

Georgia Registry of Immunization Transactions and Services (GRITS) Immunization Coverage Assessment Reports

The Georgia Registry of Immunization Transactions and Services (GRITS) has recently released easy-to-use immunization assessment reports to help monitor immunization rates for vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). Development of the assessment reports are part of the Center for Disease Control's efforts to transition from Comprehensive Clinical Assessment Software Application (CoCASA) to Registry based assessment reporting. Implementation is also a part of the Immunization Program's on-going effort to provide user friendly tools to improve immunization rates throughout the state of Georgia. It is our hope that the new registry-based coverage reporting will be easier to access, easier to read and encourages more providers to conduct routine coverage assessments in their practice.

The assessment reports offer clinic-based and county-based immunization rates to assist in monitoring immunization coverage and quality improvement activities. The assessment reports can:

- Generate baseline immunization rates
- Identify areas for improvement
- Provide data to assist with implementing practice change and/or outreach activities
- Provides access to regular follow-ups to evaluate whether practices change and/or outreach is improving immunization rates

Types of Reports Provided

The reports provided condenses various information into one summary report and/or other support documents. Reports are divided into three basic areas:

- Childhood
- Adolescent
- Adult

Childhood Immunization Summary

Childhood Immunization Summary Report identifies the percentage of 2-year-olds (children ages 24 through 35 months) who are up-to-date on each of the following vaccines by the time they are 24 months old:

- 4 or more doses of diphtheria, tetanus, and pertussis (DTaP)
- 3 or more doses of polio
- 1 or more doses of measles, mumps, rubella (MMR)
- Complete Haemophilus influenzae type b (Hib)

- 3 or more doses of hepatitis B
- 1 or more doses of varicella
- Complete pneumococcal conjugate (PCV)

All the above vaccines (the 4:3:1:3:3:1:4 series) In addition, the report also includes rates for:

- Complete rotavirus series
- 2 or more doses of hepatitis A vaccine

Adolescent Immunization Summary

Adolescent Immunization Summary Report identifies the percentage of 13 through 17-year-olds who are up-to-date on the following vaccines:

- 1 dose of tetanus, diphtheria, and acellular pertussis (Tdap)
- 1st dose of meningococcal vaccine (MCV4)
- Booster dose of MCV4
- 1st dose of human papillomavirus (HPV)
- Complete HPV series: percentage of clients who began the HPV series and received all recommended doses

Adult Immunization Summary

Adult Immunization Summary Report identifies the percentage of adults (18-year old and older) who are up-to-date on the following age-appropriate vaccines:

- 1 dose of tetanus, diphtheria, and acellular pertussis (Tdap)
- 1 dose of tetanus, diphtheria (Td) or Tdap
- 1 dose of pneumococcal conjugate (PCV13)
- 1 dose of pneumococcal polysaccharide (PPSV23)
- 1st dose of human papillomavirus (HPV)
- 3rd dose of HPV
- 1 dose of Zoster

Using Assessment Reports for Quality Improvement

Assessment reports can serve as the foundation of childhood, adolescent, or adult immunization rate improvement activities. Examples of some activities are:

- **Run Baseline Report:** Run an assessment report to establish preintervention rates and identify the areas most in need of improvement.
- **Identify Opportunities:** Implement or change clinic practices or begin outreach activities to address opportunities noted in the baseline report.

- **Evaluation:** Measure both the steps taken to improve clinic process and the improvement in immunization rates by monitoring activity timelines and by periodically re-running assessment reports. Decide whether to continue current activities or change course.

Having solid quality improvement plans and activities in place can help health care providers demonstrate meaningful use of electronic health record immunization data and have better outcome data to report to public sources such as HEDIS. Most of all, monitoring and acting to improve immunization rates helps protect patients and the community from vaccine preventable disease.¹

¹ Adapted from Minnesota Department of Health, Assessment Reports