

Documentation: Why Using the IIS Makes a Difference





Becky Prall, RN

IQIP Coordinator/Immunization Nurse Educator

**Kansas Department of Health and Environment
Kansas Immunization Program**

Objectives

- ▶ Define the term IIS
- ▶ Describe the importance of submitting data to the IIS
- ▶ Give three examples of different types of users that submit data to the IIS



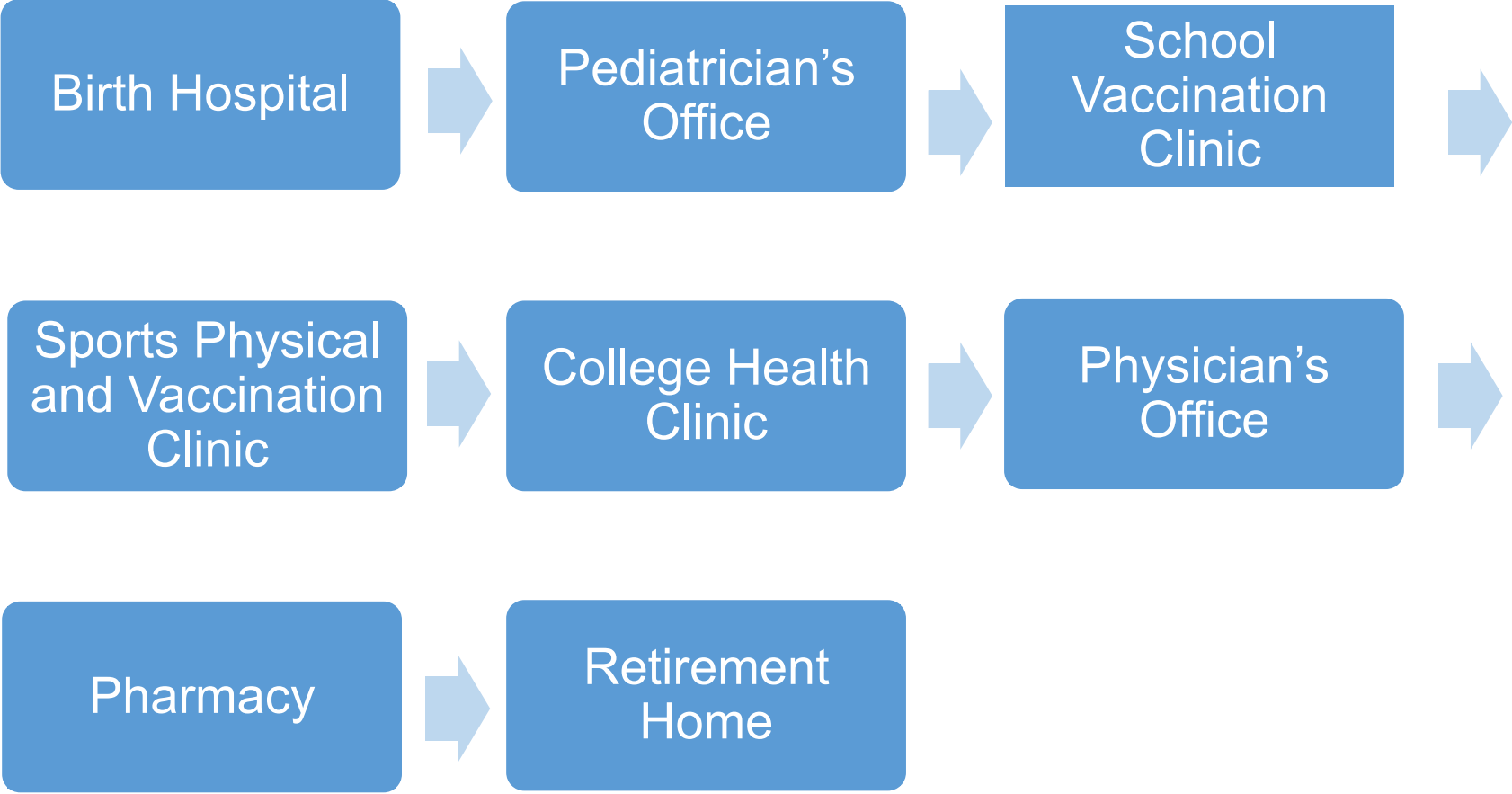
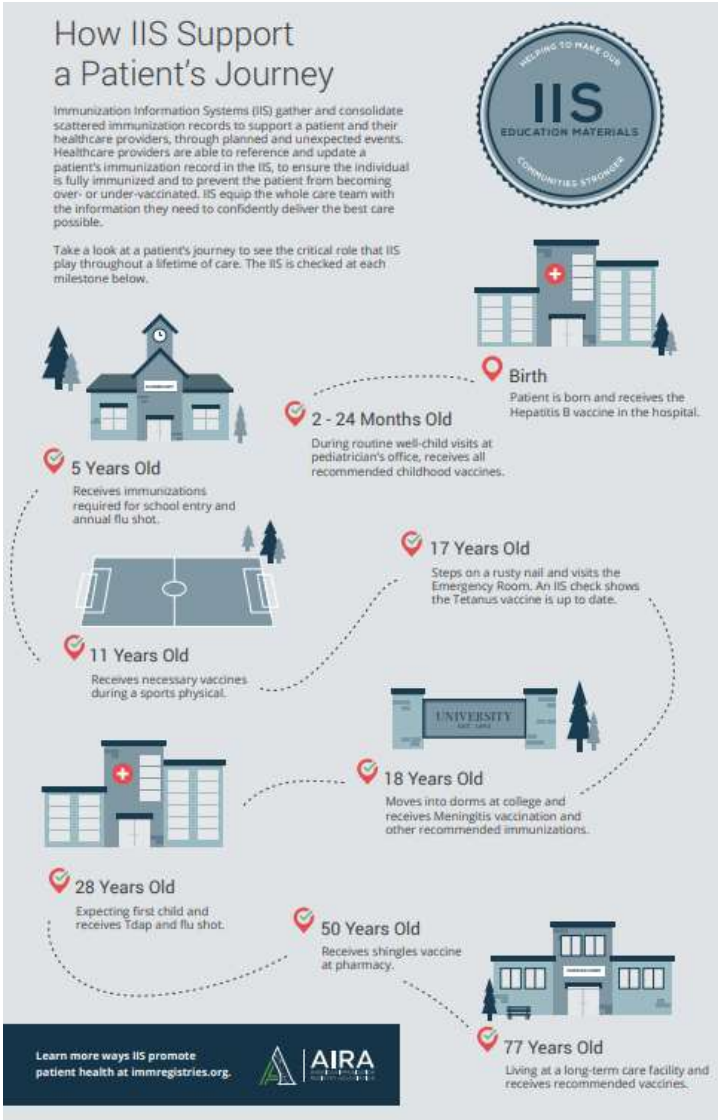
What is an IIS?

An IIS is a confidential, population-based, computerized data base that records all immunization doses administered by participating providers to persons residing within a given geopolitical area.

The most powerful tool for managing immunization records and supporting healthier communities.

AIRA IIS 101: The Basics

https://repository.immregistries.org/files/resources/5caf7b197bf77/iis_101.pdf



https://repository.immregistries.org/files/resources/5caf7b197bf77/how_iis_support_a_patient_s_journey_infographic.pdf

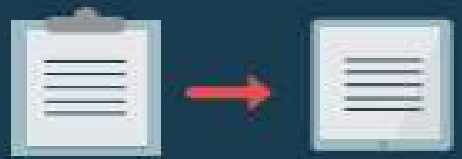
EHR and IIS

Their Differences and How They Work Together

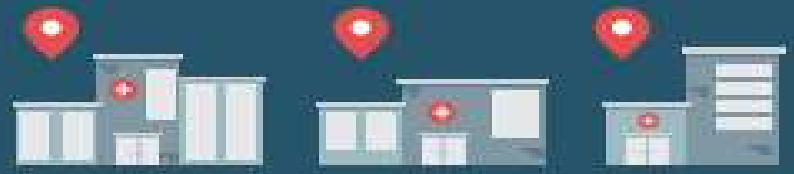
Only captures patient health information within the same medical organization



Replaces written health records of medical encounters



Captures immunization information for a broad population



Consolidates immunization records by reaching across health care providers and networks



Where does IIS data come from?

- Acute Care
- Ambulatory Care
- College/University Student Health
- Community Health Centers
- Correctional Facilities
- County Health Departments
- Federally Qualified Health Centers
- Head Starts
- Home Health
- Hospitals
- Juvenile Detention Centers
- Long-term Care
- Maternal Child Health
- Medicaid Billing
- Medical Groups
- Mental Health
- Nursing Homes
- Pharmacies
- Preparedness
- Private Providers
- Rural Health Centers
- Schools
- Tribal or Indian Health Services
- Vaccine For Children Program
- Vital Statistics
- Women Infants and Children Services

What documentation is required?

- Date of administration
- Vaccine manufacturer
- Vaccine lot number
- Name and title of the person administering the vaccine
- Address of the facility where the permanent record will reside
- Revision date printed on the vaccine information statement (VIS)
- Date it was given to the patient, parent, or guardian

<https://www.cdc.gov/vaccines/hcp/admin/document-vaccines.html>

Vaccine	Administered By *	Refusal Reason *
Tdap	PRALL, BECKY (RN)	
Mfg Lot Exp Date (MM/DD/YY) Funding Src Inv Loc NDC Brand * (I) PMC U5792AA 10/31/19 PUBLIC KDHE VFC 49281-0400-15 ADACEL (5 PACK- 1		
<input type="checkbox"/> Did not Admin <input type="checkbox"/> Delete VFC:Not VFC Eligible	Body Site * LD	Route * INTRAMUSCULAR Dosage 0.50 Refusal Reason Campaign
Influenza IIV4 PFree	PRALL, BECKY (RN)	
Mfg Lot Exp Date (MM/DD/YY) Funding Src Inv Loc NDC Brand * (I) SEQ 261214 06/30/20 PRIVATE KDHE VFC 70461-0319-03 FLUCELVAX QUAD 201		
<input type="checkbox"/> Did not Admin <input type="checkbox"/> Delete	Body Site * RD	Route * INTRAMUSCULAR Dosage 0.50 Refusal Reason Campaign

Registry reporting July 1, 2020

The Statute Requirement:

65-2886a. Reporting of administration of vaccines by physicians and other authorized individuals; exceptions.(a) On and after July 1, 2020, physicians and other persons authorized by law in this state to administer vaccines shall report the administration of a vaccine to a person in this state to the state registry maintained for such purpose by the secretary of health and environment in a manner and form as may be required by the secretary, except that if the person vaccinated or, if the person is a minor, the parent or guardian of the minor, objects to the report, the report shall not be made.



To protect and improve the health and environment of all Kansans

Thank you/Questions



You Must Provide Patients with Vaccine Information Statements (VISs) – It’s Federal Law!

What are Vaccine Information Statements (VISs)?

Vaccine Information Statements (VISs) are documents produced by the Centers for Disease Control and Prevention (CDC), in consultation with panels of experts and parents, to properly inform vaccinees (or their parents/legal representatives) about the risks and benefits of each vaccine. VISs are not meant to replace interactions with healthcare providers, who should address any questions or concerns that the vaccinee (or parent/legal representative) may have.

Using VISs is legally required!

Federal law (under the National Childhood Vaccine Injury Act) requires a healthcare professional to provide a copy of the current VIS to an adult patient or to a child’s parent/legal representative before vaccinating an adult or child with a dose of the following vaccines: diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), influenza, pneumococcal conjugate, meningococcal, rotavirus, human papillomavirus (HPV), or varicella (chickenpox).

Where to get VISs

All available VISs can be downloaded from the websites of the Immunization Action Coalition at www.immunize.org/vis or CDC at www.cdc.gov/vaccines/hcp/vis/index.html. Ready-to-copy versions may also be available from your state or local health department.

Translations: You can find VISs in more than 30 languages on the Immunization Action Coalition website at www.immunize.org/vis.

To obtain translations of VIS in languages other than English, go to www.immunize.org/vis.

According to CDC, the appropriate VIS must be given:

- Prior to the vaccination (and prior to each dose of a multi-dose series);
- Regardless of the age of the vaccinee;
- Regardless of whether the vaccine is given in a public or private healthcare setting.

Top 10 Facts About VISs

FACT 1 It’s federal law! You must provide current* VISs to all your patients before vaccinating them.

Federal law requires that VISs must be used for patients of **ALL ages** when administering these vaccines:

- DTaP (includes DT)
- Td and Tdap
- hepatitis A
- hepatitis B
- Hib
- HPV
- influenza (inactivated and live, intranasal)
- MMR and MMRV
- meningococcal (MenACWY, MenB)
- pneumococcal conjugate
- polio
- rotavirus
- varicella (chickenpox)

For the vaccines not covered under the National Childhood Vaccine Injury Act (i.e., adenovirus, anthrax, Japanese encephalitis, pneumococcal polysaccharide, rabies, typhoid, yellow fever, and zoster), providers are not required by federal law to use VISs unless they have been purchased under CDC contract. However, CDC recommends that VISs be used whenever these vaccines are given.

*Federal law allows up to 6 months for a new VIS to be used.

FACT 2 VISs can be given to patients in a variety of ways.

In most medical settings, VISs are provided to patients (or their parents/legal representatives) in paper form. However, VISs also may be provided using electronic media. Regardless of the format used, the goal is to provide a current VIS just prior to vaccination.

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Most current versions of VISs (table)

As of August 15, 2019, the most recent versions of the VISs are as follows:

Adenovirus.....	6/11/14	MMRV.....	8/15/19
Anthrax.....	3/21/18	Multi-vaccine.....	11/5/15
Cholera.....	7/6/17	PCV13.....	11/5/15
DTaP.....	8/24/18	PPSV.....	4/24/15
Hepatitis A.....	7/20/16	Polio.....	7/20/16
Hepatitis B.....	8/15/19	Rabies.....	10/6/09
Hib.....	4/2/15	Rotavirus.....	2/23/18
HPV.....	12/2/16	Td.....	4/11/17
Influenza.....	8/15/19	Tdap.....	2/24/15
Japanese enceph.....	8/15/19	Typhoid.....	5/29/12
MenACWY.....	8/15/19	Varicella.....	8/15/19
MenB.....	8/15/19	Yellow fever.....	3/30/11
MMR.....	8/15/19	Zoster.....	2/12/18

A handy list of current VIS dates is also available at www.immunize.org/catg.d/p2029.pdf.

Technical content reviewed by the Centers for Disease Control and Prevention

www.vaccineinformation.org

www.immunize.org/catg.d/p2027.pdf • Item #P2027 (8/19)

Required VIS

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