

Excerpt from "The Immunization Encounter: Critical Issues satellite broadcast", originally broadcast June 27, 2002.

Written by Donna Weaver, RN, MN, Judy Schmidt, RN, EdD, and William Atkinson, MD, MPH, with contributions by Jean Popiak and Robert Pless, MD, National Immunization Program, Centers for Disease Control and Prevention

Patient and Parent Education Segment

ATKINSON:

Another critical component of the immunization encounter is patient and parent education. As health care providers, we know that immunizations are among the most cost effective and widely used public health interventions. We also know that no medication, not even a vaccine, is 100 percent safe or effective. As the incidence of vaccine preventable diseases is reduced, the disease threat is less visible. Public focus has changed from the risk of disease to concerns associated with the vaccines themselves. Before you administer any vaccine, you have a responsibility to discuss each vaccine's benefits and risks with the patient or parent. Judy, could you expand on this?

SCHMIDT:

Bill, risk and benefit communication between the provider and the person receiving the vaccine is essential. The cornerstone of immunization patient education is the Vaccine Information Statement, or VIS.

Every health care provider, public or private, who administers a vaccine covered by the National Childhood Vaccine Injury Act is required by law to provide a copy of the most current VIS with EACH DOSE of vaccine administered. Not only the first dose, but EVERY dose. In addition, CDC encourages health-care providers to use all available VISs, whether the National Childhood Vaccine Injury Act covers the vaccine or not. It's just good practice.

Health care providers are not required by Federal law to obtain the signature of the patient or their representative acknowledging receipt of the VIS. The VISs are not designed as informed consent documents.

Because the materials cover both benefits and risks associated with vaccinations, they provide enough information that anyone reading them should be adequately informed. You should, however, consult your agency or state immunization program to determine if there are any specific informed consent requirements.

Documentation that the VIS was given is required. Health care providers must note in each patient's permanent medical record the date printed on the VIS and the date the VIS is given to the vaccine recipient, or their legal representative.

Every VIS is dated. The date is usually located in the corner of the second page of the document. This is the date that must be recorded in the patient's chart. VISs change periodically. Paying attention to this date also helps to ensure that your office always has the most current version of each VIS.

VISs are available in over twenty languages on the Immunization Action Coalition website. State Immunization Programs have single camera-ready, or master copies available and some private provider organizations also print and sell copies of the VISs. If patients or parents are unable to read the VISs, it's up to the provider to ensure that they have the information. This can be done by reading or paraphrasing the VISs, and confirming that they are understood. Health care providers should also encourage the patient or their representative to take the VIS home. This is important because the VIS includes information that may be needed later. This includes: the recommended schedule for that vaccine; information concerning what to look for and do after the vaccination; and what to do if there is a serious reaction. The health care provider's patient education responsibilities don't end with the Vaccine Information Statement. That's just the beginning. Donna, will you tell us more?

WEAVER:

Sure, Judy, I would be glad to. Education involves more than telling pieces of information to someone. Education is an interactive process, an exchange of information. We need to listen, hear our patient's concerns and then be prepared to address those concerns. If you are not willing to do this, then the parent will go elsewhere for their information and elsewhere may not be a reliable source of good, scientific based information.

Let's talk about parents' vaccine information needs. Based on several recent surveys, we know that the majority of parents think positively about immunizations. We also know that many parents rely on and trust their health care provider's recommendations. As we would expect, many parents don't have experience with or knowledge about vaccine preventable diseases because we no longer see these diseases in epidemic proportions.

Many questions are generated by the vaccine education materials we provide. Parents also get information from the news media, from their friends and family, and increasingly, from the Internet. Unfortunately, some of these sources have lead to misconceptions and fears in a significant number of parents.

As health care providers, our goal should be to provide parents with the basic information that they are looking for about vaccines. Research has identified seven questions that parents need to ask about childhood vaccinations. They are: What shots will my child get this visit? Why should my child get these shots? Is there any reason I should not give my child these shots? What side effects should my child have? What should I do if my child has a side effect? What should I do if my child has a severe side effect? And, finally, When is my child's next shot?

We have a couple of suggestions that may help you respond to these questions. First, help parents prepare for the immunization encounter in advance. If possible, provide parents with information ahead of time, before the immunization encounter. This information may answer some of their questions. If you don't have the opportunity to provide parents with information before they come to your clinic or office, then consider having information available in the waiting area, like brochures, pamphlets, VISs and videos.

Our second suggestion- be prepared to respond to parents' questions and concerns. Consider doing some vaccine safety communication in- services, maybe over lunch. Staff can even role- play various scenarios based on situations that have arisen in your office or clinic.

These in-services can help to ensure that all staff have the same vaccine safety information and that there are no confusing mixed messages being given to parents. Role playing can help staff be less defensive, more empathetic to parents' concerns, and sensitive to cultural influences. Be clear who in your organization will give out VISs, who will elicit the parents' questions, and who will discuss the benefits and risks. Also remember to praise parents for doing their homework and bringing their children to be immunized. Hopefully parents will realize that ultimately you both have the same interest at heart, the health and safety of their child.

####