

# 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.

### Importance of RSV Immunization Before Hospital Discharge

Birthing hospitals, newborn nurseries, and Neonatal Intensive Care Units (NICUs) play a critical role in ensuring infants are protected against respiratory syncytial virus (RSV). Approximately 1 in 8 commercially insured and 1 in 4 VFC-eligible infants do not have an outpatient office visit within 5 days of discharge from birth hospitalization and 308,000 infants miss their first outpatient visit entirely, often because of transportation and cost concerns.<sup>1,2</sup> Administering RSV immunization to infants 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 infants 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 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, one dose of RSV immunization should be administered in the first week of life – ideally during the birth hospitalization.

For more information on RSV immunization recommendations and the child immunization schedule, please visit [Immunizations to Protect Infants | CDC](#) and [Child Immunization Schedule | 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 RSV immunizations and hepatitis B vaccination birth dose.)

Birthing Hospitals may enroll in VFC through a virtual enrollment visit with their jurisdiction’s VFC program, rather than through an in-person enrollment visit conducted by their jurisdiction’s immunization program staff.

#### 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.
- 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 in the [VFC Operations Guide](#).

## VFC Vaccine Stocks and Private Vaccine Stocks

If a VFC provider, including a birthing hospital, serves and plans to vaccinate privately insured (i.e. non-VFC-eligible) populations, they should stock a separate vaccine supply for the specific vaccines they plan to offer non-VFC-eligible patients. This helps reduce the chance that the hospital borrows VFC vaccine(s) for a non-VFC-eligible patient and is unable to pay back that dose.

- CDC is not requiring VFC providers to maintain a full stock of all ACIP-recommended vaccines for non-VFC-eligible patients if they do not plan to offer all ACIP-recommended vaccines to this population. This guidance includes, but is not limited to, RSV immunizations.
  - For example: VFC providers, including birthing hospitals, that serve both VFC-eligible and non-VFC-eligible patients indicated to receive RSV immunizations are not required to maintain a separate stock of this product for any non-VFC-eligible patient they do not plan to immunize with this product.
- If a VFC provider, including a birthing hospital, does not carry privately purchased vaccine stock, they are not permitted to use VFC vaccine stock on non-VFC-eligible patients. In this case, the VFC provider should have systems and procedures in place, such as established referral procedures to another provider or ordering private stock as needed, to support vaccine access, including RSV immunizations, for all children.
- Please see Modules 3 and 4 in the [2025-2026 VFC Operations Guide](#) for more information.

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](#).



<sup>1</sup>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>

<sup>2</sup>Kujawski, 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>