

Immunization Assessment Definitions

DEFINITIONS

Immunization Assessment:

The evaluation of medical records to ascertain the immunization level for a defined group of patients.

Immunization Rate:

A percent of the patients in a provider's immunization home who are fully immunized according to an established criteria.

Active Patient:

Any patient who has been seen in a clinic for immunizations, (except specialty clinics such as flu or travel clinic) and the clinic assumes immunization care for that patient.

Children Two-year-old patients

A patient seen for the first time, in the defined clinic, after 24 months of age, will not be included in the assessment. A patient is not considered active and will not be included in an assessment if the patient was seen by the clinic for the first time after 24 months of age.

Target Populations:

Children

One-year-old patients (12-23 months)

Two-year-old patients (24-35 months)

Rationale

By collecting data on one and two year old patients, we gain the opportunity to identify patients in need of immunizations, as well as having the ability to analyze recent clinic practices to determine if immunization services have improved over time.

Adolescents

11-12 year-old patients (132-144 months)

13-15 year-old patients (156-180 months)

Rationale

By collecting data on 11-12 year old patients and 13-15 year old patients, we gain the opportunity to identify patients in need of immunizations, as well as having the ability to analyze recent clinic practices to determine if immunization services have improved over time.

Immunization Home:

The patient immunization home is determined by the provider and includes patients the clinic is taking responsibility for providing ongoing immunization services.

DEFINITIONS (cont.)

Moved or Gone Elsewhere (MOGE):

The use of these criteria will be used to document patients who will no longer receive immunization services through the practice. Documentation including the date of at least one of the following in the medical record is required: a.) The patient's record was transferred to a new practice. b.) A letter or documented phone call from another provider that the patient is under their care. c.) The patient or guardian states that the patient is now being seen by another provider for immunization services. (Follow up with provider is needed) d.) The post office returned a reminder card/letter without a local forwarding address. e.) Documentation indicating the patient no longer resides within your service area. **MOGE** documentation should not include unsuccessful telephone attempts to reach the patient, multiple patient no-shows, or documentation of a letter or card sent without confirmation of receipt.

Assessment Size

Non-IRIS Users:

If a clinic has more than 50 records per target population, then only 50 records will be assessed. If there are less than 50 records, all records for the age cohort will be assessed.

Clinics will receive a list of immunization records to be included in the assessment based on a randomized sampling system done by IDPH for each age cohort being assessed. Only active records should be selected. Some may choose to use only VFC records for their clinic.

IRIS Users:

All records in IRIS Immunization Home meeting the target population.

Immunization Registry:

Iowa's Immunization Registry Information System (IRIS) is used to obtain immunization data for those clinics that participate in the state registry in the age cohort being assessed. Records identified in the clinic's immunization home are used to conduct the assessment of immunization rates. Data is extracted from the registry and imported into CoCASA (CDC Assessment software). A report of the clinic patients that are not up to date are sent to the clinic for review and if necessary to update/correct in IRIS. All records in the clinics immunization home are then extracted to complete/conduct the assessment.

Note: If "Immunization Home" is not utilized by the clinic and the clinic has been an IRIS user for the past year, a last touch query will be utilized to obtain the age cohorts being assessed. Criteria for last touch will be any patient seen within that clinic for immunizations within the last two years.

ACIP Guidelines:

IDPH follows the recommended immunization schedule by the Advisory Committee on Immunization Practices (ACIP). Immunizations will be assessed for proper intervals and age violations. Invalid doses will be assessed on an individual basis.

DEFINITIONS (cont.)

Up-To-Date Status:

One-year-olds (12-23 months)

Up-to-date if received at least 3 DTaP, 2 Polio, 2 Hib, and 2 Hepatitis B vaccines (3:2:2:2) by 12 months of age.

Two-year-olds (24-35 months)

Up-to-date if received at least 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B vaccines and 1 Varicella (4:3:1:3:3:1) by 24 months of age.

13-15 year olds (156-191 months)

Up-to-date if received at least 3 Hepatitis B, 1 MCV4, 2 MMR, 2 Varicella, 1 Tdap/Td, and 3 HPV (for female patients only) by the end of the current assessment year.

Rationale

By collecting data on ACIP recommended immunizations, information is obtained on coverage levels for the full immunizations series as well as the ability to analyze coverage levels for any subset of clinical practice indicators.

Documented History:

Includes immunizations documented on the patients chart or IRIS and includes the date each vaccine was administered. Immunizations indicated on the record that do not include a date will not be counted as a valid dose (e.g., the first date documented for DTaP is listed as dose #3, doses #1 and #2 will not be counted).

Clinic Selection:

Clinics are chosen from a list of enrolled VFC providers. Providers will be selected annually based on the following criteria: 1.) Providers that have not had a VFC/AFIX site within the last two years. 2.) Providers who have a history of storage and handling vaccine problems. 3.) Providers who have more than ten records and are below 75% bench mark. All clinics will also be assessed for VFC compliance.

Confidentiality:

The confidentiality of all patient/client records reviewed as part of any assessment conducted by the IDPH Immunization Program will be strictly maintained. Patient specific information will be released to no one. The release of any data which would allow for identification of a patient constitutes a breach of confidentiality. Access to patient specific data shall be limited to IDPH, Immunization Program personnel.