NAIIS Weekly Summary: April 9, 2026

Quality Measurement and Immunizations – Gabby Kyle-Lion, MPH, Senior Research Associate, Sciences and Implementation, National Committee for Quality Assurance (NCQA)

Gabby Kyle-Lion, MPH, described the NCQA quality measures and results from recent years on adult and prenatal immunization rates.

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Overview
NCQA is an independent, nonprofit organization that develops the Healthcare Effectiveness Data and Information Set (HEDIS®) quality measures widely used across the United States. Measures are created using the best available scientific evidence and guidelines from federal agencies and national professional societies. Measures must be relevant, scientifically sound, and feasible to implement.

Adult Immunization Measures
The adult and prenatal immunization status measures were introduced in 2018; both capture but do not yet publicly report race and ethnicity. The adult measure set collects data on six recommended immunizations, but hepatitis B and COVID-19 vaccination rates are not yet publicly reported. NCQA had a combined immunization measure for adults, but it was withdrawn in response to concerns about the validity and feasibility of the resulting data, as not all of the vaccines were recommended for all adults. Measures assess the number of health plan members eligible for a given vaccine divided by the number who received it.

Adult Immunization Status: 2022–2024
- Influenza vaccination rates were stable in commercial and Medicaid plans and increased each year among Medicare beneficiaries.
- Tetanus/diphtheria (Td) and tetanus, diphtheria, and pertussis (Tdap) vaccination rates increased across all three insurance types, with the highest increase among Medicaid beneficiaries in 2024 (reaching 44%).

- Zoster vaccination rates increased across all three insurance types, with the highest increase among commercial and Medicare beneficiaries, both of which reached nearly 23%.
- Pneumococcal vaccination rates increased across all three insurance types, with the highest increase among commercial beneficiaries, reaching 54.5%.

Prenatal Immunization Status: 2020–2024

- The combined rate of influenza and Td/Tdap vaccination has been declining among Medicaid and commercially insured pregnant populations since 2020.
- Among pregnant Medicaid beneficiaries, combination vaccine rates declined from 28.1% in 2020 to 21.4% in 2024.
- Among commercially insured pregnant people, combination vaccine rates declined from 40% in 2020 to 33.4% in 2024.
- Lower influenza vaccine uptake appears to be driving the decrease in the combination vaccine rate. Td/Tdap vaccination rates remained stable or increased from 2020 to 2024.

Fewer adults are getting the influenza vaccine since the COVID-19 pandemic, which could be driven by vaccine fatigue, reduced trust, disruptions in preventive health care, or lower perceived disease risk (especially given the unusually low circulation of influenza during the peak of the pandemic). NCQA is considering the following:

- Measure COVID-19 rates by prenatal and childhood immunization status.
- Measure respiratory syncytial virus rates by prenatal, childhood, and adult immunization status.
- Add high-risk populations in immunization measures.

QUESTIONS & ANSWERS

Q: There was a change in January of 2025, and pneumococcal vaccination is now recommended starting at age 50. Can you talk about how updates are made to these measures when the recommendation changes and what that lag time can be?

Gabby Kyle-Lion (NCQA): We are proposing changing the pneumococcal age range down to 50 for measurement year 2027. We actually just had a public comment period back in February through March where we put that proposed change out for public comment. The next steps are that we take that to our Committee on Performance Measurement, or CPM, as you may hear people at NCQA refer to it, for a vote on whether we should move forward with the change or not based on public comment, feedback, evidence-based guidelines, all that kind of stuff. So, you know, stay tuned to see if that change gets approved. It would be released in the measurement year 2027, which comes out in August of 2026. The intent is to hopefully get that in for measurement year 2027. But stay tuned.

In general, the process for how we go about making changes to the measures is we're monitoring guideline changes, we regularly attend Advisory Committee on Immunization Practices (ACIP) meetings, the Vaccine Integrity Project meetings, we look out for any guideline updates from the American Academy of Pediatrics (AAP) and the American

Academy of Family Physicians (AAFP) that come out, so that we can try to incorporate that into our measures as quickly as we can. I think the lag time just depends on when the recommendation comes out and where we are in the HEDIS timeline. So, like I said, we release 2027's measure volume in August of 2026, which means that all of the changes that we needed to make for 2027 are already done. We've decided on them, and we're working them out in public comment and with our committees. And so, it just depends on when a recommendation is made and on how quickly we can get it into our cycle.

Q: So, just to ask in a slightly different way, when changes are made to an ACIP recommendation or a professional medical society recommendation—for example, if AAFP were to make a recommendation—then does NCQA look for those changes, or should partner organizations, like the professional medical or pharmacy societies or others, be reaching out to NCQA about those changes?
Gabby Kyle-Lion (NCQA): We do try to keep them on our radar, the decisions that come out. Like I said, we try to attend ACIP or Vaccine Integrity Project meetings, where a lot of those societies are involved, and recommendations come out of those meetings. So, we try to keep up to date on it. If somebody does have something that maybe we missed, or you're wondering when we're thinking about it, or if we have it on our radar, you're always welcome to submit a question through our policy clarification system, and you can do that by going to my.ncqa.org [requires sign-in], and you can submit a question there. Please email info@izsummitpartners.org if you have any questions.

Q: What can you tell us about how NCQA's activities may be impacted by differences in ACIP recommendations versus the professional medical societies? How are those looked at differently or processed through your system when changes are made?
Gabby Kyle-Lion (NCQA): We use a rigorous, independent process to determine what constitutes the best available evidence for quality measurement. We at NCQA do not create clinical practice guidelines. Instead, we evaluate and synthesize evidence developed by a bunch of different types of organizations, such as leading medical organizations, recognized guideline developers—I'm thinking ACIP, U.S. Preventive Services Taks Force, that kind of stuff—governmental entities, and all sources of best available evidence that use recognized scientific methods. We then assess the strength of that evidence based on factors such as quality, the transparency around the development of the recommendation, and their conflict-of-interest management. Then that review is also paired with structured deliberation through NCQA's committee and advisory panels, which bring diverse perspectives—clinical, methodological, and operational expertise. In general, our measures are developed through a multistakeholder governance process to ensure that they're evidence-based, clinically meaningful, and feasible to implement at scale. That includes that public comment period that I was just speaking of. We use that as an opportunity to engage the broader community in decisions that we make. That approach allows us to maintain process integrity over time while adapting thoughtfully as science and health care systems evolve.

Q: Just to clarify, NCQA is privately managed. It's not a government entity. And what is the process for identifying those stakeholders who are involved in that decision making?

Gabby Kyle-Lion (NCQA): It depends. We have an immunization measurement advisory panel, for example, and we look to see—through contacts that we have, through something like the AAP or the Summit or the Adult Vaccine Access Coalition (AVAC)—we work with those types of groups to identify if there are people that they think could be a good fit on our panels, and what we do, and what those panels require. You know, anybody can also email and ask to be involved. You're welcome to reach out; we would take that request under consideration, review your background, and see if you might be a good fit for our panels. That's typically been the process. Membership on our CPM is a little differently governed, but for our advisory panels, for example, that's usually the process we follow.

AI Without the Hype: Evidence, Opportunities, and Tools for Public Health – Amelia Burke-Garcia, MA, PhD, Director, Center for Health Communication Science, Program Area Director, Public Health, NORC Center for Health Communication Science

Amelia Burke-Garcia, MA, PhD, explained how health communicators can use AI to maximize limited resources.

VIEW SLIDES

As public health faces growing demands and challenges to vaccine confidence, AI can be an effective tool for maximizing limited resources. NORC data indicate that 27% of adults use AI for health information, and 24% plan to start doing so. About 50% of adults say they trust AI as much or more than traditional or social media, and 6% trust AI more than their own health care provider. Therefore, health communicators must focus on ensuring that high-quality, reliable, accurate information shows up in widely used AI applications. NORC has developed a chatbot to test messages and an AI model to identify inaccurate COVID-19 vaccine and health content online.

In the health communication field, AI can speed up content creation by producing briefs or social media posts from news items, tailoring existing information to specific populations, proposing messages to counter vaccine hesitance, or summarizing long reports. AI can generate graphics quickly, including short explainer videos. It can monitor and track social media to show vaccine hesitance in real time or measure the impact of a vaccine campaign. Some recommended tools are Claude Code for creating tools, Science to People's AKARI to translate science into health messaging, and CommsCompanion, built specifically for public health communicators for messaging.

Human oversight of AI is essential. Users must closely review all AI output for accuracy and should be transparent about how they use AI. Those new to using AI can start by applying it

to small, repetitive tasks such as drafting reminders or summarizing content, relying on AI to augment one's own skills, not to replace human creativity or clinical judgment. Confidential or sensitive information should not be fed into AI tools, and users should consider how anything they input into an AI tool could be perceived if it became public. More detailed and specific prompts yield better results.

Health communicators should optimize their online content so that AI tools can easily scrape that data and incorporate it into responses. Reliable and accurate content should be clearly structured, well sourced, and published in formats that AI systems can read and cite. Specifically, information should be delivered in bulleted lists, short paragraphs, and callout boxes. AI is evolving rapidly and will quickly reshape industries and lives. The positives and negatives cannot be disentangled, so health communicators are urged to learn how to use AI effectively and responsibly.

QUESTIONS & ANSWERS

Q: I guess the "garbage in, garbage out" principle [remains]. Are there ways to say, "Only pull from websites A, B, C, D, and E," or whatever?

Amelia Burke-Garcia (NORC): No. For a commercial product out there, no. It's going to crawl the web, and it's going to pull relevant information. And we don't really have—in the same way that we never had insight into how Facebook measures views or impressions—there's no real clarity on algorithms for things. So, we don't really know how they're built on the back end in terms of prioritizing sources. In the Google search case, we sort of had some clarity—if you are highly linked to, you are considered a more relevant or credible source, so you're going to show up higher in search results. We don't really have a sense of exactly how that is; although, you know, they do a good job of providing good quality information.

I actually was looking for some sources yesterday around immunization, and Vaccinate Your Family and Immunize.org showed up in the top. I asked for 15 to 20 sources, and both of them showed up multiple times in places in the top sources. So, it means that it's finding your information, and when somebody's asking that question, it's showing up as a source. But you have to make sure—we don't really know exactly all the inputs of how that model is trained and why something shows up ahead of something else. That said, it is really important for us to make sure our content is out there and in formats that get scraped.

Q: You mentioned vaccine confidence [as an area] where AI can be helpful, but there's a growing distaste for some of the patterns that are generated in AI images and text—for example, overly cartoonish images. Is there a concern about using AI for promotional materials? Might that be a turn-off for some?

Amelia Burke-Garcia (NORC): I think you need to follow best practices for materials development for any audience. I think you have to understand your audience, you have to ask the same questions, and then you develop messages and materials, and you test them with your audience. Not all AIs develop cartoonish [images]. There are multiple types of styles that you can use. I was mentioning the Visla video platform. They have an AI director now, where you go through a set of questions, but they have a very long list of styles in terms of how your video will look. So these things are getting better and more robust in terms of not

giving you just one or two options to choose from. I would always just come back to "know your audience, test with your audience," but don't be afraid to use AI and just disclose that you've used AI. Some of the images and the video content are really quite good, so it can save time and it can save resources, because you don't need tens of thousands of dollars to create a video anymore.

Comment: I have to tell you, I did see Amelia last week at the World Vaccine Congress, and I asked a very specific question about our website (Vaccinate Your Family), and she said they use very small snippets of information, and then you can have longer form, and then bullet, bullet, bullets. So, that's how you get attracted by AI. So, if that helps anybody.

Q: I learned a new term this morning from our IT vendor called "AI poisoning," and, I wondered if you could comment on that, because I could see that being a major issue for the anti-vaccine community to get misinformation and disinformation specifically placed where it's going to get picked up, and is there anything we can do to combat that? In our training session, it was defined as when information is planted in places like Reddit feeds, where it will be more likely to be picked up by AI and presented as fact. So, they were using the example of picking up, say, a phone number from a scammer, as opposed to the true phone number for your bank. But the issue in anti-vaccine movements is [the potential for] placement of deliberate disinformation in Reddit feeds and other high-priority sites for AI. It may be too long a question for the end of the hour, but I think this is definitely something we need to think about as people use AI for getting information.

Amelia Burke-Garcia (NORC): The strategy of embedding not credible or inaccurate information I don't think is new. I think what has changed is that, historically, in search engines, certain things have been prioritized to come to the top. And now AI is, a little bit, turning that on its head, because, again, certain types of information that are put out there are very good [for AI]—narrative form, snappy, quick. And that's what AI prioritizes. We have to combat it by making our content AI searchable or scrapable, that's one of those ways that we get our content in there, because if we don't, then it can't find us, and then it's going to fill those question gaps with other things that it finds online. So, I would just encourage us to really have a strong focus on making our content [accessible to AI]. You're mentioning Reddit. I mentioned the AKARI tool. There is still a real place for getting influencers and other types of voices online to share our information on our behalf, and that's where we start to get information. Immunize.org doesn't have to, all of a sudden, start commenting in Reddit feeds all over the place, but what you do need to do is figure out your messenger strategy, and how do your messengers get information placed in places that can be picked up as well?

Announcements

- Registration is open for the 2026 National Adult and Influenza Immunization Summit, May 19-21, 2026, at the Crowne Plaza Atlanta Perimeter at Ravinia, 4355

Ashford Dunwoody Rd, Atlanta, GA 30346 (https://www.izsummitpartners.org/2026-naiis/).

- Registrants are encouraged to book a hotel room using this link by April 23: https://book.passkey.com/event/51059389/owner/55306/home