

2025 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.

What are IQIP's strategies?

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

IQIP core strategies



Facilitate return for vaccination



Leverage IIS functionality to improve immunization practice



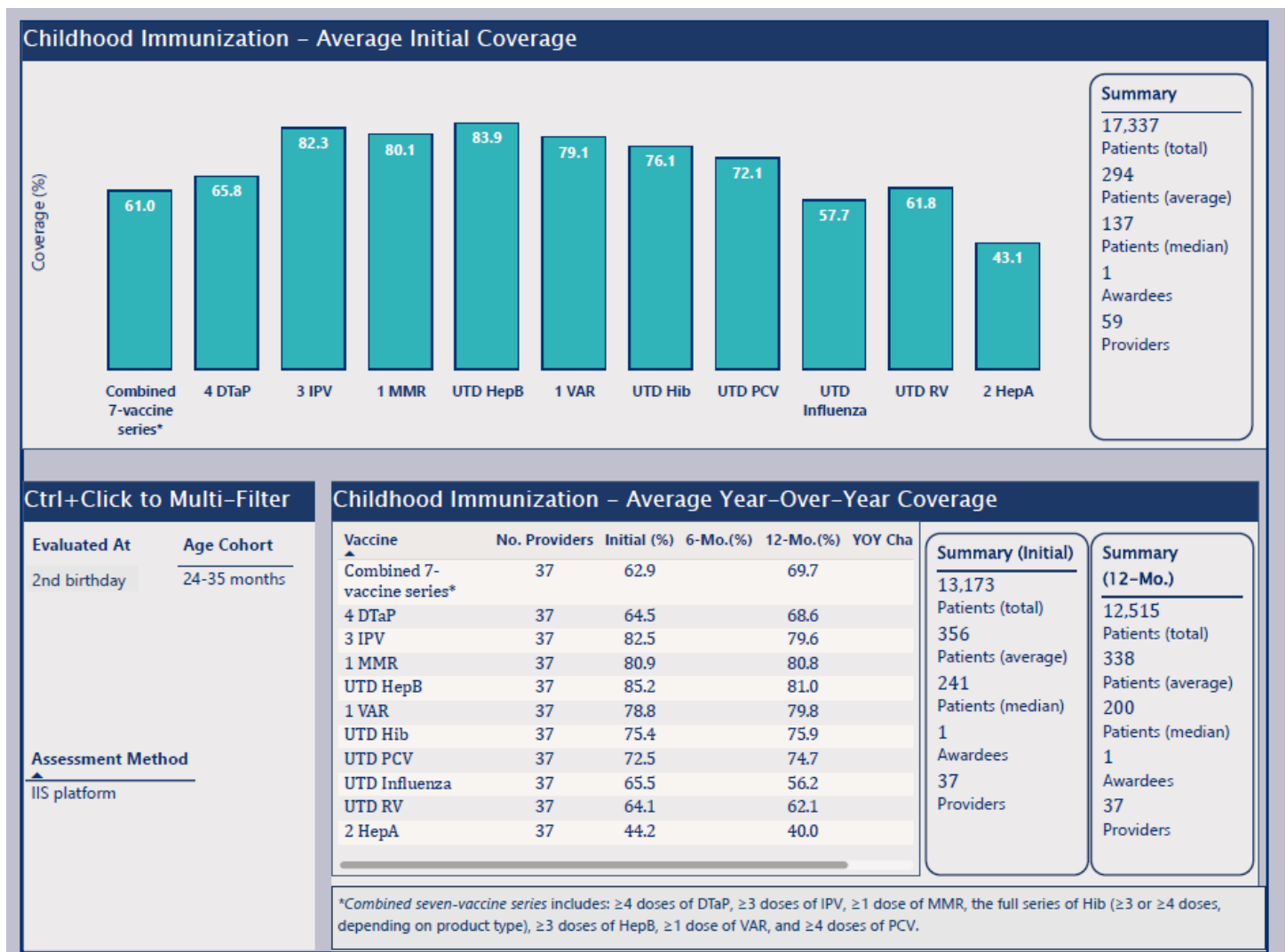
Give a strong vaccine recommendation
(include HPV vaccine if the provider has adolescent patients)



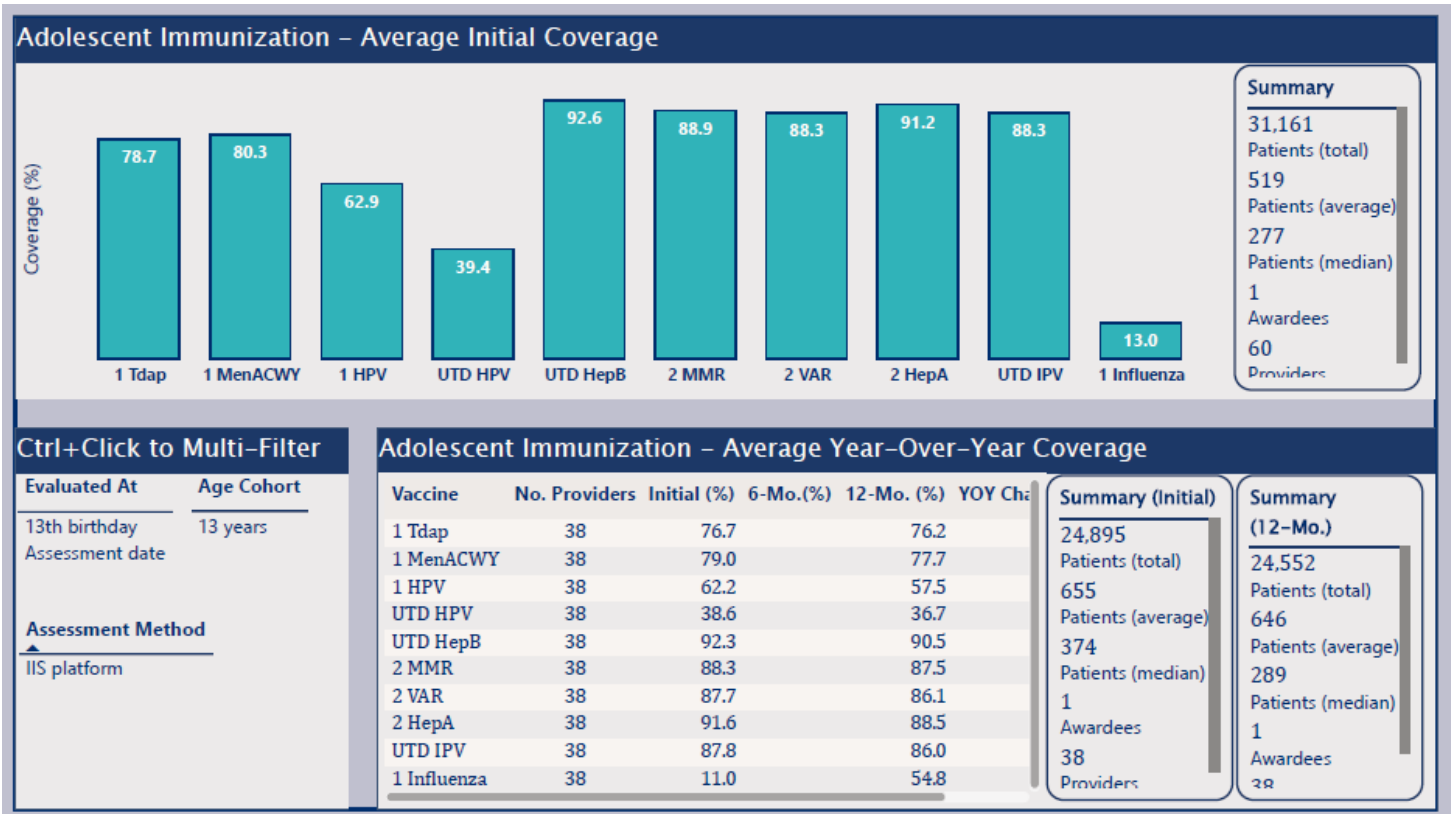
Strengthen vaccine communications

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

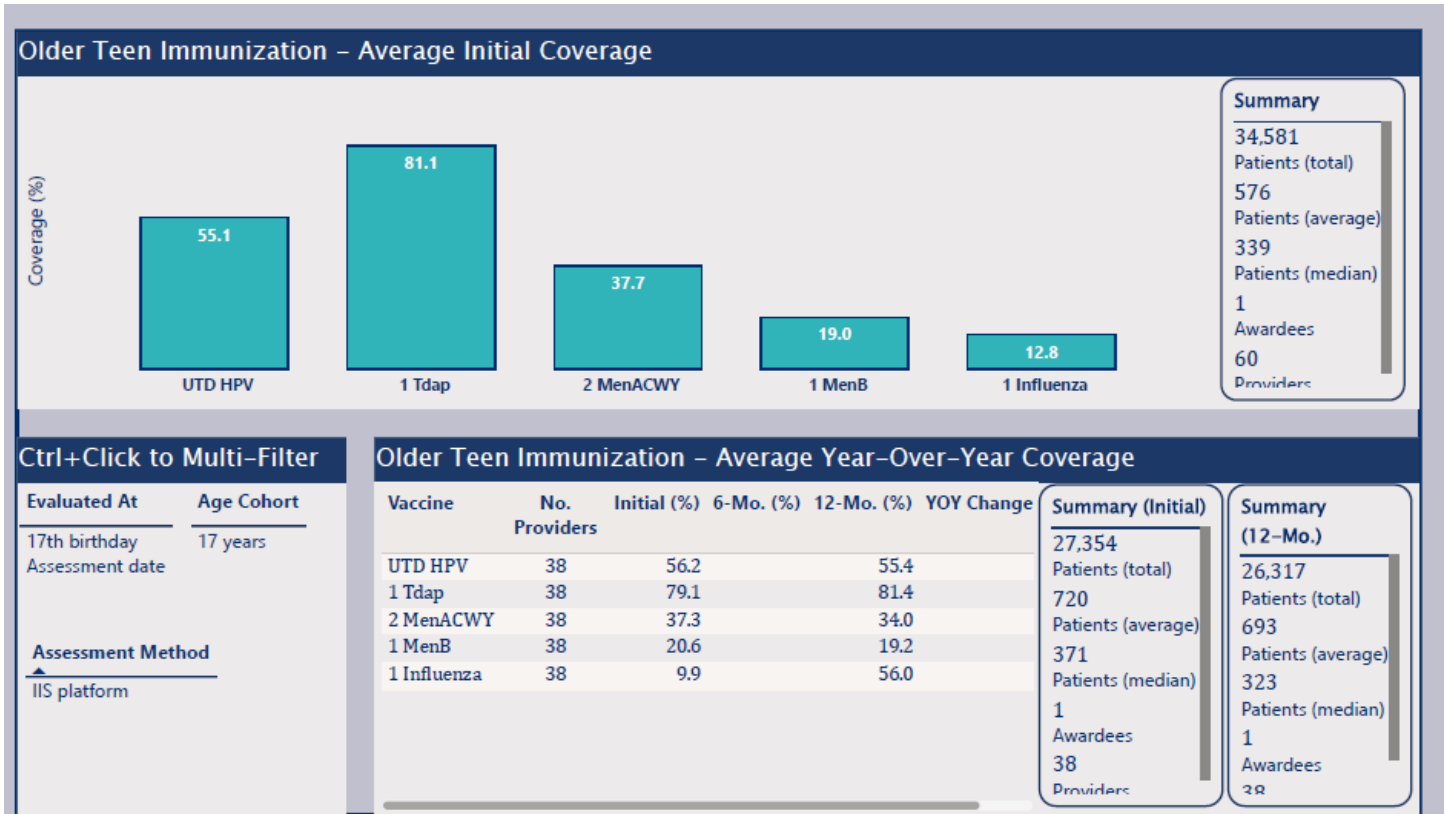
The following charts show the overall initial coverage rates and year-over-year change percentages for each age group measured among the 59 providers who participated in the IQIP program. Two-year-olds were assessed for being up-to-date (UTD) at the time of assessment for all ACIP-recommended vaccines, 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, as well as 2 doses of hepatitis A vaccine.



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 2 doses of hepatitis A vaccine.



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.