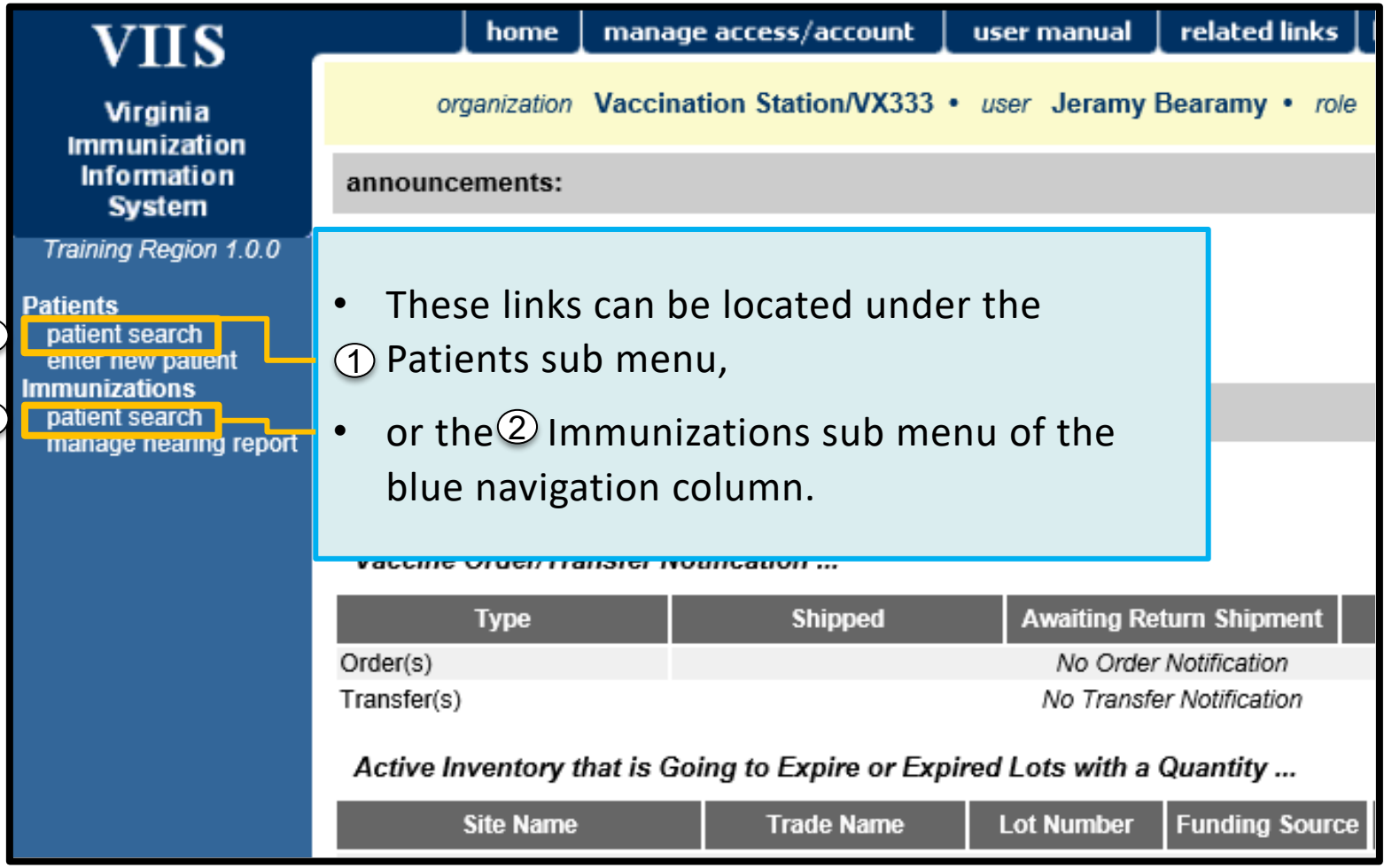
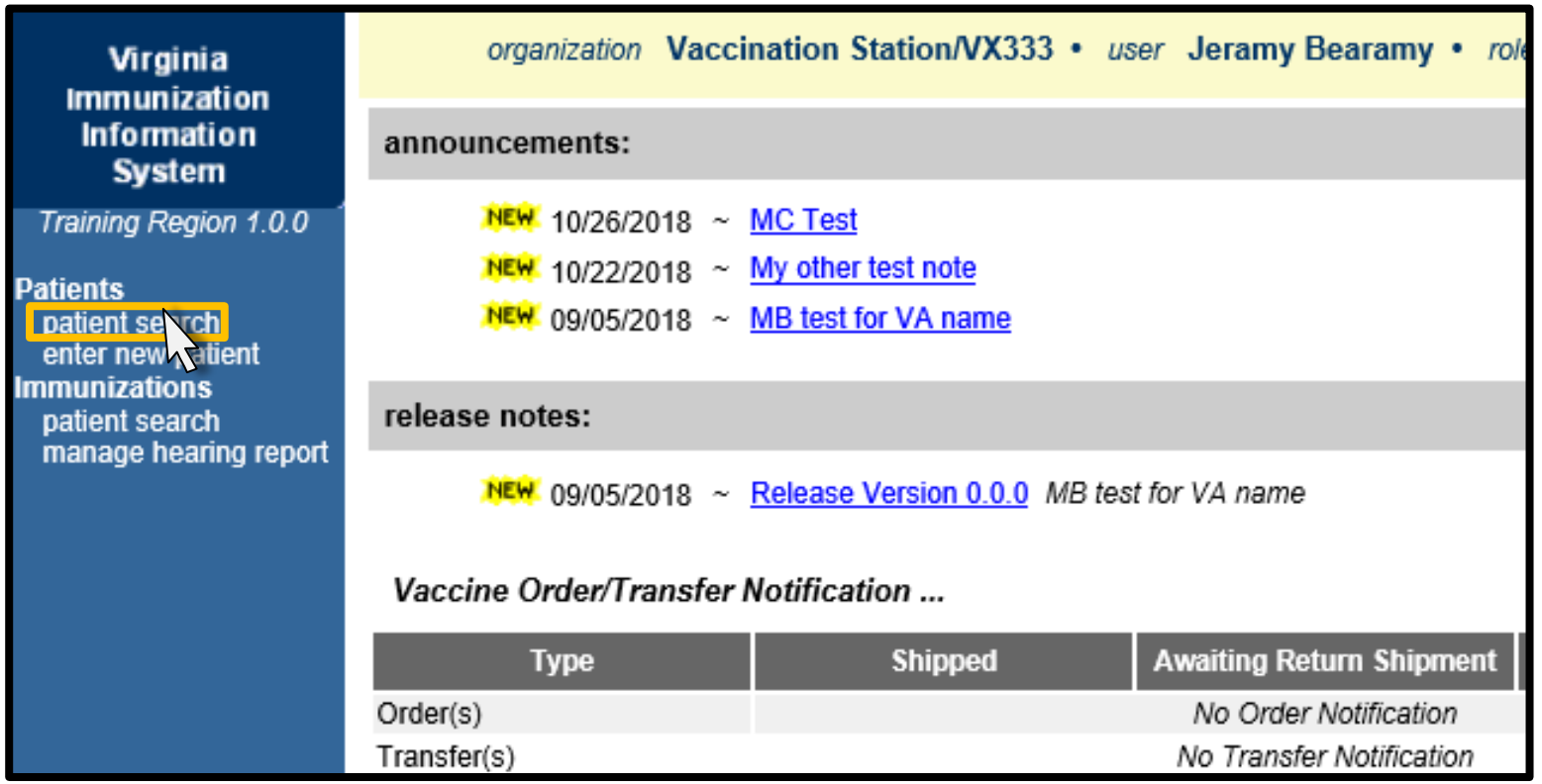
THE VIRGINIA IMMUNIZATION INFORMATION SYSTEM

How To Search For A Patient And Print The Immunization Record In VIIS

- The Primary Function Of The Virginia Immunization Information System, Or VIIS Is The Ability To Find And Print Or View A Patient's Immunization Record.
- Once You've Logged In And Are On The Homepage, The Search Feature Can Be Accessed Through Either Of The Patient Search Links.
- Both Links Will Redirect You To The Patient Search Screen. The Difference Between Them Isn't Where You Will Wind Up, Once You Have Located Your Patient.
- The Link Under The Patients Sub Menu Will Direct You To That Patient's Personal Information. The Link Under The Immunizations Sub Menu Will Take You Directly To The Patient's Immunization Record.



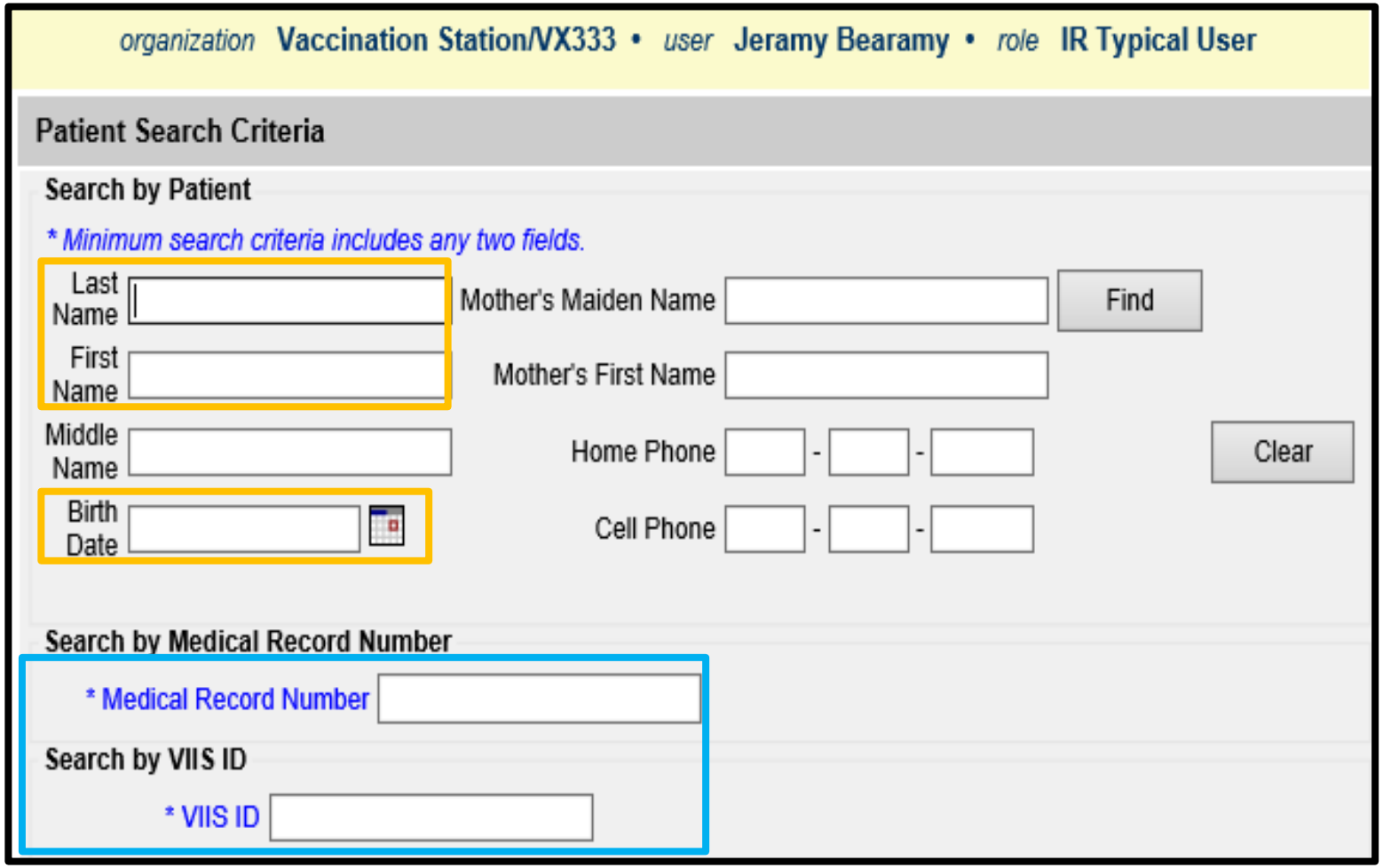
- For the purposes of this training, we will click the link, That is under the patient's submenu.



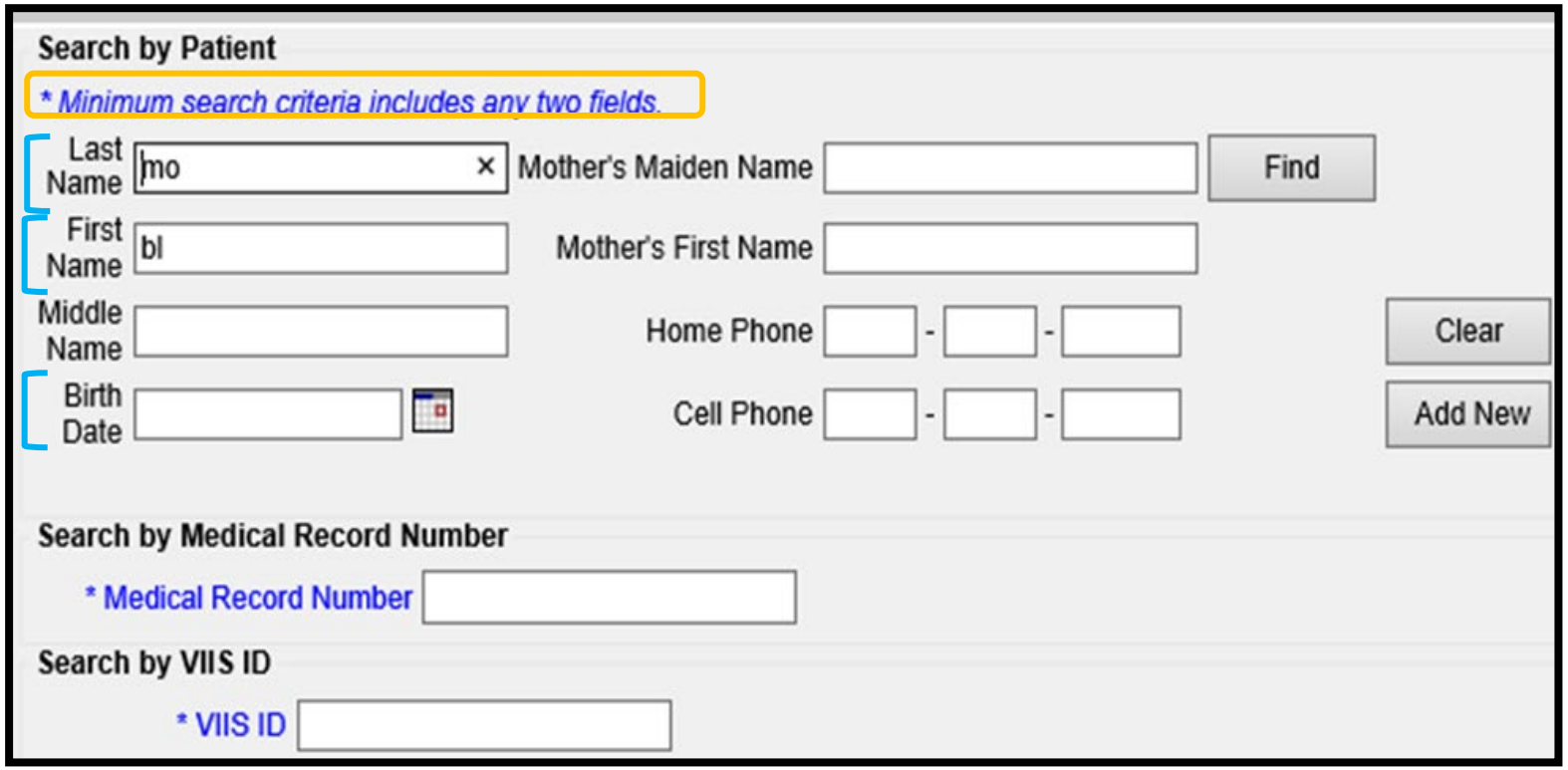
- Patient search screen contains several fields, which can be used to locate the patient you're looking for and while it is possible to make use of all of these fields in your search, The most efficient ways to search are by utilizing your patient's VIIS ID.

- Medical record number, or a combination of last name, first name, and date of birth.

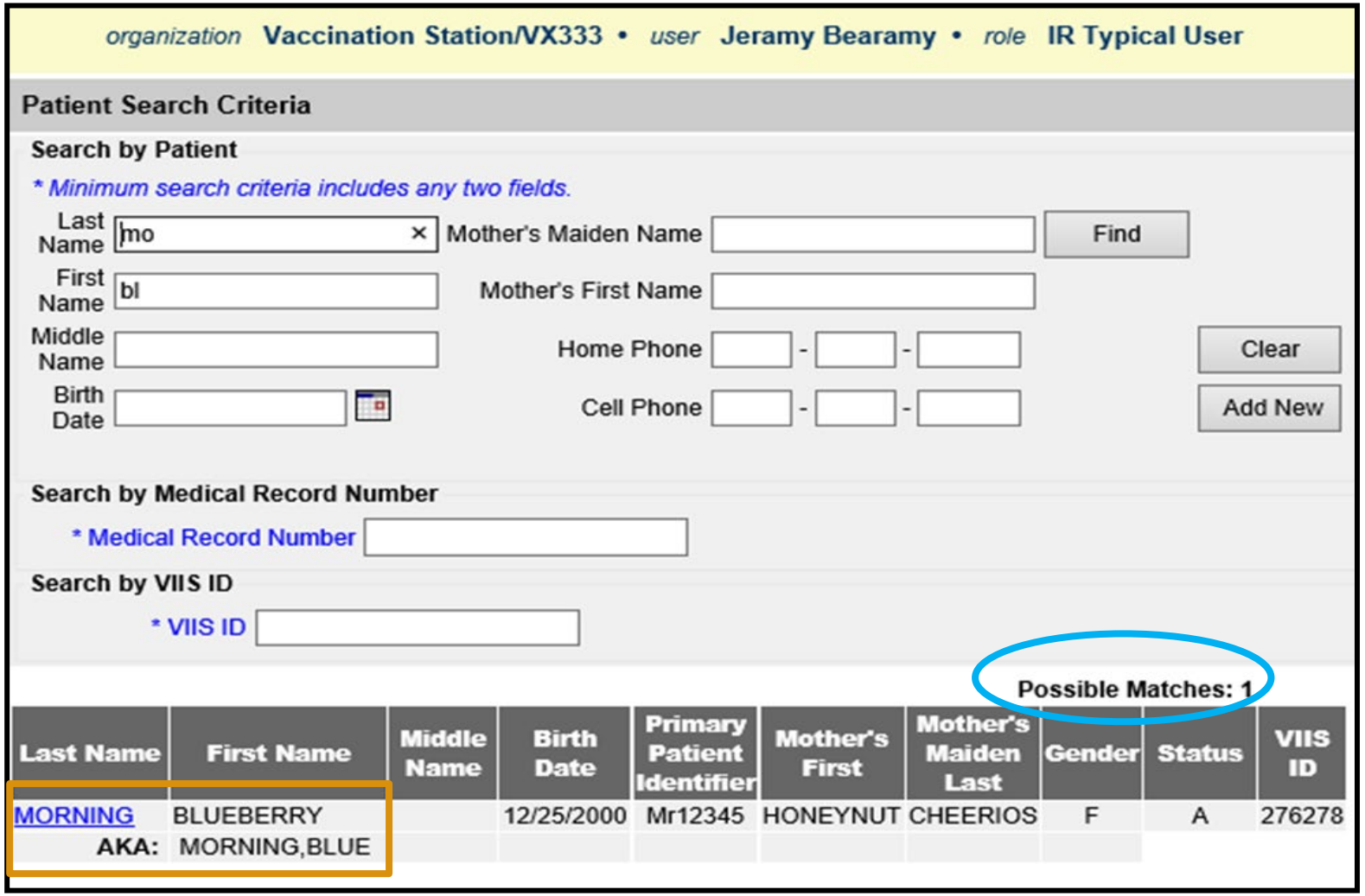
- If this is your first time searching for a particular patient, you will want to search by a combination of last name, first name, date of birth, as you will most likely not have the patient's VIIS ID or an associated medical record number available.



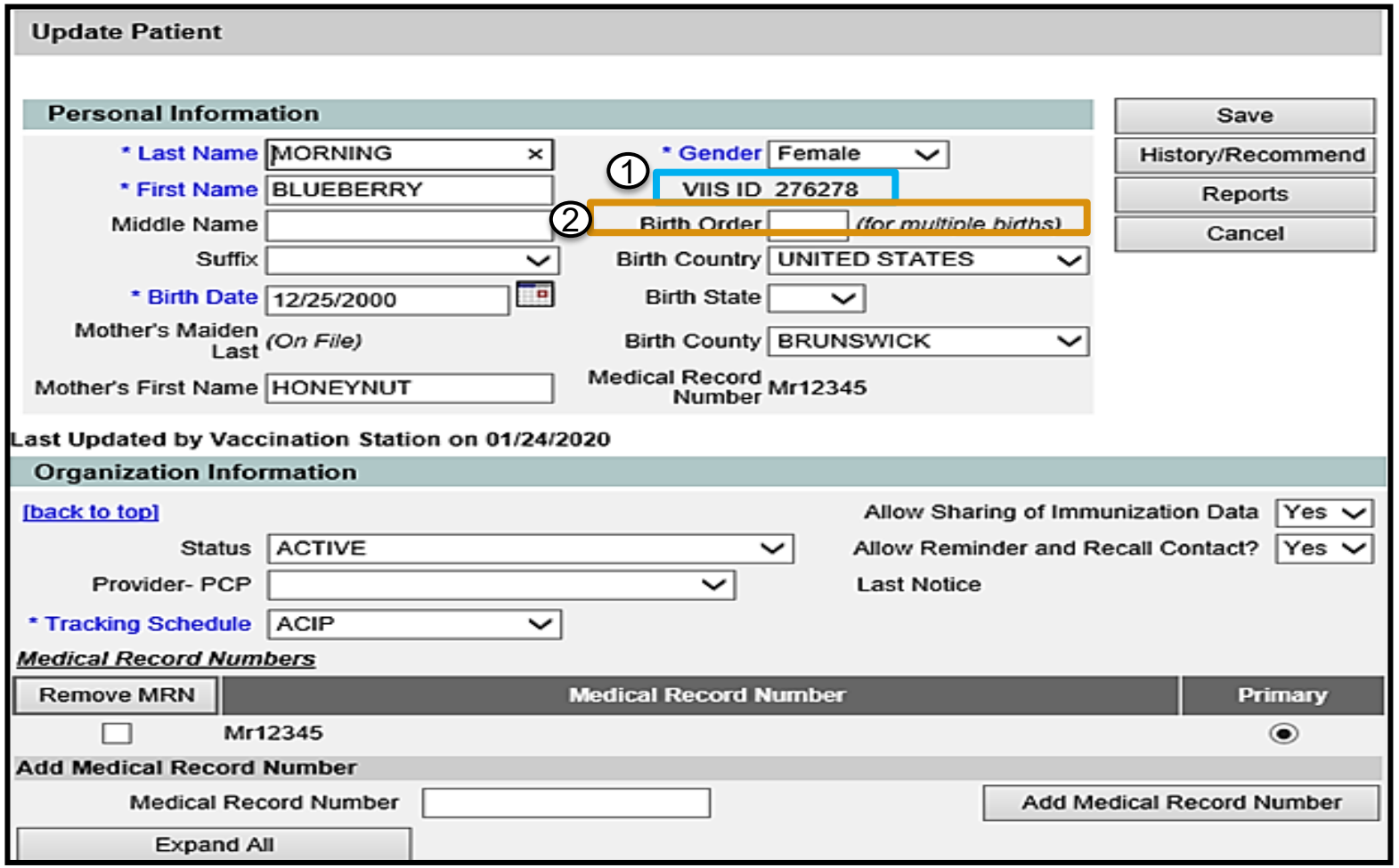
- At least two fields are required when conducting a search using fields other than the VIIS ID or Medical Record Number.
- Start your search with just a few letters of the patient's first and last names.
- Too much information at once can decrease the odds of finding the patient.



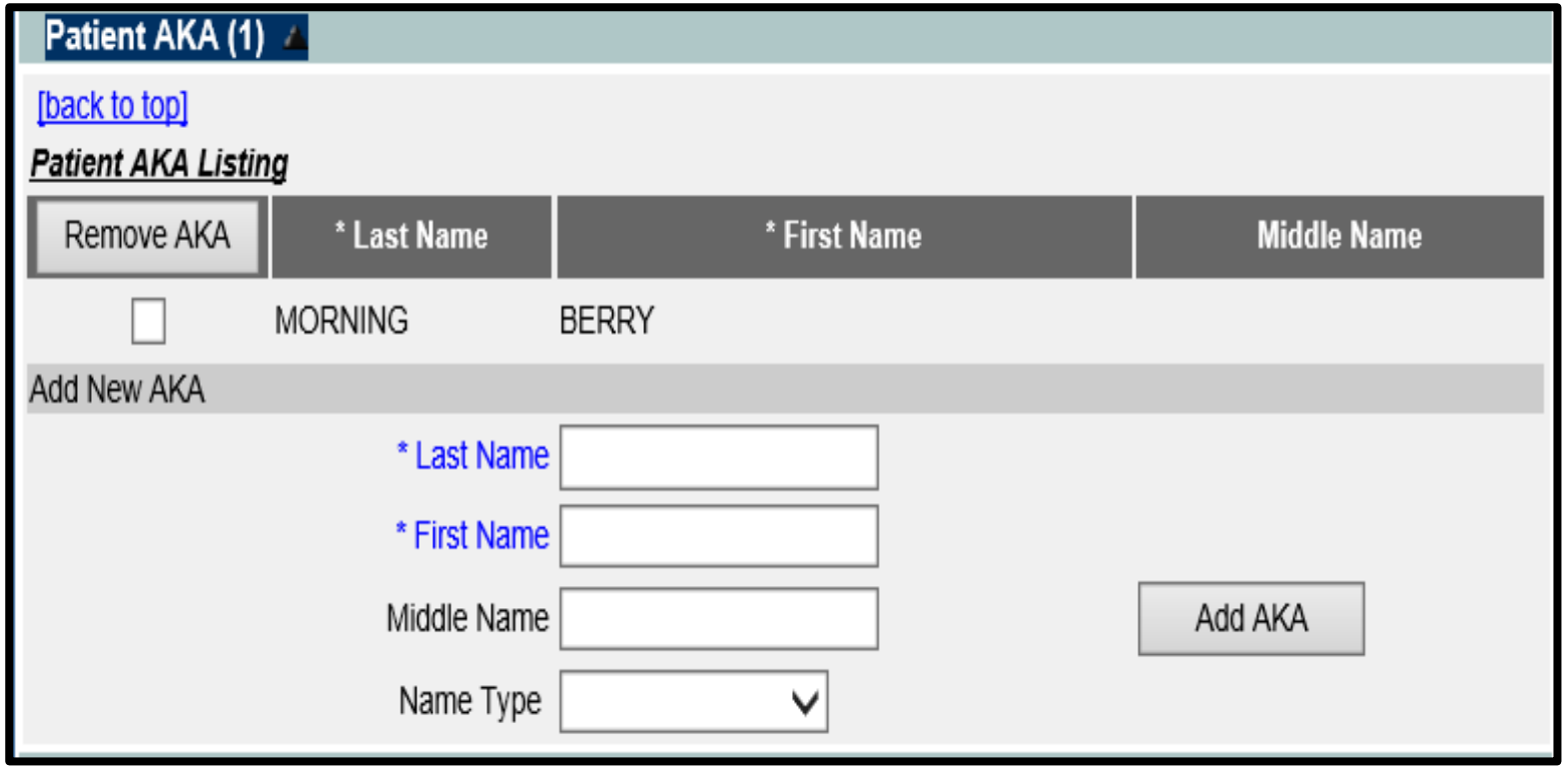
- The results of your search will appear at the bottom, under "Possible Matches."
- If there are multiple results for your search, you may refine your search by adding additional letters to the patient's name or other information such as the Birth Date.
- When you have located your patient, click on the hyperlink in the patient's last name to view the patient profile.



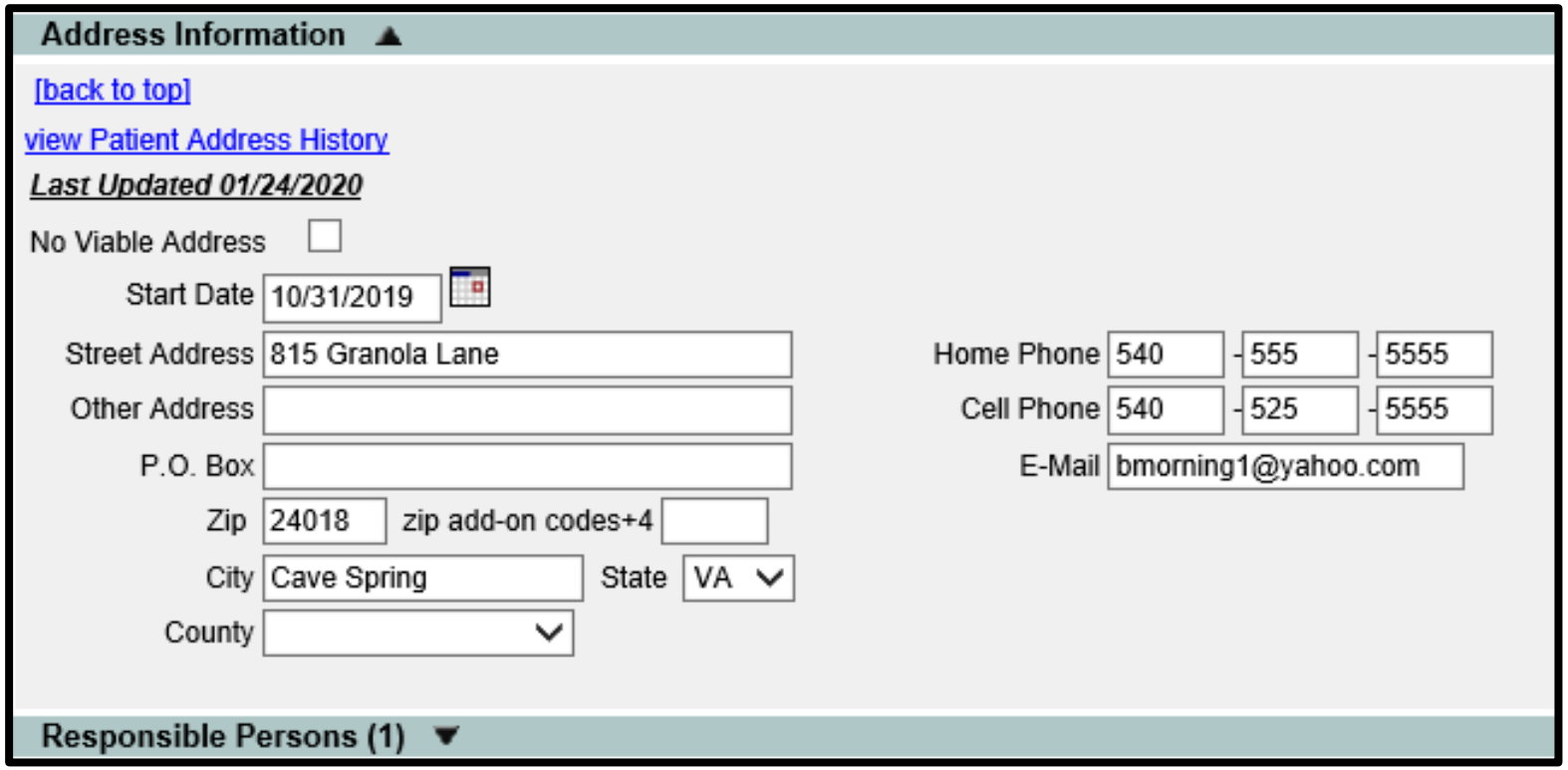
- The Patient Information Page displays identifying and contact information for your patient.
- A few notable changes have been made to this page in the new system.
- The VIIS ID is now located under the gender field. ①
- A section for Birth Order ② has been added for instances of multiple births.



- The Patient AKA section of the Patient Information screen is a new feature that allows the addition of previous names, aliases, and nicknames.

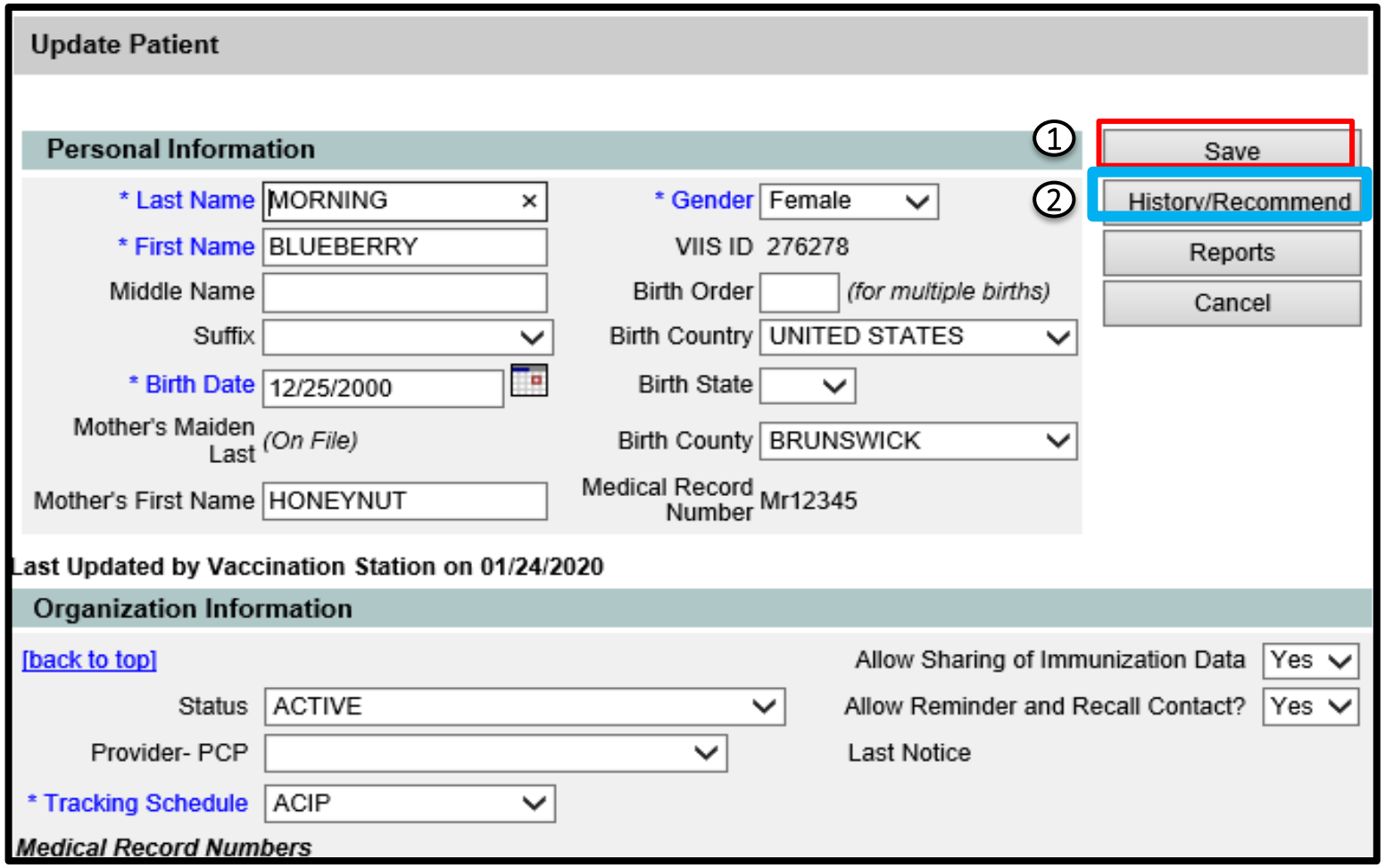


- The Address Information section is another new addition to the Information screen that allows input of patient contact information without attaching it to a responsible person.

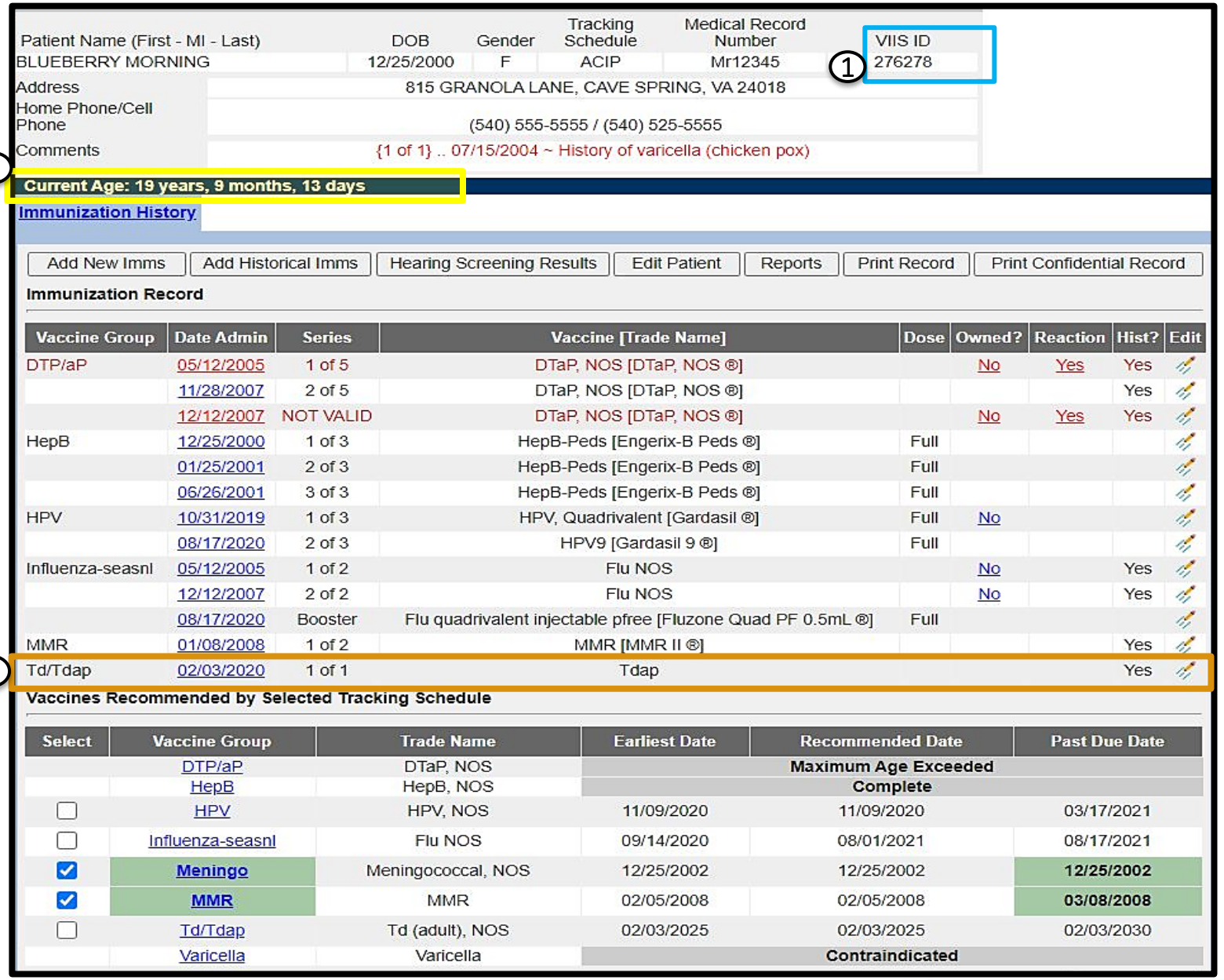


- If any changes are made to the patient's information, click Save ① in the upper right-hand corner of the page, to ensure that the changes are retained in the system.

- Once you are ready to move on to the Immunization Record, click ② History/Recommend below the save button.



- Overall the immunization record is the same with a few notable changes:
- The VIIS ID ① has moved and is now located to the right of the Medical Record Number.
- The Patient's Current Age ② is now near the top of the page, between the Patient Information and the Immunization Record.
- Tdap ③ is now displayed as one vaccine and no longer split into TD and Pertussis.



Patient Name (First - MI - Last)	DOB	Gender	Tracking Schedule	Medical Record Number	VIIS ID
BLUEBERRY MORNING	12/25/2000	F	ACIP	Mr12345	① 276278

Address: 815 GRANOLA LANE, CAVE SPRING, VA 24018
Home Phone/Cell Phone: (540) 555-5555 / (540) 525-5555
Comments: {1 of 1} .. 07/15/2004 ~ History of varicella (chicken pox)

② **Current Age: 19 years, 9 months, 13 days**

Immunization History

Add New Imms | Add Historical Imms | Hearing Screening Results | Edit Patient | Reports | Print Record | Print Confidential Record

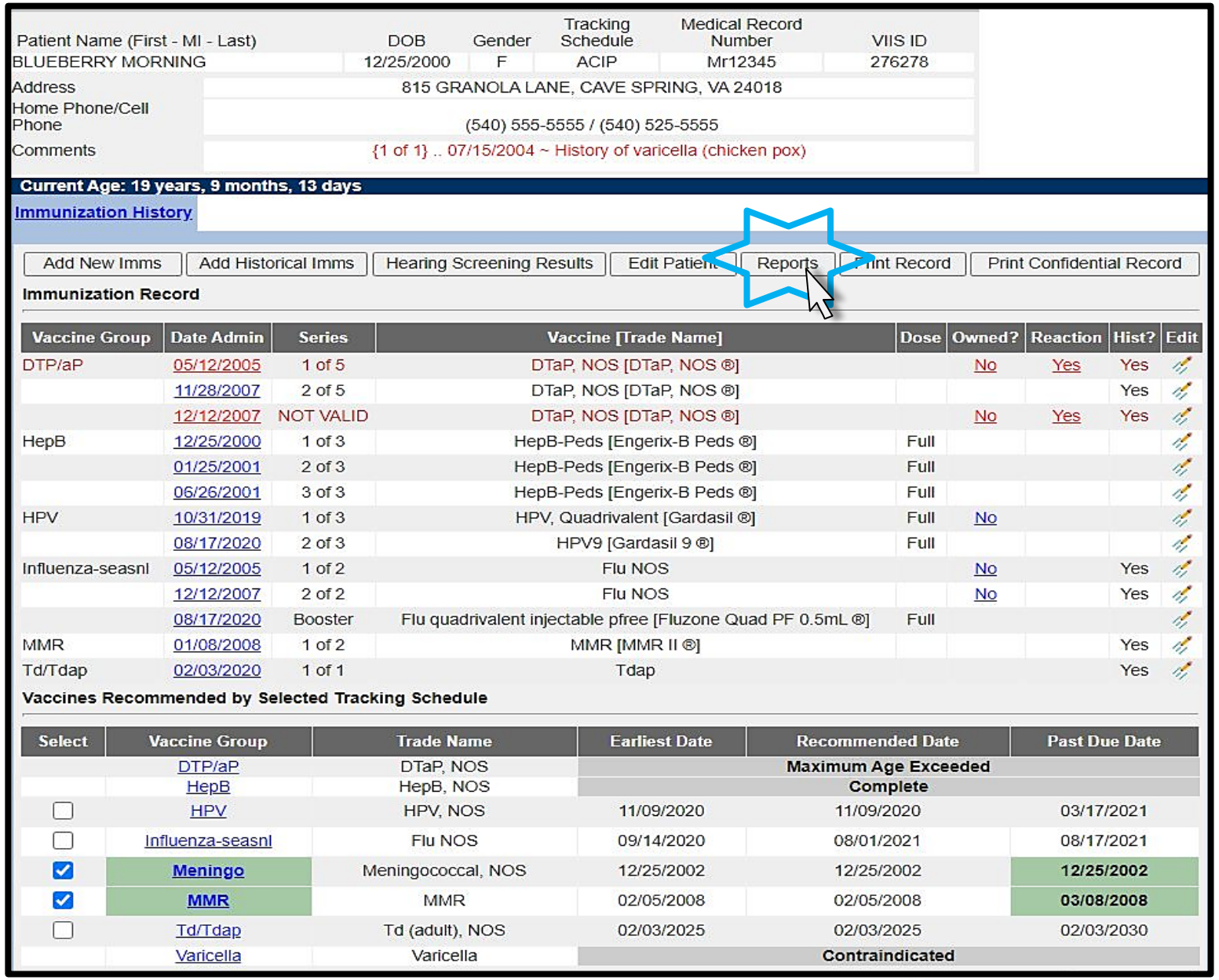
Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	05/12/2005	1 of 5	DTaP, NOS [DTaP, NOS ®]		No	Yes	Yes	
	11/28/2007	2 of 5	DTaP, NOS [DTaP, NOS ®]				Yes	
	12/12/2007	NOT VALID	DTaP, NOS [DTaP, NOS ®]		No	Yes	Yes	
HepB	12/25/2000	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
	01/25/2001	2 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
	06/26/2001	3 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
HPV	10/31/2019	1 of 3	HPV, Quadrivalent [Gardasil ®]	Full	No			
	08/17/2020	2 of 3	HPV9 [Gardasil 9 ®]	Full				
Influenza-seasnl	05/12/2005	1 of 2	Flu NOS		No		Yes	
	12/12/2007	2 of 2	Flu NOS		No		Yes	
	08/17/2020	Booster	Flu quadrivalent injectable pfree [Fluzone Quad PF 0.5mL ®]	Full				
MMR	01/08/2008	1 of 2	MMR [MMR II ®]				Yes	
③ Td/Tdap	02/03/2020	1 of 1	Tdap				Yes	

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Trade Name	Earliest Date	Recommended Date	Past Due Date
	DTP/aP	DTaP, NOS	Maximum Age Exceeded		
	HepB	HepB, NOS	Complete		
☐	HPV	HPV, NOS	11/09/2020	11/09/2020	03/17/2021
☐	Influenza-seasnl	Flu NOS	09/14/2020	08/01/2021	08/17/2021
☑	Meningo	Meningococcal, NOS	12/25/2002	12/25/2002	12/25/2002
☑	MMR	MMR	02/05/2008	02/05/2008	03/08/2008
☐	Td/Tdap	Td (adult), NOS	02/03/2025	02/03/2025	02/03/2030
	Varicella	Varicella	Contraindicated		

- If a copy of the official immunization record is needed, find and click the Reports button.
- This button is located in the upper part of the page, between the Patient's Information section and the Immunization Record section.



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Comments	{1 of 1} .. 07/15/2004 ~ History of varicella (chicken pox)

Current Age: 19 years, 9 months, 13 days

Immunization History

Add New Imms | Add Historical Imms | Hearing Screening Results | Edit Patient | Reports | Print Record | Print Confidential Record

Immunization Record

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Owned?	Reaction	Hist?	Edit
DTP/aP	05/12/2005	1 of 5	DTaP, NOS [DTaP, NOS ®]		No	Yes	Yes	
	11/28/2007	2 of 5	DTaP, NOS [DTaP, NOS ®]				Yes	
	12/12/2007	NOT VALID	DTaP, NOS [DTaP, NOS ®]		No	Yes	Yes	
HepB	12/25/2000	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
	01/25/2001	2 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
	06/26/2001	3 of 3	HepB-Peds [Engerix-B Peds ®]	Full				
HPV	10/31/2019	1 of 3	HPV, Quadrivalent [Gardasil ®]	Full	No			
	08/17/2020	2 of 3	HPV9 [Gardasil 9 ®]	Full				
Influenza-seasnl	05/12/2005	1 of 2	Flu NOS		No		Yes	
	12/12/2007	2 of 2	Flu NOS		No		Yes	
	08/17/2020	Booster	Flu quadrivalent injectable pfree [Fluzone Quad PF 0.5mL ®]	Full				
MMR	01/08/2008	1 of 2	MMR [MMR II ®]				Yes	
Td/Tdap	02/03/2020	1 of 1	Tdap				Yes	

Vaccines Recommended by Selected Tracking Schedule

Select	Vaccine Group	Trade Name	Earliest Date	Recommended Date	Past Due Date
	DTP/aP	DTaP, NOS	**Maximum Age Exceeded**		
	HepB	HepB, NOS	**Complete**		
☐	HPV	HPV, NOS	11/09/2020	11/09/2020	03/17/2021
☐	Influenza-seasnl	Flu NOS	09/14/2020	08/01/2021	08/17/2021
☑	**Meningo**	Meningococcal, NOS	12/25/2002	12/25/2002	**12/25/2002**
☑	**MMR**	MMR	02/05/2008	02/05/2008	**03/08/2008**
☐	Td/Tdap	Td (adult), NOS	02/03/2025	02/03/2025	02/03/2030
	Varicella	Varicella	**Contraindicated**		

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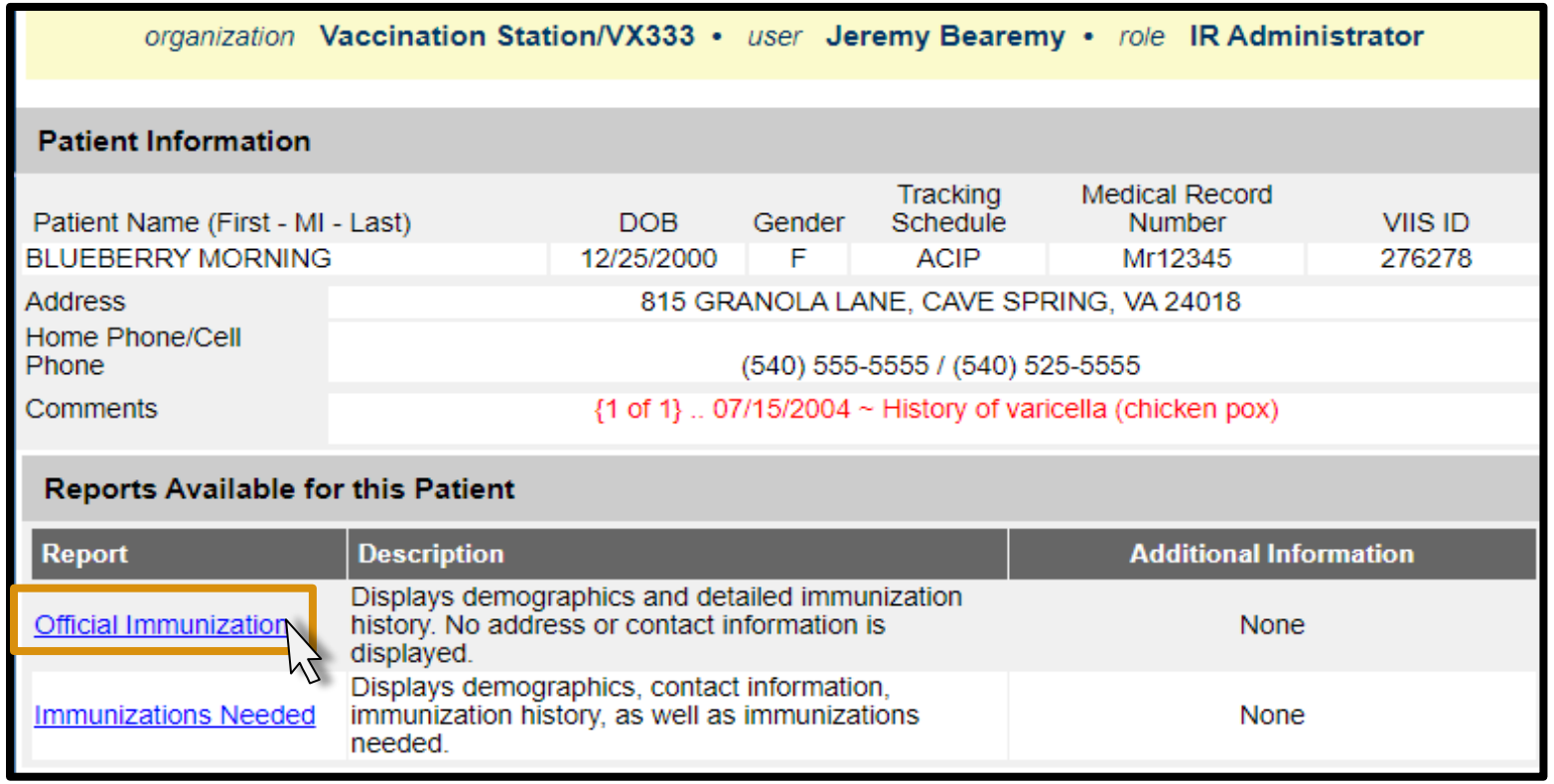
- The two reports on this page are:
- Official Immunization – an official copy of the patient's immunization history.
- Immunizations Needed – a reminder report that shows an unofficial copy of the patient's immunization history plus a list of immunizations not yet received.



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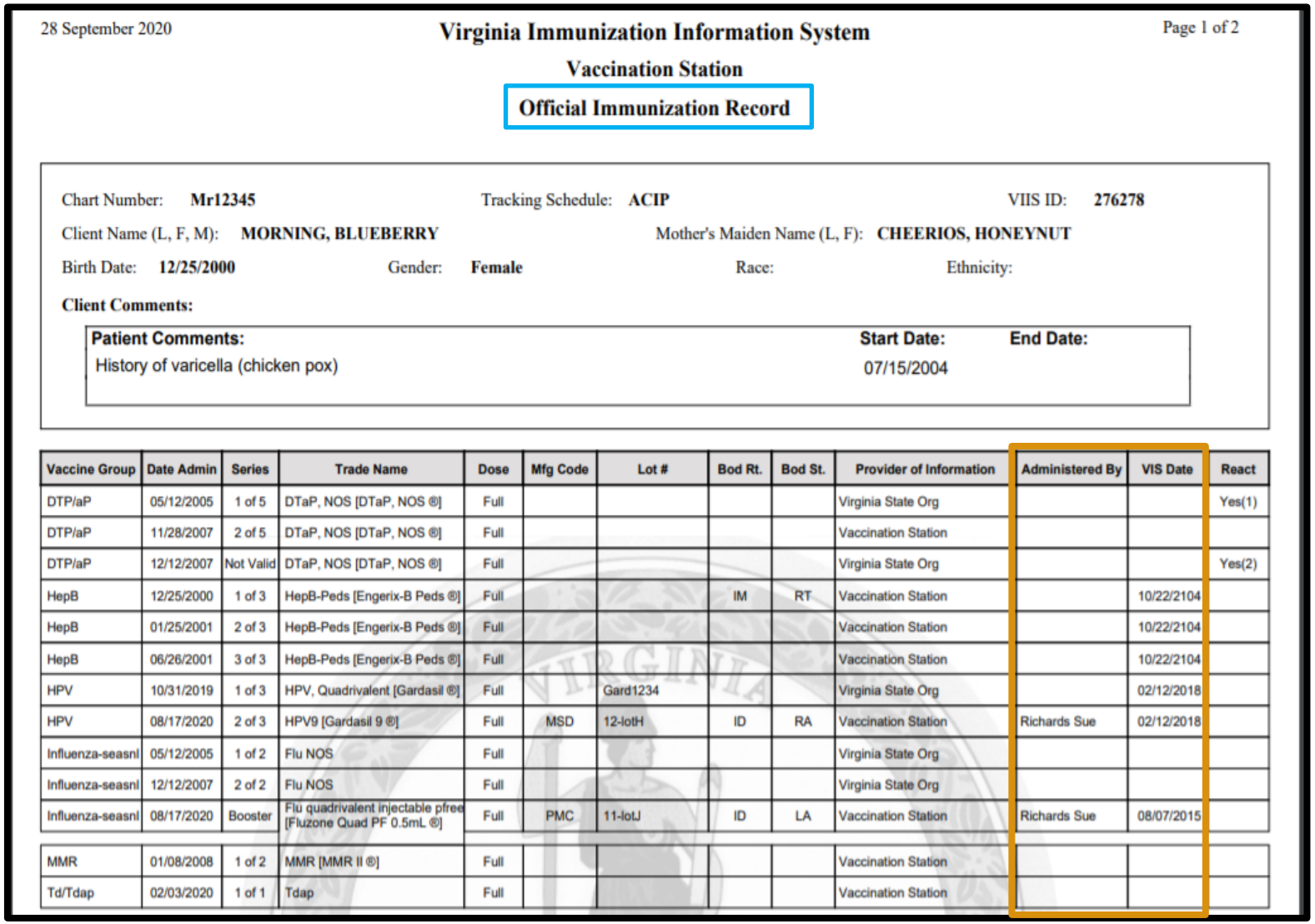
- The official record can be identified by the state seal in the center of the page and the words Official Immunization Record at the top of the page.

- Two new columns have been added to the official record: an Administered By Column and a VIS Date Column.



28 September 2020

Virginia Immunization Information System

Page 1 of 2

Vaccination Station

Official Immunization Record

Chart Number: **Mr12345** Tracking Schedule: **ACIP** VIIS ID: **276278**

Client Name (L, F, M): **MORNING, BLUEBERRY** Mother's Maiden Name (L, F): **CHEERIOS, HONEYNUT**

Birth Date: **12/25/2000** Gender: **Female** Race: Ethnicity:

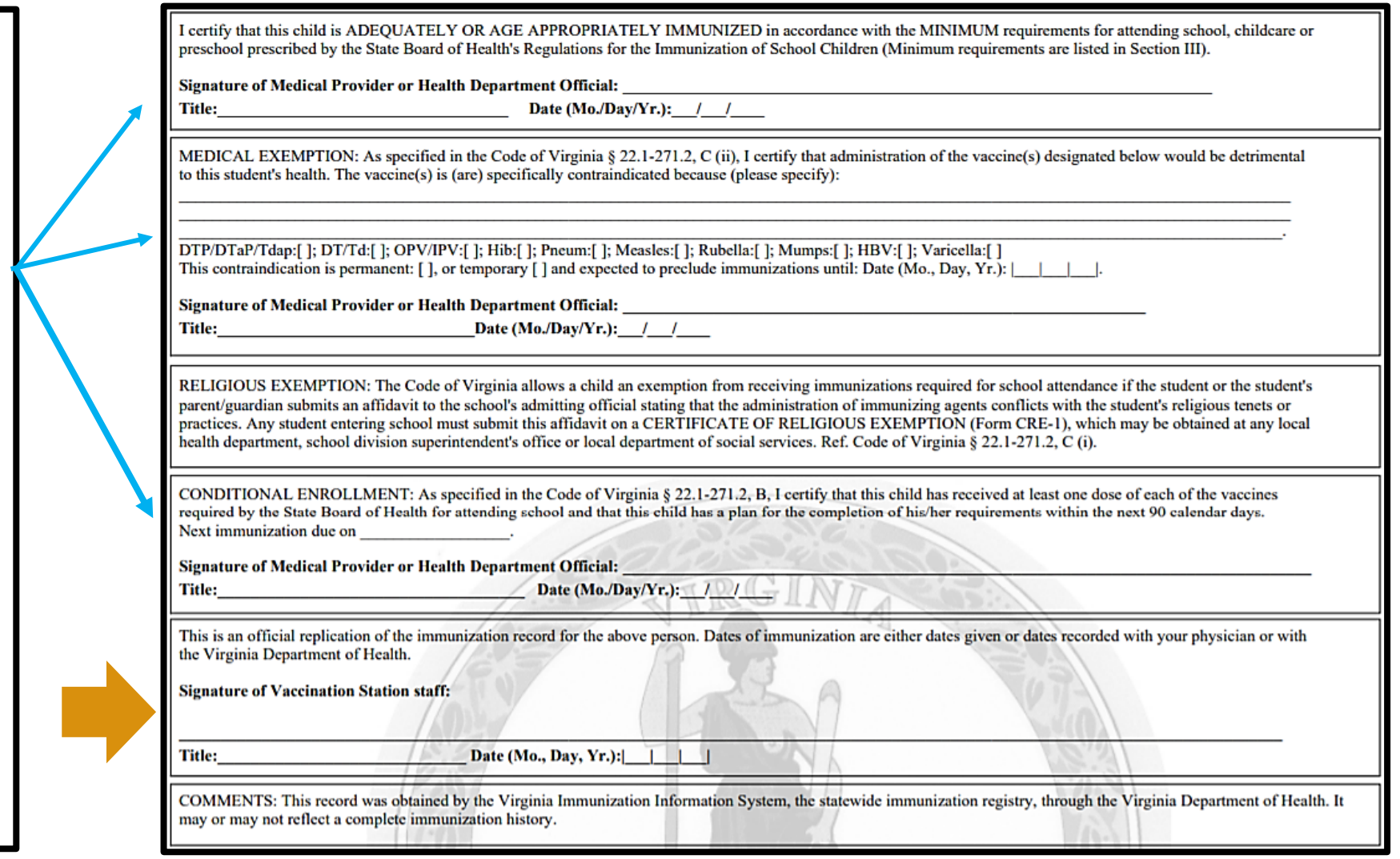
Client Comments:

Patient Comments: **Start Date:** **End Date:**

History of varicella (chicken pox) 07/15/2004

Vaccine Group	Date Admin	Series	Trade Name	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	Administered By	VIS Date	React
DTP/aP	05/12/2005	1 of 5	DTaP, NOS [DTaP, NOS ®]	Full					Virginia State Org			Yes(1)
DTP/aP	11/28/2007	2 of 5	DTaP, NOS [DTaP, NOS ®]	Full					Vaccination Station			
DTP/aP	12/12/2007	Not Valid	DTaP, NOS [DTaP, NOS ®]	Full					Virginia State Org			Yes(2)
HepB	12/25/2000	1 of 3	HepB-Peds [Engerix-B Peds ®]	Full			IM	RT	Vaccination Station		10/22/2104	
HepB	01/25/2001	2 of 3	HepB-Peds [Engerix-B Peds ®]	Full					Vaccination Station		10/22/2104	
HepB	06/26/2001	3 of 3	HepB-Peds [Engerix-B Peds ®]	Full					Vaccination Station		10/22/2104	
HPV	10/31/2019	1 of 3	HPV, Quadrivalent [Gardasil ®]	Full		Gard1234			Virginia State Org		02/12/2018	
HPV	08/17/2020	2 of 3	HPV9 [Gardasil 9 ®]	Full	MSD	12-lotH	ID	RA	Vaccination Station	Richards Sue	02/12/2018	
Influenza-seasnl	05/12/2005	1 of 2	Flu NOS	Full					Virginia State Org			
Influenza-seasnl	12/12/2007	2 of 2	Flu NOS	Full					Virginia State Org			
Influenza-seasnl	08/17/2020	Booster	Flu quadrivalent injectable pfree [Fluzone Quad PF 0.5mL ®]	Full	PMC	11-lotJ	ID	LA	Vaccination Station	Richards Sue	08/07/2015	
MMR	01/08/2008	1 of 2	MMR [MMR II ®]	Full					Vaccination Station			
Td/Tdap	02/03/2020	1 of 1	Tdap	Full					Vaccination Station			

- The Signature section is unchanged.
- A Physician or Registered Nurse are still required to sign in any section other than the very bottom section.
- A signature in that last section means that this is an official copy of the patient's record, though it does not verify that the patient is adequately or age appropriately immunized.



I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, childcare or preschool prescribed by the State Board of Health's Regulations for the Immunization of School Children (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____

Title:_____ **Date (Mo./Day/Yr.):**___/___/____

MEDICAL EXEMPTION: As specified in the Code of Virginia § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

_____

_____

_____.

DTP/DTaP/Tdap:[ ]; DT/Td:[ ]; OPV/IPV:[ ]; Hib:[ ]; Pneum:[ ]; Measles:[ ]; Rubella:[ ]; Mumps:[ ]; HBV:[ ]; Varicella:[ ]
This contraindication is permanent: [ ], or temporary [ ] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |___|___|___|.

Signature of Medical Provider or Health Department Official: _____

Title:_____**Date (Mo./Day/Yr.):**___/___/____

RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the Code of Virginia § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days.
Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____

Title:_____ **Date (Mo./Day/Yr.):**___/___/____

This is an official replication of the immunization record for the above person. Dates of immunization are either dates given or dates recorded with your physician or with the Virginia Department of Health.

Signature of Vaccination Station staff:

_____

Title:_____ **Date (Mo., Day, Yr.):**|___|___|___|

COMMENTS: This record was obtained by the Virginia Immunization Information System, the statewide immunization registry, through the Virginia Department of Health. It may or may not reflect a complete immunization history.

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Questions?

For technical assistance please contact:
VIIS Helpdesk
Monday – Friday 8:30am – 5:00pm
Email: VIIS_helpdesk@vdh.virginia.gov
Phone Number: (866) 375 – 9795

For all training requests please contact:
Email: VIISinfo@vdh.virginia.gov

Additional training guides and resources can be found at: https://www.vdh.virginia.gov/immunization/viis/viisregorgs/