



2017 - 2018

ME

# VaxFacts<sup>SM</sup>

**MVB** | MAINE VACCINE BOARD

One of the most important outcomes of Maine's universal vaccine program for children 0 to 19 are the health benefits achieved through improved immunization rates for Maine's children. Most of the credit for this goes to Maine's healthcare providers, in cooperation with the Maine Center for Disease Control and Prevention's (CDC) vaccine distribution system, clinical expertise and technical support. The work of the Maine Vaccine Board (MVB) in overseeing the universal vaccine program has been aided by representatives of the Maine CDC, as well as the cooperation of employers and health insurers who do business in Maine.

## TIMELINE

### 2009-2010

The Maine State Legislature passed a bill establishing the Universal Childhood Immunization Program to provide all children birth to 19 years of age with access to a uniform set of vaccines. The Maine Vaccine Board (MVB) was created and MVB hired KidsVax<sup>®</sup> to administer the program.

### 2011-2012

MVB began selecting vaccines and setting the assessment rate. January 2012 began the purchase of state vaccines using MVB funds with distribution to providers. Initial reports confirmed that the program reduced costs. Additionally, the program assisted Maine CDC in raising childhood immunization rates.

### 2013-2014

MVB simplified the process for setting the vaccine list. KidsVax<sup>®</sup>, the Maine Bureau of Insurance, and the Attorney General's Office worked to narrow the gap between projected and reported child covered lives and to ensure that assessments were allocated equitably. Maine's universal immunization program was recognized nationally for its success in improving statewide healthcare.

### 2015-2016

With funding secured via MVB, Maine CDC, providers, and payers worked to continue increasing childhood immunization rates. In December 2016, Maine's immunization rules became further aligned with national recommendations by requiring one dose of Tdap vaccine for all students entering the seventh grade.

### 2017-2018

Maine CDC's Immunization Program implemented a new vaccine replacement procedure to help reduce vaccine wastage. This led to significant cost savings. In 2018, Maine's immunization rules became further aligned with national recommendations by requiring one dose of meningococcal conjugate vaccine (MCV4) for all students entering twelfth grade.



\*2017 National Immunization Survey Childhood Report, published Dec. 2018

MVB has reduced administrative and financial burdens on health care providers. Instead of having to purchase vaccines up front and await repayment from insurance companies, provider offices now receive vaccines from the state free of charge.

MVB funds help support Maine's universal childhood vaccine purchasing program. The program yielded over \$38 in savings per child this year. That added up to over \$5MM in total health care cost savings.

MVB is a joint public and private effort, in collaboration with the Maine CDC, to improve immunization rates while lowering the costs of health care. The universal childhood immunization purchasing program administered by the MVB allows the state to purchase all 17 of the Advisory Committee on Immunization Practices' (ACIP) recommended vaccines from ages 0-19 for all Maine's children at substantially discounted rates.

**INDEPENDENT STUDIES ESTIMATE THAT FOR ALL CHILDREN BORN IN A GIVEN YEAR WHO RECEIVE ALL CHILDHOOD VACCINES TO PROTECT THEM AGAINST 13 VACCINE PREVENTABLE DISEASES:**

<b>135</b> LIVES ARE SAVED	<b>600,000</b> CASES OF DISEASE ARE PREVENTED	<b>\$43 million</b> IN DIRECT COSTS ARE SAVED
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**\$1 SPENT ON VACCINES = \$10.10 SAVED IN DIRECT HEALTHCARE COSTS**

\*Data from Fangjun Zhou, PhD Health scientist, CDC 2011

Immunizations remain the single most effective way to protect Mainers against Disease Surveillances and some cancers. The Maine Immunization Program reviews state and national data to assess and improve immunization rates, identify populations at risk, and measure the impact of current initiatives. <https://www.maine.gov/dhhs/mecdc/>





## Maine: Working Together to Improve Public Health

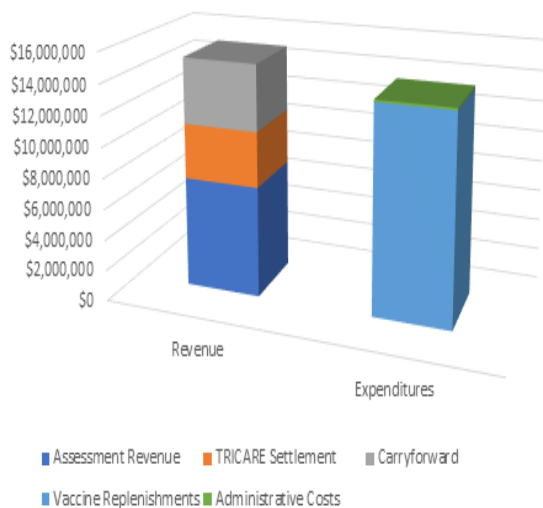
Immunization Rates for the 4:3:1:3:3:1:4 Antigen Series*	2017 NIS	Maine Impact 2017
Diphtheria and tetanus toxoids & acellular pertussis (DTaP/DT/DTP)	90.3%	94.4%
Poliovirus (Polio)	92.7%	93%
Measles or Measles-Mumps-Rubella (MMR)	93.7%	90.6%
Haemophilus influenza type b (Hib)	91.9%	94.3%
Hepatitis B (HepB)	88.9%	88.3%
Varicella -chicken pox- (VAR)	91.6%	88.2%
Pneumococcal conjugate vaccine (PCV)	82.4%	89%

\*Data from the 2017 National Immunization Survey Childhood Report (NIS). The NIS uses a total sample size of 15,333 children nationally. This total includes a smaller subset of 271 Maine children, which represents .02% of Maine's 2 year-old population. ImmPact, the Maine specific database, includes 9350 Maine children aged 19-35 months, representing 74% of Maine's 2 year old population.

### FINANCIALS

July 1, 2017 - June 30, 2018

FY18 MVB Funding and Expenditures



Expenditures appear to exceed revenues due to the timing of collections and the state's vaccine purchasing schedule. Complete audited financials can be found at [www.mevaccine.org/Audit/FY2018](http://www.mevaccine.org/Audit/FY2018). All dollars are rounded to the nearest hundred thousands.

References: 1) Complete audited financials: [www.mevaccine.org/audit2018](http://www.mevaccine.org/audit2018).  
2) Assessment setting workbook <https://www.mevaccine.org/mevaccine.nsf/pages/for-payers.html>

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