

Vaccines for Children (VFC)

Program Benefits for Hospitals

The Vaccines for Children (VFC) program provides all routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) at no cost to participating healthcare providers.

VFC Program Benefits for Hospitals

Birthing hospitals, newborn nurseries, and Neonatal Intensive Care Units (NICUs) play a critical role in ensuring newborns are protected against respiratory syncytial virus (RSV). Children who are publicly insured and uninsured (versus privately insured) have higher odds of missing well-child visits.¹² Administering RSV vaccination in the birthing hospital before discharge is a critical way of ensuring protection against RSV infection for uninsured or underinsured infants who may be less likely to have a well-child visit within the first week of life, especially for newborns who have had prolonged hospitalizations related to pre-maturity or other causes.

For infants born in the continental United States between the months of October – March, the ACIP recommends one dose of respiratory syncytial virus (RSV) immunization [i.e., Beyfortus™] at or within 1 week of birth if the mother did not receive RSV vaccination **OR** mother's RSV vaccination status is unknown **OR** if the mother received RSV vaccine **less than 14 days** prior to delivery.

For infants born during October through March, nirsevimab should be administered in the first week of life – ideally during the birth hospitalization.

For more information on nirsevimab recommendations and the child immunization schedule, please visit [Child Immunization Schedule Notes | CDC](#)

Facilitators to VFC Program Enrollment

Birthing hospitals, nurseries, and NICUs may enroll in the VFC program as 'Specialty Providers' if approved by their jurisdiction's VFC program

- **Specialty Providers** are providers who offer limited care in a specialized environment or for a specific age group within the general population of children aged 0–18 years (e.g., pharmacy or urgent cares offering just influenza and/or COVID-19 vaccines or birthing hospitals offering only nirsevimab and hepatitis B vaccination birth dose.)

Birthing Hospitals, if enrolled as Specialty Providers, may enroll in VFC through a virtual enrollment visit with their jurisdiction's VFC program.

- During respiratory virus seasons or an outbreak, jurisdictions may conduct virtual enrollment visits for specialty providers to expedite program enrollment.

Vaccine Order Replacement Model

- A vaccine ordering replacement model is where providers supply the initial vaccine stock for their patient population and, as doses are used for VFC-eligible children, those doses are replaced by the awardee.



¹ Wolf, E. R., Hochheimer, C. J., Sabo, R. T., DeVoe, J., Wasserman, R., Geissal, E., Opel, D. J., Warren, N., Puro, J., O'Neil, J., Pecsok, J., & Krist, A. H. (2018). Gaps in well-childcare attendance among primary care clinics serving low-income families. *Pediatrics*, 142(5), e20174019. <https://doi.org/10.1542/peds.2017-4019>

²Kujawski, S. A., Yao, L., Wang, H. E., Carias, C., & Chen, Y. T. (2022). Impact of the COVID-19 pandemic on pediatric and adolescent vaccinations and well-child visits in the United States: A database analysis. *Vaccine*, 40(5), 706-713. <https://doi.org/10.1016/j.vaccine.2021.12.064>

- The model is intended to allow large systems and hospitals with financial means to use their private funds to establish an initial vaccine stock for use in providing vaccination services to all the patients they serve.
- Providers, including birthing hospitals, covered under these replacement models are **not required to maintain separate stocks of public and private vaccines**. Instead, they can electronically account for their public and private vaccine inventories. Additional information on requirements is available on pages 48-49 of the [VFC Operations Guide](#).

COVID-19 and Nirsevimab Private Stock Allowance

VFC providers are typically required to stock all ACIP-recommended vaccines to all their privately insured patients. This helps reduce chances that a provider borrows VFC vaccine(s) for a privately insured patient and is unable to pay back that dose.

- VFC providers are NOT currently required to meet this private inventory requirement for COVID-19 vaccine and/or nirsevimab while operations for these products are expanded.
- For hospitals that do stock nirsevimab for privately insured patients, they are also only required to stock the minimum-sized packaging available and not for all of their privately insured patients.
- VFC providers will be required to meet all the private stock requirements by **August 31, 2025**.

Please note that VFC program policies and allowances may vary by jurisdiction, please contact your [state/local/territorial VFC program](#) for more information.

VFC Program Storage Unit and Temperature Monitoring Requirements

The VFC program has flexible storage unit and temperature monitoring requirements. For specific VFC storage and handling requirements, please review the [VFC Operations Guide](#) or contact your [state/local/territorial VFC program](#).

VFC Program Enrollment

To enroll in the VFC Program:

- Contact your [state/local/territory VFC Program coordinator](#) to request enrollment.
- Complete and return the State Provider Enrollment forms as soon as possible.
- Prepare for a site visit to review the program's administrative requirements and proper storage and handling of vaccines once you have completed and returned the enrollment forms.

Please visit the CDC website for more [information about the VFC program](#).