

VACCINE ACCOUNTABILITY - LOCAL PUBLIC HEALTH AGENCY

ACCOUNTABILITY PERIOD (month) from _____ to _____

PIN # _____

(See instructions for completing this report on reverse side)

VFC Category	<1 Yr	1-6 Yrs	7-18 Yrs	Total
MEDICAID				

VFC Category	<1 Yr	1-6 Yrs	7-18 Yrs	Total
UNINSURED				
AMERICAN INDIAN / ALASKAN NATIVE				
TOTAL UNINSURED & AMERICAN INDIAN / ALASKAN NATIVE				

	<1 Yr	1-6 Yrs	7-18 Yrs	Total
Non-VFC				

VACCINE ACCOUNTABILITY (Do not include privately-purchased vaccine unless it is replacement vaccine)

	DTaP	DTaP/ HB/IPV <i>Pediarix</i>	DTaP/ Hib/IPV <i>Pentacel</i>	DTaP/ IPV <i>Kinrix</i>	DT	IPV	Hep A	Hep B	Hib	HPV	MCV4	MMR	PPV-23	PCV-7 <i>Prevnar 7</i>	PCV-13 <i>Prevnar 13</i>	Rotavirus	Td	Tdap	Varicella	Influenza Pediatric	
1. Last Reported Actual Count																					
2. Vaccine Received																					
3. Vaccine Transferred Out																					
4. Vaccine Wasted/Expired																					
5. Doses Administered																					
6. Inventory Should Be																					
7. Actual Vaccine Count																					
8. Unaccounted (+ or -)																					

VACCINE WASTAGE

Vaccine	No. of Doses	Lot No.	NDC No. (located on box)	Manufacturer	Expiration Date	Explanation*
						* Use one of the following reasons in the "Explanation" column for each of the non-viable vaccines: 1. Expired vaccine 2. Natural Disaster/ Power Outage 3. Refrigerator/Freezer too warm (specify) 4. Refrigerator temperature too cold 5. Failure to store vaccine properly upon receipt 6. Vaccine spoiled in transit (Freeze/Warm Monitor activated) 7. Mechanical Failure 8. Spoiled: Other 9. Other: Specify

DATE OF REPORT: _____

NAME OF PREPARER: _____

INSTRUCTIONS FOR COMPLETING THE VACCINE ACCOUNTABILITY REPORT

The Vaccine Accountability report is to be completed at the end of each month and submitted to the Vaccines for Children (VFC) Program by the 10th of the following month. (VFC address and fax number are provided below)

NUMBER OF PATIENTS SERVED DURING THIS ACCOUNTABILITY PERIOD (Use Vaccine Accountability Tally Sheets)

From the Totals section, summarize the number of patients vaccinated according to their VFC eligibility category and age group. Use the Non-VFC blocks to indicate the number of patients by age category vaccinated with other federal funded vaccines.

VACCINE ACCOUNTABILITY (Do not include privately-purchased vaccine)

1. Last Reported Actual Vaccine Count: Utilize your last Vaccine Accountability Report to complete this item. Record the number of doses of each vaccine reported in your inventory at that time **(7 Actual Vaccine Count)**.
2. Vaccine Received: Indicate the number of doses of each vaccine received from the Department's distributor or from other clinics during this accountability period.
3. Transferred Out: Indicate the number of doses of each vaccine that you transferred to another clinic during this accountability period.
4. Vaccine Wasted/Expired: Indicate the number of doses of each vaccine that was wasted or expired during this accountability period.
5. Doses Administered: Using the totals under the "Vaccines Administered" columns on the Vaccine Accountability Tally Sheet, summarize the number of doses of each vaccine administered during this accountability period.
6. Inventory Should Be: Use the following formula to calculate the amount of each vaccine that should be in your inventory at this time:
 - a) Add #1 (Vaccine on Hand from Last Report) and #2 (Vaccine Received)
 - b) Subtract #3 (Vaccine Transferred Out), #4 (Vaccine Wasted/Expired), and #5 (Doses Administered) from the total obtained in the process of adding #1 and #2. **(1 + 2 - 3 - 4 - 5 = 6)**
7. Actual Vaccine Count: Count and record the amount of each vaccine currently in your refrigerator(s) and freezer(s). **(6 should = 7)**
8. Unaccounted (+ or -): Determine the amount of unaccounted vaccine during this accountability period by subtracting #7 (Actual Vaccine Count) from #6 (Inventory Should Be). Use the "+" sign if the amount in #7 is larger than #6. Use the "-" sign if the amount in #6 is larger than #7 and report this vaccine in the Vaccine Wastage portion of this report. **(6 - 7 = 8)**
If the percentage of unaccounted vaccine is high, efforts should be made to determine the cause (I.e., administered doses are not accurate, transferred vaccine was not indicated, wasted/expired vaccine was not indicated).

VACCINE WASTAGE

Report all wasted/expired vaccine, providing the vaccine name, number of doses, lot number, expiration date, and the appropriate wastage code, which follow:

- | | | |
|--|--|---|
| 3 Spoilage reported by provider | 6 Failure to store properly upon receipt | 11 Lost or unaccounted for in inventory |
| 4 Expiration reported by provider | 7 Refrigeration failure reported* | 12 Other - Not Usable, reported by provider |
| 5 Lost or damaged in transit to provider | | |

*In the event of equipment breakdown, the vaccine should be moved to another unit as soon as possible. Contact the Vaccines for Children customer service representatives at 800-219-3224 for assistance.

Unopened vials of expired or wasted vaccine should be returned to the **Vaccines for Children Program, 930 Wildwood, Jefferson City, MO 65109**. No special shipping or handling is required to return expired or wasted vaccines.

Return completed form to:
Vaccines for Children Program
Missouri Department of Health and Senior Services
PO Box 570
Jefferson City, MO 65109
Phone: 800-219-3224 FAX: 573-526-5220