

HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 3



Performance Measure: Pneumococcal Vaccination		OPR-Related Measure: No				
Percentage of clients ¹ with HIV infection who ever received pneumococcal vaccine						
Numerator:	Number of HIV-infected clients who ever received pneumococcal vaccine					
Denominator:	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges ² at least once in the measurement year					
Patient Exclusions:	1. Patients with CD4 counts < 200 cells/mm ³ within the measurement year					
Data Elements:	1. Is the client HIV-infected? (Y/N) a. If yes, is there documentation ³ in the health record that the client ever received the pneumococcal vaccine? (Y/N)					
Data Sources:	<ul style="list-style-type: none"> • Electronic Medical Record/Electronic Health Record • CAREWare, Lab Tracker, or other electronic data base • HIVQUAL reports on this measure for grantee under review • Medical record data abstraction by grantee of a sample of records • Billing records 					
National Goals, Targets, or Benchmarks for Comparison	National HIVQUAL Data: ⁴					
		2003	2004	2005	2006	2007
	Top 10%	100%	95.8%	97.5%	100%	100%
	Top 25%	92.6%	90.8%	93.0%	93.8%	95.1%
	Mean*	79.9%	73.0%	77.1%	79.8%	80.9%
	*from HAB database					
Outcome Measures for Consideration:	<ul style="list-style-type: none"> • Incidence of pneumococcal infection in the clinic population 					
Basis for Selection and Placement in Group 3:						
Bacterial pneumonia is a common cause of HIV-associated morbidity and appears with greater incidence in HIV-infected persons than in the non-infected population. Several risk factors are associated with an increased risk of bacterial pneumonia including CD4 count, injection drug use and smoking. ⁵						
The measure was placed in Group 3 because it overlaps and focuses on similar aspects of care (vaccination) that were previously captured in measures included in Group 2.						
US Public Health Guidelines:						

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“HIV-infected adults and adolescents who have a CD4+ count of ≥ 200 cells/uL should be administered a single dose of 23-valent polysaccharide pneumococcal vaccine (PPV) unless they have received this vaccine during the previous five years (AII)”. Revaccination can be considered for patients who were initially immunized when their CD4 T lymphocyte counts were < 200 cells/uL in response to HAART (CIII).⁶

References/Notes:

¹ “Clients” includes all clients aged 13 years and older.

² A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe medications.

³ Evidence of vaccination could include physician or immunization records or registries.

⁴ Pneumococcal vaccine

<http://www.hivguidelines.org/admin/files/qoc/hivqual/proj%20info/HQNatlAggScrs3Yrs.pdf>

⁵ Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. June 18, 2008; 1-134.

(http://aidsinfo.nih.gov/contentfiles/Adult_OI.pdf)

⁶ Ibid