

Childhood Immunization Status (CIS Combo 10)

STRATEGIC MEASURE PROFILE

Why This Measure Matters

Childhood immunizations protect children from serious, preventable diseases and help protect the broader community. By the second birthday, children are recommended to receive a coordinated series of vaccines against 10 childhood diseases. Completing the full series on time requires reliable care-team workflows across many visits and doses.

Communities with unvaccinated or under-vaccinated populations are at greater risk for outbreaks. Approximately 85–95% of a community must be immunized to provide community-level protection, depending on the disease. Rural health centers may face additional barriers, including vaccine hesitancy, misinformation, transportation challenges, missed well-child visits, and incomplete records across care settings.

Improving Childhood Immunization Status prevents avoidable illness, supports school readiness, advances health equity, and strengthens trust between families and care teams. Success depends on both proactive outreach to families and reliable vaccination opportunities at every eligible encounter.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Immunizations	HIGH

Childhood Immunization Status is a high-leverage pediatric quality measure that aligns across federal reporting, managed care, incentive, and population health priorities. Improvement efforts can close individual care gaps while strengthening preventive-care systems for the entire pediatric population.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned children are missing one or more doses needed to complete CIS Combo 10 by age two?	Key question: At every eligible encounter, are we reviewing the immunization history and administering all vaccines that are due?
COMMON STRATEGIES - Immunization registries and care gap reports - Parent reminders and recall outreach - Partnership immunization dose reports - Monitor disparities and missed-dose patterns	COMMON STRATEGIES - Assess immunization status at every visit - Standing orders and EHR reminders - Walk-in and extended-hour vaccination access - Document and reconcile records through CAIR

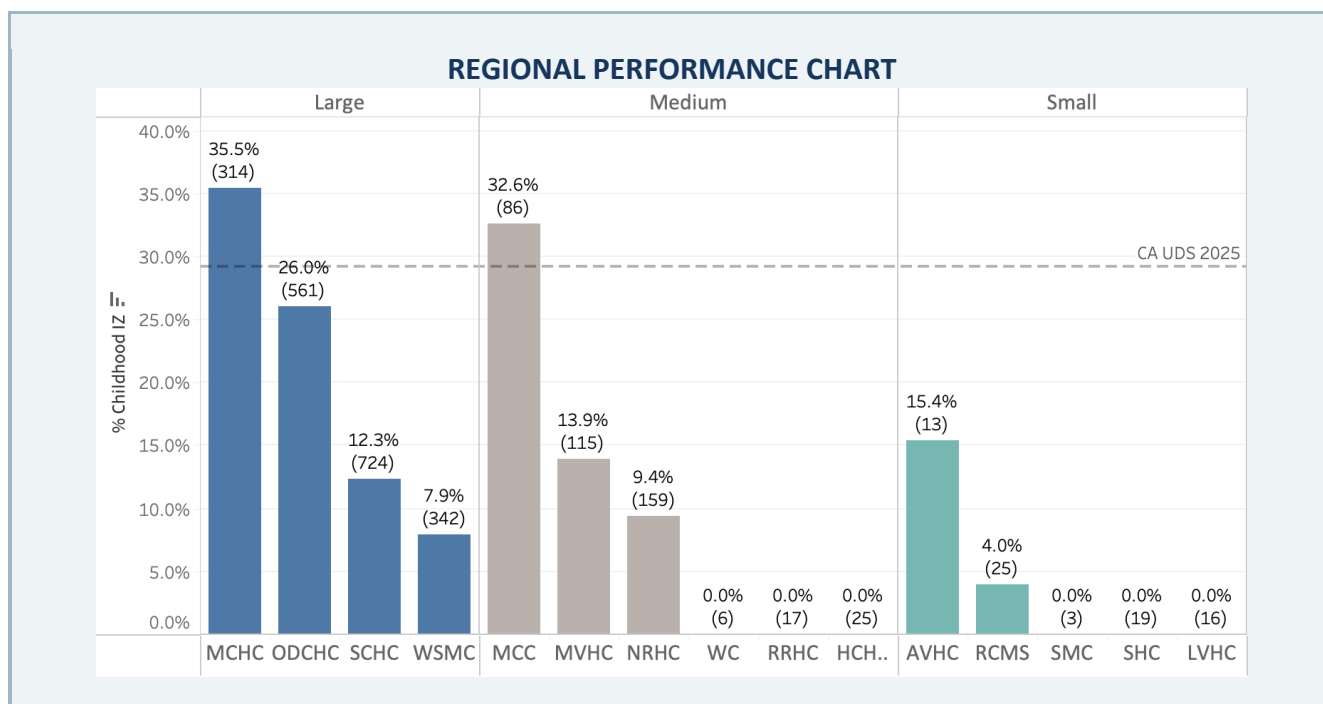
Strategic takeaway: Strong performance requires population-level tracking of every missing dose and dependable care-delivery workflows that assess and vaccinate children at every appropriate encounter.

Rural Northern California Performance

Regional Insights

- Vaccine misinformation and hesitancy among parents continue to create challenges, particularly in rural communities.
- Early, consistent, and respectful education is essential to helping families understand the recommended schedule and complete every dose by age two.
- Accurate exchange of immunization histories through the California Immunization Registry (CAIR) helps reduce missed doses, duplicate vaccination, and reporting gaps.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Which vaccine doses and age milestones create the largest care gaps?
- Are vaccines administered outside the health center consistently captured through CAIR and the EHR?
- Should Childhood Immunization Status be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of children who were fully immunized by their second birthday, with documented evidence of: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 HepB, 1 VZV, 4 PCV, 1 HepA, 2–3 rotavirus, and 2 influenza vaccines.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 29.2% US UDS 2025: 29.5%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.