

# 2024 Utah Immunization Quality Improvement Program (IQIP) report

## What is the IQIP program?

The Immunization Quality Improvement Program (IQIP) is CDC's national program designed to provide quality improvement activities for Vaccines for Children (VFC) providers. The program's goal is to increase on-time vaccination for children and adolescents based on recommendations from the Advisory Committee on Immunization Practices (ACIP).

IQIP is a 12-month collaborative project between the Utah Department of Health and Human Services and participating VFC clinics. Public health consultants and VFC providers use data and work together to identify and implement strategies that improve vaccination workflows, with the ultimate goal of increasing vaccine uptake. In addition to increasing vaccination coverage rates, participation in the IQIP program provides clinics with some benefits including addressing the burden of vaccine-preventable disease, catching up on well-child visits, reducing missed opportunities to vaccinate, and increasing vaccine confidence.

## Overall IQIP initial coverage data and year-over-year change





The following charts show the overall initial coverage rates and year-over-year change percentages for each age group measured among the 80 providers who participated in the IQIP program. Two-year olds were assessed for being up-to-date (UTD) at the time of assessment for all ACIP recommended vaccines including: 4 doses of DTaP, 3 doses of IPV (polio), 1 dose of MMR, being up-to-date on hib (haemophilus influenzae type b), hepatitis B, pneumococcal vaccines, and 1 dose of varicella vaccine. We also measured being up-to-date on influenza and rotavirus vaccination. Year-over-year coverage comparisons showed a drop in most childhood vaccinations, with a 6.4% decrease in the overall coverage assessment. There is a notable 33.3% increase for being up-to-date with influenza vaccination; however, variations may exist due to timing of pulling coverage reports in USIIS, such as right after influenza season begins.

Adolescents were assessed at age 13 for being up-to-date at the time of assessment for all ACIP recommended vaccines including 1 dose of Tdap, 1 dose of meningococcal (ACWY serogroups), 1 dose of influenza, 1 dose of HPV, being UTD on HPV, hepatitis B, and IPV (polio) vaccines, 2 doses of MMR, 2 doses of varicella, and doses of 2 hepatitis A vaccine. Year-over-year coverage rates remained steady for this age group. Opportunities exist to contact patients who initiated the HPV series to return for their final dose.

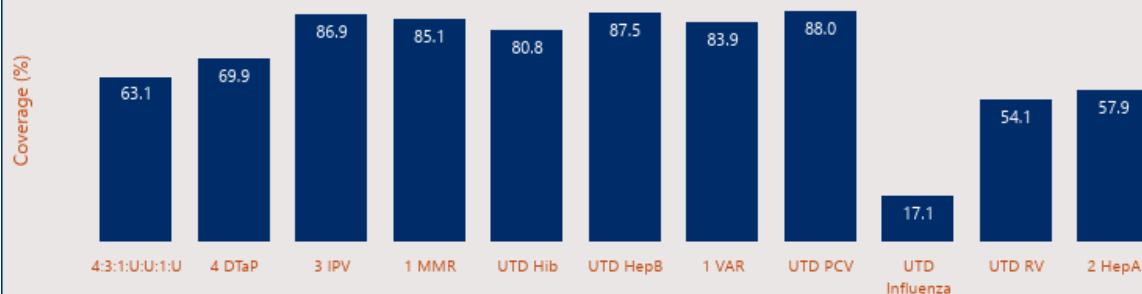
## What are IQIP's strategies?

IQIP supports implementation and improvement of 4 core quality improvement strategies shown below. During the evaluation providers select at least 2 quality improvement strategies to focus on.

### **IQIP core strategies**

-  Facilitate return for vaccination
-  Leverage IIS functionality to improve immunization practice
-  Give a strong vaccine recommendation (include HPV vaccine if the provider has adolescent patients)
-  Strengthen vaccine communications

## Childhood Vaccination – Average Initial Coverage



### Summary

9,213  
Patients (total)  
132  
Patients (average)  
40  
Patients (median)  
1  
Awardees  
70  
Providers

## Ctrl+Click to Multi-Filter

**Evaluated At**  
2nd birthday

**Age Cohort**  
24-35 months

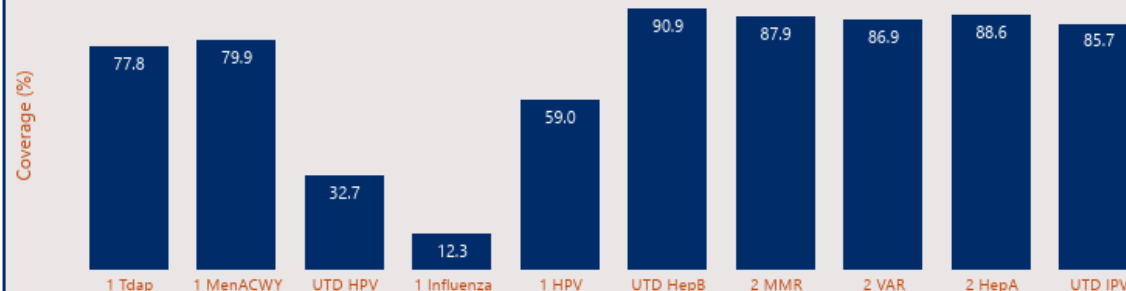
**Assessment date**

**Assessment Method**  
IIS platform

## Childhood Vaccination – Average Year-Over-Year Coverage

Vaccine	No. Providers	Initial (%)	12-Mo. (%)	YOY Change (ppt)	Summary (Initial)	Summary (12-Mo.)
4:3:1:U:U:1:U	69	62.9	56.6	-6.4	9,205	9,682
4 DTaP	69	69.8	62.7	-7.2	Patients (total)	Patients (total)
3 IPV	69	86.9	84.6	-2.3	133	140
1 MMR	69	84.9	82.6	-2.4	Patients (average)	Patients (average)
UTD Hib	69	80.6	74.9	-5.6	41	47
UTD HepB	69	87.5	84.8	-2.8	Patients (median)	Patients (median)
1 VAR	69	83.7	80.3	-3.4	1	1
UTD PCV	69	87.8	72.4	-15.4	Awardees	Awardees
UTD Influenza	67	17.2	50.5	33.3	69	69
UTD RV	67	54.4	57.1	2.7	Providers	Providers

## Adolescent Vaccination – Average Initial Coverage



### Summary

20,447  
Patients (total)  
288  
Patients (average)  
135  
Patients (median)  
1  
Awardees  
71  
Providers

## Ctrl+Click to Multi-Filter

**Evaluated At**  
13th birthday

**Age Cohort**  
13 years

**Assessment date**

**Assessment Method**  
IIS platform

## Adolescent Vaccination – Average Year-Over-Year Coverage

Vaccine	No. Providers	Initial (%)	12-Mo. (%)	YOY Change (ppt)	Summary (Initial)	Summary (12-Mo.)
1 Tdap	71	77.8	78.2	0.4	20,447	20,392
1 MenACWY	71	79.9	79.8	-0.1	Patients (total)	Patients (total)
UTD HPV	71	32.7	34.8	2.1	288	287
1 Influenza	69	12.3	9.4	-2.9	Patients (average)	Patients (average)
1 HPV	69	59.0	57.2	-1.8	135	131
UTD HepB	69	90.9	91.9	1.1	Patients (median)	Patients (median)
2 MMR	69	87.9	88.9	0.9	1	1
2 VAR	69	86.9	88.0	1.1	Awardees	Awardees
2 HepA	69	88.6	90.6	2.0	71	71
UTD IPV	69	85.7	88.3	2.6	Providers	Providers

Older teens were assessed at age 17 for being up-to-date at the time of assessment for all ACIP recommended vaccines including: HPV vaccine, 1 dose of Tdap, 2 doses of meningococcal (ACWY serogroups), 1 dose of meningococcal (B serogroup recommended for some teens), and 1 influenza vaccine. Year-over-year coverage rates remained steady for this age group. Significant opportunities exist to contact patients who received 1 meningococcal vaccine (ACWY serogroups) by age 13 to return for their final dose.



Despite quality improvement efforts, year-over-year change data suggests that vaccine hesitancy has increased in Utah, a trend also identified in the [Utah School immunization data report for kindergarteners](#) and the [Utah School immunization data report for 7th graders](#). Providers should remain diligent in their quality improvement efforts and maintain a practice that promotes a culture of immunization.