

# Fiscal Year (FY) 2027 Congressionally Directed Spending (CDS) Request:

## Closing Rural Immunization Gaps Through Mobile Vaccine Clinics and Rural Immunization Capacity

*A one-year, rural health initiative to reverse declining routine immunization rates and reduce outbreak risk.*



The ask	Why now
<p><b>\$2,000,000 to WA DOH (CDC Immunization Program Support) to expand vaccine access capacity in Washington’s 22 counties designated “Fully FORHP Rural.”</b></p>	<p><b>Routine vaccination coverage is falling while vaccine-preventable diseases are rising in Washington and nationally. Federal policy and funding volatility is adding confusion and weakening stable access pathways.</b></p>

### Executive summary

Washington's routine immunization rates have declined in recent years. This creates pockets of vulnerability that allow vaccine-preventable diseases to spread quickly. Rural Washington communities face widening immunization gaps that put them more at risk. Large outbreaks elsewhere underscore how fast measles can spread when coverage drops. This \$2 million CDS request will help WA DOH rapidly expand practical, on-the-ground vaccination capacity statewide—using proven strategies from COVID-19 vaccine campaigns—while building evaluation and reporting infrastructure to demonstrate results.

### What's happening: Declining routine immunizations and rising disease risk

- Kindergarten immunization “Complete” status declined from 85.3% (2019-2020) to 81.6% (2024-2025) in HRSA designated rural counties.
- Statewide, Washington kindergartners “complete” Measles (MMR) vaccine status declined from 94.4% (2019–2020) to 90.9% (2024–2025).
- Coverage gaps are primarily concentrated in rural communities where kindergartners “complete” Measles vaccine status averages 85.9% in HRSA designated rural counties, including four counties below 80%.
- Washington has confirmed measles cases in multiple counties in 2025 and 2026. Pertussis cases surged in 2024 with continued elevated activity into 2025.

Measles is highly contagious. The virus can remain in the air for about two hours. Attack rates exceed 90% among susceptible close contacts. Localized pockets of low coverage can rapidly drive outbreaks.

### National context: Outbreaks are a warning signal

Recent large outbreaks illustrate what happens when measles vaccination coverage falls below the level needed to prevent transmission. South Carolina’s Department of Public Health has reported an ongoing outbreak with hundreds of cases in 2026.

### Why federal volatility makes this harder

- States rely on predictable federal clinical guidance and stable financing pathways for vaccines. Abrupt changes can affect provider protocols, coverage triggers, and public confidence.
- Providers are reporting to WA DOH that families are missing well-child visits due to confusion linked to recent federal actions—raising the risk of delayed routine immunizations.

## What the \$2M CDS investment will deliver (12 months post-award)

This initiative strengthens access and local capacity where coverage is lowest—building on lessons learned from Washington’s COVID-era vaccine campaigns, when higher vaccine uptake correlated with fewer hospitalizations and deaths.

Category	Description	Congressional-Directed Funding Amount
Personnel	Care-a-Van: approximately 100 mobile vaccination/outreach events in rural communities.	\$1,000,000
Supplies	Vaccine doses, vaccine administration supplies, and vaccine storage purchase to support rural health care providers, outreach events, and rapid response (example vaccine mix shown in proposal).	\$1,000,000
Total Congressional-Directed Funding Request		\$2,000,000

## How success will be measured

- Outputs: number of mobile events; geographic distribution; doses administered; outreach/education reach; and implementation deliverables for each awardee.
- Performance: quarterly progress reports and a final evaluation report within 90 days of project closeout.
- Context: WA DOH will leverage existing school immunization reporting and statewide immunization surveillance to track trends and interpret results over time.

## Why WA DOH is positioned to deliver

- Statewide immunization monitoring infrastructure (school status reporting and immunization surveillance).
- Established partnerships with Tribes, LHJs, providers, and community organizations.
- Experience with large-scale vaccination operations and communications during COVID-19.