MEASURE SUMMARY
CHIPRA Core Set Candidate Measures

A. Control #: PHP-6

B. Measure Name: Adolescent Immunization

C. Measure Definition

a. Numerator: Number of adolescents 13 years of age who had one dose of meningococcal vaccine (MCV4) and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. (The measure calculates a rate for each vaccine and one combination rate)

b. Denominator: Adolescents who turn 13 years of age during the measurement year.

D. Measure Type: ✔ Process  ____ Outcome  ____ Structure  ____ Efficiency

E. Measure collected using:  ✔ EMR  ____ CPOE  ____ Other HIT  ____ N/A  ✔ NR

VALIDITY

F. Evidence of measure validity submitted?  _____ Yes  _____ No

G. Level of evidence supporting the measure (if submitted): (see Oxford University CEBM Levels of Evidence)

Oxford CEBM = 2 (Cohort studies; Preventing pertussis in adolescents would reduce disease among that population and perhaps others by eliminating a reservoir of the disease. MCV4 has the potential to prevent morbidity and mortality among vaccinated adolescents as well as create a herd immunity effect, but the strategic importance is lessened due to low incidence of the disease. During 2004, a total of 25,827 cases of pertussis were reported in the U.S. and 8,897 of those (34%) were among adolescents for an incidence for adolescents of 30 per 100,000 (CDC 2005). The disease affects up to 2,600 people in the U.S. every year and is a leading cause of bacterial meningitis in children 2–18 years of age in the U.S. (HealthLink 2004). In the 1990s, 13%–14% of disease nationwide was in persons 11–18 years (NIFD 2005). Other studies have shown that the disease peaks in 15–18-year-olds and that adolescents have the highest fatality rate, at about 20% (AAP 2005).

H. USPSTF Grade if applicable:

FEASIBILITY

I. Measure Specifications Submitted?  ✔ Yes  ____ No  ____ Yes, but insufficient detail provided

J. Data Source:

✔ Admin  ❌ MR  ____ Survey  ____ Other (specify):  ____ NR

K. Evidence of measure reliability submitted?  _____ Yes  ✔ No

L. List of entity types currently using measure:

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IMPORTANCE

M. Addresses area of care mandated in legislation?

x Yes (specify): prevention  ❌ No

N. Documented variation in performance (by race/ethnicity, language spoken, insurance type, etc)?

_____ Yes  ____ No  x  NR

Not Reported.
O. Measure used/data are collected in racial/ethnic populations other than non-Hispanic white?

_____ Yes  _____ No  _____ NR

Not Reported.