

The Facts about Using VISs

Many healthcare providers have misconceptions about the use of Vaccine Information Statements (VISs). VISs are patient-education sheets developed by the Centers for Disease Control and Prevention (CDC) to inform vaccine recipients (or the parents/legal representatives of minor patients) of the benefits and risks of a particular vaccine. The National Childhood Vaccine Injury Act of 1986, a federal law, requires VISs be given out whenever most vaccines are given. Below are common myths about VISs, followed by factual statements that correct them.

Myth: Federally required VISs are supposed to be used when vaccinating children, not adults.

Fact: Federal law requires that VISs be used for most vaccines when vaccinating patients of any age (not just children).

Myth: Handing out VISs is required only in public clinics.

Fact: Federal law requires use of VISs in both the public and private sectors, regardless of the source of payment for the vaccine.

Myth: VISs must be handed out for all vaccines, including those that are given to international travelers.

Fact: Federal law requires the use of VISs for only those vaccines that are recommended by CDC for "routine administration to children." This includes all vaccines containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis A, hepatitis B, *Haemophilus influenzae* type b (Hib), varicella (chickenpox), influenza, or pneumococcal conjugate, whether as single antigen or combination products. Currently, use of other VISs (e.g., pneumococcal polysaccharide, typhoid, rabies vaccines) is recommended but is not required by federal law.

Myth: If there isn't enough time to have the patient read the VIS before the vaccine is given, you can give the patient (parent/legal representative) a copy to read at home.

Fact: The idea behind a VIS is to provide information about the vaccine and the disease **before** the patient is to receive the vaccine. It is acceptable, however, to hand out VISs well before administering vaccines (e.g., at a prenatal visit or at birth for vaccines an infant will receive during infancy) as long as you still provide VISs right before administering vaccines.

Myth: It is adequate under the law to hand the patient or parent a laminated copy of the VIS to read prior to immunization.

Fact: If you give the patient a laminated copy of the VIS to read and return before leaving the clinic, you must **also** give the patient (parent/legal representative) a copy of the VIS to take home.

Myth: You must provide a VIS when giving the first dose of a vaccine series, but it's optional for subsequent doses.

Fact: The most current VIS must be provided before each dose of vaccine is given, including those given in a series. If three doses are required, the patient (parent/legal representative) must have the opportunity to read the information on the VIS before each dose is given. The reasoning behind this is that the patient's health may have changed between doses. The

information the patient read before may no longer apply to their current health status.

Myth: Since there aren't VISs for all of the combination vaccines, a VIS can't be given when using these vaccines.

Fact: When giving combination vaccines for which no VIS exists (e.g., ProQuad, Twinrix), give out **all** relevant single VISs. For example, for ProQuad, give the patient VISs for MMR and varicella vaccines; for Twinrix, give the VISs for hepatitis A and hepatitis B vaccines.

Myth: Federal law requires the signature of the patient (parent/legal representative), indicating that he or she received the appropriate VIS.

Fact: Signatures are not required by federal law (although some states may require them). To verify that a VIS was given, providers must record in the patient's chart (or permanent office log or file) the following information:

- Which VIS was given (that is, for which vaccine)
- Publication date on the VIS (must be the current version)
- Date the VIS was given

The truth is, by using the VISs with your patients, you are helping to develop a **better educated patient population** and you're doing the right thing.

Myth: Providers can modify a VIS to better suit their practices.

Fact: Providers should not change a VIS or write their own VISs. It is permissible to add a practice's name, address, or phone number to an existing VIS. Providers are encouraged to supplement the VIS with additional patient-education materials.

Myth: It's too complicated to use VISs with patients who don't read or speak English; in these instances, giving VISs to patients is optional.

Fact: The law requires that providers ensure all patients (parents/legal representatives) receive the appropriate VIS, regardless of their ability to read English. VISs in more than 30 languages are available from IAC. You may also choose to read VISs aloud to patients or play one of the VIS videotapes that are available. Go to www.immunize.org/vis for VISs in multiple languages as well as in other formats.

Myth: It is too difficult to know the most current VIS information and requirements.

Fact: All current VISs are available from CDC and your state health department. And, of course, you can always find the most up-to-date information on VISs by visiting IAC's web-site at www.immunize.org/vis. New VISs are announced in our email newsletter IAC Express. If you are not already a subscriber, go to www.immunize.org/subscribe.