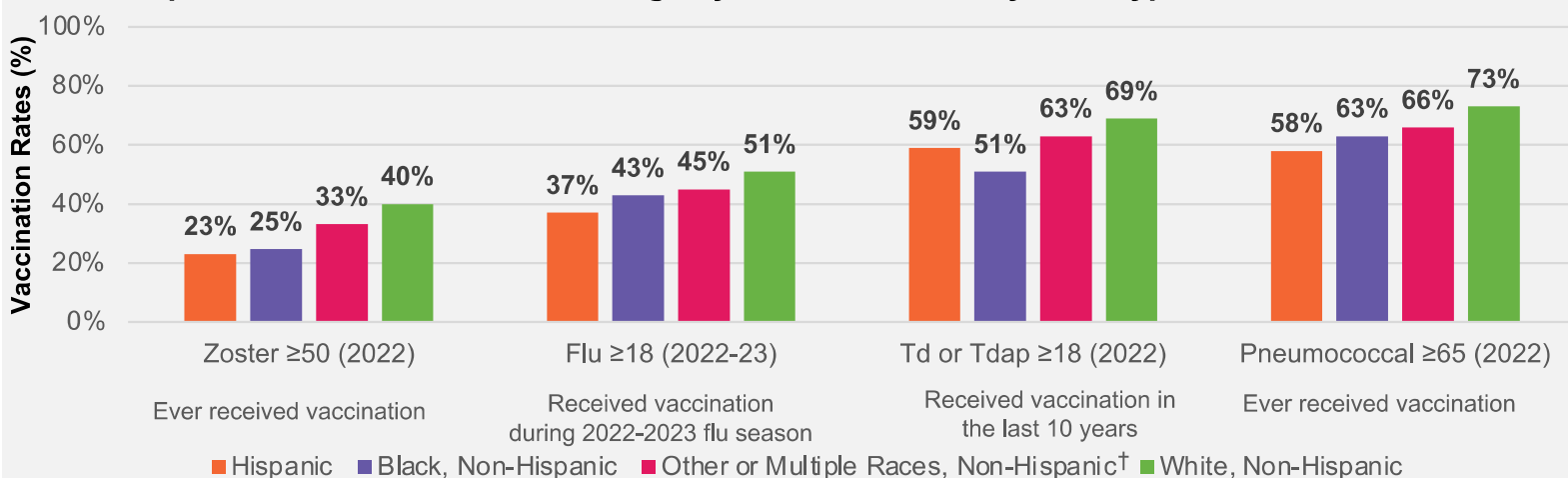


The Adult Immunization Status (AIS) Measure and Its Importance to Health Systems

Comparative US Vaccination Coverage by Race and Ethnicity for 4 Typical Adult Vaccines^{1-3*}



*Adult vaccination coverage data derived from a variety of sources, including the National Health Information Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), the Pregnancy Risk Assessment Monitoring System (PRAMS), the Minimum Data Set (MDS), and Internet panel surveys.

[†]Other or Multiple Races, Non-Hispanic category includes persons identifying as Asian, American Indian and Alaska Native, Native Hawaiian or other Pacific Islander, other races, or multiple races.

Flu=Influenza; Td=Tetanus and Diphtheria; Tdap=Tetanus, Diphtheria, and Acellular Pertussis.

336 million

Projected cases of VPD over a 30-year period in adults ≥50 years old^{4*†}



\$653 billion

Projected undiscounted direct cost cumulative over a 30-year period^{4*}
Cost in 2018 dollars



*A population-based, burden-of-disease model beginning in 2018 that accounted for the impact of population aging (in adults ≥50 years old) to explore the projected burden of influenza, pertussis, herpes zoster, and pneumococcal disease in the United States over a time horizon of up to 30 years.

[†]The model predicted approximately 270 million cases of influenza, 8 million cases of pertussis, 33 million cases of herpes zoster, and 25 million cases of pneumococcal disease.

VPD=Vaccine-Preventable Diseases

The NCQA AIS Measure Includes 5* ACIP-Recommended Adult Vaccinations⁵ and Could Help You Take Steps to Improve Immunization Rates⁶

19+

50+

66+

Patients **19+** who received an **influenza vaccine** on or between July 1 of the year prior to the measurement period and June 30 of the measurement period^{5,7}

Patients **19+** who received at least one **Td or Tdap vaccine** between 9 years prior to the encounter and the end of the measurement period^{5,7}

Patients **19-59** who are up-to-date on their **hepatitis B vaccine series**^{8,9*}

As of 2025, Hepatitis B vaccine is now included in the HEDIS AIS measure, however, it has not yet been pulled through to CMS program AIS measure specifications (eg, MIPS, Star Ratings Display Page)⁸

Patients **50+** who received 2 doses of the **herpes zoster recombinant vaccine at least 28 days apart** anytime on or after October 1, 2017^{5,7}

Patients **66+** who were administered any **pneumococcal conjugate vaccine or polysaccharide vaccine**, on or after their 60th birthday and before the end of the measurement period^{7†}

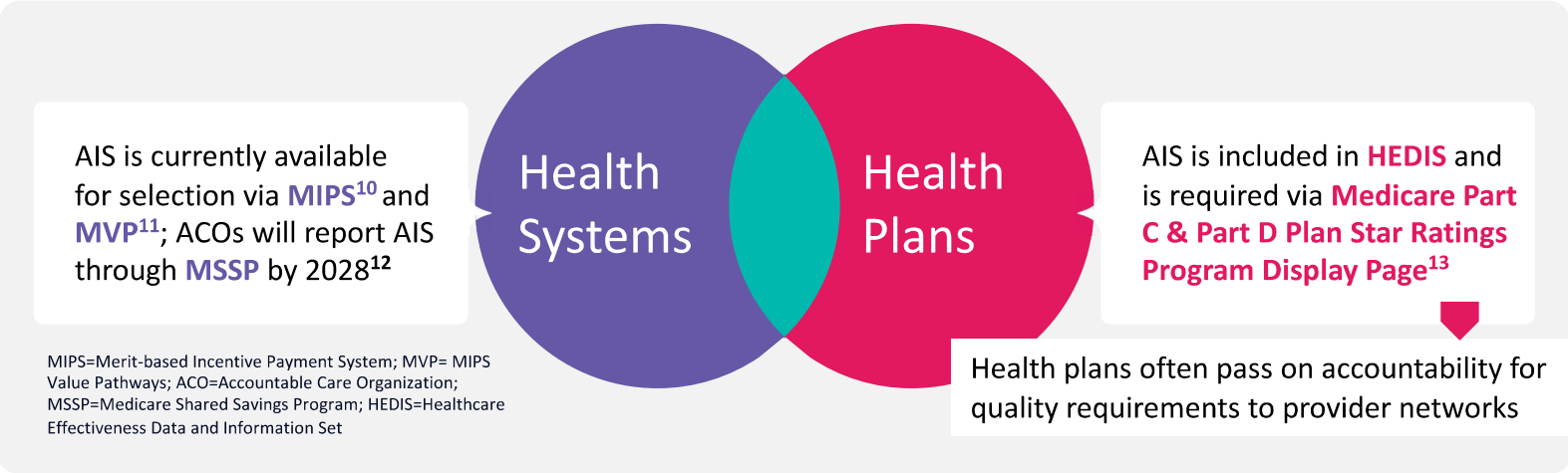
*Beginning in 2025, HEDIS AIS measure specifications include hepatitis B; Changes to CMS measure specifications typically occur after they are made in HEDIS.⁸

[†]Technical specifications are illustrative, and exact specifications should be confirmed through NCQA.

ACIP=Advisory Committee on Immunization Practices; AIS=Adult Immunization Status; NCQA=National Committee for Quality Assurance; MIPS=Merit-based Incentive Payment System;

Td=Tetanus and Diphtheria; Tdap=Tetanus, Diphtheria, and Acellular Pertussis.

The Integration of AIS Across Multiple Key Healthcare Quality Programs Underscores Its Importance



Reporting AIS to MIPS/MVP May Benefit Your Health System

Improve Population Health¹⁴

Prioritizing immunization rate improvements can **lower instances of VPD**, promoting better health for patients and decreasing burden (eg, hospitalizations) on the health system

Understand Vaccination Rates¹⁵

Understanding vaccination rates helps to identify **disparities and gaps**

Streamline Reporting¹⁶

The inclusion of immunization measures across CMS programs will allow for the comparison of **performance across different patient groups**, provide indicators for care enhancements, and lessen the burden of reporting

What's next?

Select AIS to Report to MIPS or MVP

- Evaluate the measures your system reports and establish target goals¹⁷
- Secure leadership support to gain buy-in and commitment for reporting AIS¹⁷
- Use these tactics, along with other best practices, to increase vaccination rates

Ways to Improve Vaccination Rates at Your Health System¹⁷

Implement standing orders for all vaccines per ACIP recommendation	Modify EHR to assess vaccination history and alert gaps at point of care
CDC guidance discusses coadministration as a strategy for helping patients stay up to date with vaccinations ¹⁸	Prioritize nonseasonal immunization throughout the year ¹⁹

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