

INSTRUCTIONS FOR REQUIRED MONTHLY VACCINE ACCOUNTABILITY REPORT

*Please note: Report an accurate accounting of vaccines received **ONLY** from the VFC Program (not privately purchased vaccine) during the reporting period. A reporting period is one month (days 1-31). Physical count needs to take place on the last business day of the month or the first business day of the new month prior to administering any vaccines. You have until the 5th to reconcile and send your report into TCPHSS Immunization Program.*

***Do not transfer vaccines received by your office to another provider without consulting with PHSS Immunization Program staff to receive authorization and approval. Please call Lisa or Christy for assistance.*

Remember that vaccines received from the State Childhood Vaccine Program are for INFANTS and CHILDREN ages 0 through 18 years.

A. Doses on Hand at the Beginning of the Month

Enter vaccine inventory on hand at the start of the first day of the month. The numbers will match the numbers in the *Doses on Hand at End of Month* inventory of the previous month. If you have two or more brands of the same antigen on hand, e.g. both HibTiter and ActHIB, add the doses of each together and report total number on the Hib line.

B. Doses Received During the Month from McKesson or Transferred In During Month from other VFC Providers.

Keep vaccine receipts for your record. Enter the total number of doses received during the month from McKesson or transferred in from other VFC Providers. If additional vaccine was received more than once during the month, add the total number of doses received for the entire month.

Do not include vaccine NOT received from State-Supplied Vaccine Program, e.g. vaccine you purchased.

Subtotal: Add A and B. This is the total number of doses available for the month.

C. Doses Administered During the Month

Transfer from the total column on the *Number of Doses of Vaccine Administered by Age Group Usage Report* the actual total numerical figure of doses administered for each vaccine.

D. Doses Returned to TCPHSS or Doses Transferred Out to Other VFC Providers (for viable vaccine only)

Record doses returned to TCPHSS or transferred to another VFC Provider at TCPHSS Immunization Program's request *only*.

E. Doses Wasted, Expired, Compromised, Ect.

Record any vaccine doses that have been wasted, expired, compromised, etc. in this column. Return unopened expired/compromised vaccine to McKesson with return shipping label from McKesson, packing materials, return shipping forms and shipping container. Dispose of any opened multi dose vials in your sharps container. Do not include them in your return sheet. Record them on your report. ***Notify TCPHSS Immunization Program of any unopened viable vaccine that expires before you will be able to use it so it can be redistributed to another provider. Call PHSS Immunization Program at least 3 months before expiration date so an in-field transfer can be arranged to another provider.***

F. Doses on Hand at End the of the Month

Enter vaccine inventory of doses on hand on the last day of the month (at the close of the business day) by actual physical refrigerator count. The numbers for each vaccine will equal the *Doses on Hand at Beginning of Month Inventory Plus Vaccine Received from McKesson or Transferred In During Month from Other VFC Providers Minus Number of Doses of Vaccine Administered and Vaccine Wasted or Expired etc.* The *Doses on Hand at End of Month Inventory* numbers will be the *Doses on Hand at Beginning of Month Inventory* for the next month. Do not include vaccine **NOT** received from the State Childhood Vaccine Program.

Tracking multi-dose vials: Make slash marks on each opened multi-dose vial every time a dose is withdrawn. For physical count, subtract the total number of slash marks from the number of doses started within the vial e.g. IPV has 10 doses in a new vial. If you withdraw 8 doses there should be 8 slash marks on the vial. Count 2 doses left on hand.

VARIANCE:

Please follow this formula: **Subtotal 1** minus **Subtotal 2** should equal the number in **Column F. Your variance should be 0 (zero).** Your variance is the difference between what you physically have on hand (physical count-not a computerized count) and what you *should* have on hand. For example: If you started out with 20 doses of Hep A, administered 10 doses but your physical count is 9, then that leaves you with a variance of -1. Meaning you have one missing dose of Hep A that needs to be accounted for.

BASICALLY-this number is the difference between what you **physically** have on hand and what you **should** have on hand.

VACCINE INCIDENT REPORT AND RETURN FORM:

Healthcare providers are required to report all vaccine incidents that result in vaccine that cannot be used which includes: expired, spoiled, wasted, or missing vaccine.

- A ***“Vaccine Incident Report and Return Form”*** needs to be completed and submitted with the ***“Required Monthly Accountability Report”*** for any of the above mentioned vaccine incidents.

- Sign and date “*Required Monthly Vaccine Accountability Report*” form. Also include the “*Vaccine Incident Report and Return Form*” if it’s use is indicated.

An “*Influenza Required Monthly Vaccine Accountability Report*” also needs to be submitted for every month that you have Influenza vaccine in stock.

Submit [either by mail or by fax] your completed form by the **5th** of the following month to:

Lisa Furtwangler
Thurston County Public Health and Social Services
Immunization Program
412 Lilly Rd NE
Olympia, WA 98506-5132
Phone: (360) 867-2548
Fax: (360) 867-2608

Remember to include your “*Number of Doses of Vaccine Administered by Age Group Usage Report*” form with all information completely filled out as well as the month’s “*Temperature Monitoring Logs*”. ***Record refrigerator temperatures twice a day; (record both refrigerator and freezer temperatures if varicella is in stock.) Document the exact time the temperature was checked and place an X or write in temperature on the temperature log, record the room temperature and include the initials of the staff member recording the temperatures.***

Please Note: Your vaccine order will not be processed until all accountability reports and temperature logs have been submitted and are approved by TCPHSS staff as accurate and complete.

Questions:

Contact Lisa Furtwangler at (360) 867-2548 or Marianne Remy at (360) 867-2524.

Thanks for your cooperation in advance!