

Legal / Contractual Obligation

State-Supplied Vaccine Accountability - OAR 333.047

School Immunization - Amended ORS 433.267, 433.273 and 433.284 (operative March 1, 2014); Administrative Rules 333-050-0010 through 333-050-0140; Oregon Revised Statutes 433.235 through 433.284

ALERT Immunization Registry - Administrative Rules 333-049-0010 through 333-049-0130; Oregon Revised Statutes 433.090 through 433.102

Vaccine Education and Prioritization Plan - Oregon Revised Statutes 433.040; Administrative Rules 333-048-0010 through 333-048-0030

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2016	2016	2017	2017
Personnel	\$207,454	\$186,991	\$186,061	\$231,919
Contractual Services	\$2,109	\$0	\$1,485	\$0
Materials & Supplies	\$25,850	\$22,987	\$34,028	\$21,506
Internal Services	\$38,565	\$73,121	\$52,437	\$33,812
Total GF/non-GF	\$273,978	\$283,099	\$274,011	\$287,237
Program Total:	\$557,077		\$561,248	
Program FTE	2.08	1.92	1.57	2.43

Program Revenues				
Indirect for Dept. Admin	\$17,020	\$0	\$21,939	\$0
Intergovernmental	\$0	\$198,446	\$0	\$200,492
Service Charges	\$0	\$84,653	\$0	\$86,745
Total Revenue	\$17,020	\$283,099	\$21,939	\$287,237

Explanation of Revenues

Immunizations is funded by the Immunization Special Payments grant included in the intergovernmental agreement between Multnomah County as the local public health authority (LPHA) and the Oregon Health Authority; patient fees; and by county general fund. Federal and state governments allow for a vaccine administration fee of \$21.96/vaccine for VFC and 317 program vaccines.

In the last decade, state immunizations funding increased by only 3%, and immunizations revenue declined as more people receive vaccines through their medical home or pharmacies. This pattern has left structural deficits in Program funding.

Fed/State LPHA Immunization Special Payments: \$200,492

Patient Fees: \$86,745

Significant Program Changes

Last Year this program was: FY 2016: 40014-16 Immunizations

CIP will continue to limit on-call staffing for mandated school immunization law. However, we have added support through the CDC-funded Public Health Associate's (PHAP) program. We expect to maintain at least one PHAP Fellow in FY 2017. Last year, the program supported over 400 facilities in submitting their school exclusion documentation, and developed on-line training for facilities. If we lose our PHAP fellow, we could fail to meet school law data sharing requirements in Program Element 43.