

Childhood Immunization Status (CIS)

The percentage of children 2 years of age who had four Diphtheria, Tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophiles influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZW); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday. The measure calculates a rate for each vaccine and three combination rates.

Required Exclusions:

Exclude members who meet any of the following criteria:

- Members in hospice or using hospice services anytime during the measurement year
- Members who had any of the following on or before their second birthday
 - Severe combined immunodeficiency
 - Immunodeficiency
 - HIV
 - Lymphoreticular cancer, multiple myeloma, or leukemia
 - Intussusception

Medical Record Documentation

For immunization evidence obtained from the medical record, count members where there is evidence that the antigen was rendered from one of the following:

- A note indicating the name of the specific antigen and the date of immunization
- A certificate of immunization prepared by an authorized health care provider or agency including the specific dates and types of immunizations administered

Tips

For documented history of illness, a seropositive test result or anaphylaxis, there must be a note indicating the date of the event, which must have occurred by the member's second birthday.

Notes in the medical record indicating that the member received the immunization "at delivery" or "in the hospital" may be counted toward the numerator **only** for immunizations that do not have minimum age restriction (e.g., before 42 days after birth). A note that the "member is up to date" with all immunizations but which does not list the dates of all immunizations and the names of the immunization agents **does not** constitute sufficient evidence of immunization for HEDIS reporting.

Immunizations documented using a generic header or "DTaP/DTP/DT" **can** be counted as evidence of DTaP. The burden on organizations to substantiate the DTaP antigen is excessive compared to a risk associated with data integrity.

Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" **can** be counted as evidence of IPV. The burden on organizations to substantiate the IPV antigen is excessive compared to a risk associated with data integrity.



For rotavirus, if documentation does not indicate whether the two-dose schedule or three-dose schedule was used, assume a three-dose schedule and find evidence that three doses were administered.