Vaccines for Children (VFC) Program. The purpose of this program is to improve immunization levels across the United States by providing vaccines, at no cost, to enrolled public and private providers. VFC became operational Oct. 1, 1994. Known as section 1928 of the Social Security Act, the VFC program is an entitlement program (a right granted by law) for eligible children birth through age 18.

Funding for the VFC program is approved by the Office of Management and Budget (OMB) and allocated through the Centers for Medicare & Medicaid Services (CMS) to the CDC. The program is regulated by the CDC National Center for Immunization and Respiratory Diseases (NCIRD). The VFC program is now operational in all 50 states, the District of Columbia, and five territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the Virgin Islands).

Pennsylvania began its VFC program in October 1994 under the administration of the Pennsylvania Department of Health (DOH), Division of Immunizations (DOI). CDC makes VFC vaccines available to the state through a federal grant for distribution to public health clinics and private providers enrolled in the VFC Program at no cost to the provider.