

Childhood Immunization Care in Rural Northern California

- Children are recommended to receive 21-25 doses of vaccinations for 10 childhood diseases by their second birthday¹⁶.
- Communities with unvaccinated or under-vaccinated populations are at increased risk for outbreaks of vaccine-preventable diseases.
- Approximately 85-95% of a community must be immunized for the entire community to be protected from disease outbreaks (“community immunity”)¹⁷.
- Health insurance reforms under the Affordable Care Act require health plans to cover recommended immunizations without co-pays.
- As of January 2016, parents may no longer obtain a personal belief exemption for 10 school-required vaccinations, unless students have a medical exemption or are home schooled.

How Health Centers Provide the Necessary Care

Clinical Interventions

- Utilize all encounters with a child to screen and, when indicated, immunize.
- Make immunization services readily available, including during non-traditional times such as weekends, evenings and lunch-hours.
- Immunization services are also offered as “walk-in” services with minimal or no wait time.
- Utilize provider reminders: computer-generated lists are used to notify providers of children whose vaccines are past due.
- Use parent reminders when immunizations are due and recall notices when they are past due (telephone calls, postcards or letters).
- Exchange immunization records for children through the California Immunization Registry (CAIR). This promotes care coordination and improved access to a child’s immunization history.
- Talk with pregnant patients during their 3rd trimester to raise awareness about the important role of immunizations in promoting their new child’s health.

Community Interventions

- Offer education on childhood immunizations and recommended schedules at community health fairs.
- Participate/initiate community coalition of stakeholders to address local immunization rates.

¹⁶ Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices (ACIP) Immunization Schedules, 2014. www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html.

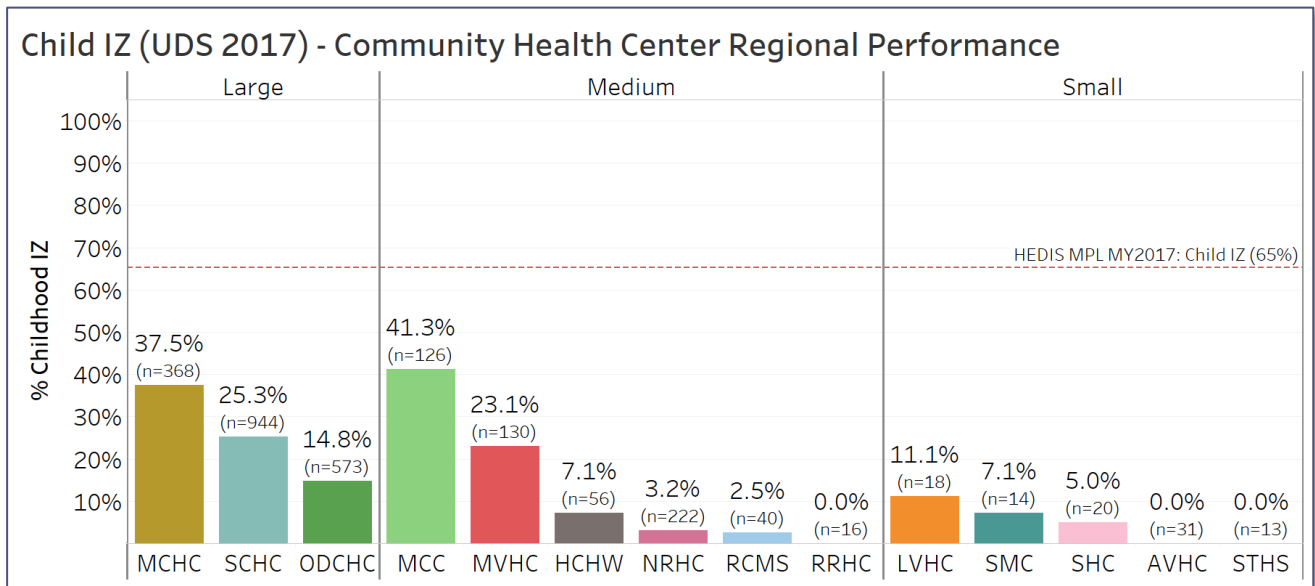
¹⁷ Committee on the Assessment of Studies of Health Outcomes Related to the Recommended Childhood Immunization Schedule; Board on Population Health and Public Health Practice; Institute of Medicine. Washington (DC): National Academies Press (US); 2013 Mar 27.

Childhood Immunization Status

Rural Northern California Health Center Data

Key Points

- The definition for this measure has changed significantly over the past few years. These variations have led to challenges in accurately collecting and reporting data.
- Some health centers in the region serve small numbers of children, which can lead to wide variation in the result for this quality measure.
- Health centers in Rural California are monitoring the impacts of AB277 vaccine law, eliminating personal belief exemption.



Quality Measure Definition

UDS Children who were fully immunized before their **2nd birthday**. Documented evidence of all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2 or 3 Rotavirus, 2 flu vaccines

HEDIS & QIP Children who were fully immunized before their **2nd birthday**. Documented evidence of all of the following: 4 DTP/DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 VZV, and 4 PCV

National Quality Goals and Benchmarks

HEDIS 25th (MPL) for Measurement Year 2017: HEDIS is a national data set, which measures the performance of health plans on quality of care. The Minimum Performance Level (MPL), or 25th percentile, for the Childhood Immunization Status (CIS-3) – Combo 3 Immunizations measure is 65.25%.