

Adult Immunization Status (AIS-E)

Measure title	Adult Immunization Status*	Measure ID	AIS-E
Description	The percentage of persons 19 years of age and older who are up to date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster, pneumococcal, hepatitis B and coronavirus disease 2019 (COVID-19).		
Measurement period	January 1–December 31.		
Copyright and disclaimer notice	<i>*Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO) and The Hepatitis Education Project.</i> Refer to the complete copyright and disclaimer information at the front of this publication. NCQA website: www.ncqa.org. Submit policy clarification support questions via My NCQA (https://my.ncqa.org).		
Clinical recommendation statement/ rationale	This measure assesses whether individuals aged 19 years and older have received appropriate routine vaccines for adults including influenza, tetanus and diphtheria (Td) and/or tetanus, diphtheria and acellular pertussis (Tdap), herpes zoster, pneumococcal, hepatitis B and COVID-19. This aligns with recommended immunization schedules for adults of various ages from the American Academy of Family Physicians (AAFP 2026) and the U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (Wodi et al. 2025). Additional information about the clinical rationale is available on the HEDIS Measure Library & Historical Data measure web page.		
Citations	American Academy of Family Physicians (AAFP). 2026. <i>Recommended Adult Immunization Schedule for Ages 19 Years or Older</i>. https://www.aafp.org/assets/image/upload/v1777392265/nyme0soclvfikutpwgvh.pdf Wodi, P.A., A.N. Issa, C.A. Moser, S. Cineas. 2025. “Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older—United States, 2025.” <i>Morbidity and Mortality Weekly Report</i> 74(2). U.S. Centers for Disease Control and Prevention. http://dx.doi.org/10.15585/mmwr.mm7402a3		
Characteristics			
Scoring	Proportion.		
Type	Process.		

Product lines Stratifications	• Commercial. • Medicaid. • Medicare. Influenza and Td/Tdap: Age as of the start of the measurement period. • 19–64 years. • 65 years and older. Zoster and Pneumococcal: Age as of the start of the measurement period. • 50–64 years. • 65 years and older. Hepatitis B: Age as of the start of the measurement period. • 19–30 years. • 31–59 years. COVID-19: Age as of the start of the measurement period. • 65 years and older. Race. (Refer to <u>General Guideline <i>Race and Ethnicity Stratification</i></u>.) • American Indian or Alaska Native. • Asian. • Black or African American. • Middle Eastern or North African. • Native Hawaiian or Pacific Islander. • White. • Other Race. • Two or More Races. • Asked But Declined. • Unknown. Ethnicity. (Refer to <u>General Guideline <i>Race and Ethnicity Stratification</i></u>.) • Hispanic or Latino. • Not Hispanic or Latino. • Asked But Declined. • Unknown.
Risk adjustment Improvement notation Guidance	None. Increased score indicates improvement. Data collection methodology: ECDS. (Refer to <u>General Guideline <i>Data Collection Methods</i></u> for additional information.)

	Date specificity: Dates must be specific enough to determine the event occurred in the period being measured. Which services count? When using claims, include all paid, suspended, pending and denied claims. Other guidance: Measure rates are specific to clinical guideline recommendations for the age group included in the rates.
Initial population	<i>Measure item count:</i> Person. <i>Attribution basis:</i> Enrollment. • <i>Benefits:</i> Medical. • <i>Continuous enrollment:</i> The measurement period. • <i>Allowable gap:</i> No more than one gap of ≤45 days during the measurement period. No gaps on the last day of the measurement period. <i>Ages:</i> • <i>Initial populations 1 and 2:</i> 19 years of age and older at the start of the measurement period. • <i>Initial populations 3 and 4:</i> 50 years of age and older at the start of the measurement period. • <i>Initial population 5:</i> 19–59 years of age at the start of the measurement period. • <i>Initial population 6:</i> 65 years of age and older at the start of the measurement period. <i>Event:</i> None.
Denominator exclusions	Deceased persons. Persons who died any time on or before the last day of the measurement period, identified using data sources determined by the organization. Method and data sources are subject to review during the HEDIS audit. Persons in hospice or using hospice services. Persons who use hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these persons must use only the run date of the file.
Denominator	Denominator 1 and Denominator 2: Immunization status—Influenza and Td/Tdap. The initial populations 1 and 2 minus denominator exclusions. Denominator 3 and Denominator 4: Immunization status—Zoster and Pneumococcal. The initial populations 3 and 4 minus denominator exclusions. Denominator 5: Immunization status—Hepatitis B. The initial population 5 minus denominator exclusions.

	Denominator 6: Immunization status—COVID-19. The initial population 6 minus denominator exclusions.
Numerator	Numerator 1: Immunization status—Influenza. Persons who meet either of the following criteria: - Received the influenza vaccine (<u>Adult Influenza Immunization Value Set</u>; <u>Adult Influenza Vaccine Procedure Value Set</u>; <u>Influenza Virus LAIV Immunization Value Set</u>; <u>Influenza Virus LAIV Vaccine Procedure Value Set</u>; NDC code 66019011251) on or between July 1 of the year prior to the measurement period and June 30 of the measurement period. - Had anaphylaxis due to the influenza vaccine (SNOMED CT code 471361000124100) any time before or during the measurement period. Numerator 2: Immunization status—Td/Tdap. Persons who meet any of the following criteria: - Received at least one Td or Tdap vaccine (<u>Td and Tdap Immunization Value Set</u>; <u>Td and Tdap Vaccine Procedure Value Set</u>) between 9 years prior to the start of the measurement period and the last day of the measurement period. - Had anaphylaxis due to the diphtheria, tetanus or pertussis vaccine (<u>Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set</u>) any time before or during the measurement period. - Had encephalitis due to the diphtheria, tetanus or pertussis vaccine (<u>Encephalitis Due to Diphtheria, Tetanus or Pertussis Vaccine Value Set</u>) any time before or during the measurement period. Numerator 3: Immunization status—Zoster. Persons who meet either of the following criteria: - Received two doses of the herpes zoster recombinant vaccine (CVX code 187; CPT code 90750) at least 28 days apart, on October 20, 2017, through the last day of the measurement period. - Had anaphylaxis due to the herpes zoster vaccine (<u>Anaphylaxis Due to Herpes Zoster Vaccine Value Set</u>) any time before or during the measurement period. Numerator 4: Immunization status—Pneumococcal. Persons who meet either of the following criteria: - Received at least one dose of adult pneumococcal vaccine (<u>Adult Pneumococcal Immunization Value Set</u>; <u>Adult Pneumococcal Vaccine Procedure Value Set</u>) on or after their 19th birthday, any time before or during the measurement period. - Had anaphylaxis due to the pneumococcal vaccine (SNOMED CT code 471141000124102) any time before or during the measurement period. Numerator 5: Immunization status—Hepatitis B. Persons who meet any of the following criteria: - Received at least three doses of the childhood Hepatitis B vaccine (<u>Hepatitis B Immunization Value Set</u>; <u>Hepatitis B Vaccine Procedure Value Set</u>) with different dates of service on or before their 19th birthday.

	– One of the three vaccinations can be a newborn hepatitis B vaccination (ICD-10-PCS code 3E0234Z) during the 8-day period that begins on the date of birth and ends 7 days after the date of birth. • Received Hepatitis B vaccine series on or after their 19th birthday, before or during the measurement period, including either of the following: – At least two doses of the recommended two-dose adult Hepatitis B vaccine (CVX code 189; <u>Adult Hepatitis B Vaccine Procedure (2 dose) Value Set</u>) administered at least 28 days apart, or – At least three doses of any other recommended adult Hepatitis B vaccine (<u>Adult Hepatitis B Immunization (3 dose) Value Set</u>; <u>Adult Hepatitis B Vaccine Procedure (3 dose) Value Set</u>) administered on different days of service. • Had a hepatitis B surface antigen, hepatitis B surface antibody or total antibody to hepatitis B core antigen test with a finding of immunity any time before or during the measurement period, including either of the following: – A test (<u>Hepatitis B Tests With Threshold of 10 Value Set</u>) with a result greater than 10 mIU/mL. – A test (<u>Hepatitis B Prevacination Tests Value Set</u>) with a finding of immunity (<u>Positive Hepatitis B Test Result or Finding Value Set</u>). • History of or immunity to hepatitis B illness (<u>Positive Hepatitis B Status Value Set*</u>) any time before or during the measurement period. • Had anaphylaxis due to the hepatitis B vaccine (SNOMED CT code 428321000124101) any time before or during the measurement period. Numerator 6: Immunization status—COVID-19. Persons who meet either of the following criteria: • Received at least one dose of a COVID-19 vaccine (<u>Adult COVID19 Immunization Value Set</u>; <u>Adult COVID19 Vaccine Procedure Value Set</u>) that occurred both on or between July 1 of the year prior to the measurement period through June 30 of the measurement period and on or after their 65th birthday. • Had anaphylaxis due to the COVID-19 vaccine (SNOMED CT code 914587451000119107) any time before or during the measurement period. Coding Guidance *Do not include laboratory claims (claims with POS code 81).
Summary of changes	• Revised the age range for the pneumococcal indicator. • Updated the race and ethnicity stratification categories and data element tables to capture declinations and unknown race and/or ethnicity more precisely.

Data element tables

Organizations that submit HEDIS data to NCQA must provide the following data elements.

Table AIS-E-A-1/2/3 Data Elements for Adult Immunization Status

Metric	Age	Data Element	Reporting Instructions
Influenza	19-64	InitialPopulation	For each Metric and Stratification
TdTdap	65+	Exclusions	For each Metric and Stratification
	Total	Denominator	For each Metric and Stratification
		Numerator	For each Metric and Stratification
Zoster	50-64	Rate	(Percent)
Pneumococcal	65+		
	Total		
HepatitisB	19-30		
	31-59		
	Total		
COVID-19	65+		

Table AIS-E-B-1/2/3: Data Elements for Adult Immunization Status: Stratifications by Race

Metric	Race	Data Element	Reporting Instructions
Influenza	AmericanIndianOrAlaskaNative	InitialPopulation	For each Metric and Stratification
TdTdap	Asian	Exclusions	For each Metric and Stratification
Zoster	BlackOrAfricanAmerican	Denominator	For each Metric and Stratification
Pneumococcal	MiddleEasternOrNorthAfrican	Numerator	For each Metric and Stratification
HepatitisB	NativeHawaiianOrPacificIslander	Rate	(Percent)
COVID-19	White		
	OtherRace		
	TwoOrMoreRaces		
	AskedButDeclined		
	Unknown		

	Table AIS-E-C-1/2/3: Data Elements for Adult Immunization Status: Stratifications by Ethnicity			
	Metric	Ethnicity	Data Element	Reporting Instructions
	Influenza	HispanicOrLatino	InitialPopulation	For each Metric and Stratification
	TdTdap	NotHispanicOrLatino	Exclusions	For each Metric and Stratification
	Zoster	AskedButDeclined	Denominator	For each Metric and Stratification
	Pneumococcal	Unknown	Numerator	For each Metric and Stratification
	HepatitisB		Rate	(Percent)
	COVID-19			
Rules for Allowable Adjustments	Copyright and use: The “Rules for Allowable Adjustments of HEDIS” (the “Rules”) describe how NCQA’s HEDIS measure specifications can be adjusted for other populations, if applicable. The Rules, reviewed and approved by NCQA measure experts, provide for expanded use of HEDIS measures without changing their clinical intent. Adjusted HEDIS measures may not be used for HEDIS health plan reporting. ADJUSTMENTS ALLOWED • Product lines. Organizations are not required to use product line criteria; product lines may be combined, and all (or no) product line criteria may be used. • Attribution. Organizations are not required to use enrollment criteria. • Benefits. Organizations are not required to use a benefit. • Other. Organizations may use additional initial population criteria to focus on a population of interest such as gender, race and ethnicity, socioeconomic or sociodemographic characteristics, geographic region or another characteristic. • Measurement period adjustments. Organizations may adjust the measurement period. • Stratifications: Race and ethnicity stratification. The race and ethnicity stratification is not required. Organizations may adjust this stratification as needed. • Exclusions. Hospice and deceased persons exclusions are not required. • Telehealth. Services/events that allow the use of synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) may be stratified to identify services performed via telehealth. This adjustment is not allowed for events, numerators and exclusions that do not allow the use of telehealth.			

	ADJUSTMENTS ALLOWED WITH LIMITS • <i>Ages.</i> The age determination dates may be changed (e.g., select, “age as of June 30”). Changing the denominator age range is allowed; however, organizations must consult ACIP guidelines when considering whether to expand the age range outside current thresholds. ADJUSTMENTS NOT ALLOWED • <i>Numerator.</i> Value sets, direct reference codes and logic may not be changed.
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