

WASHINGTON STATE DEPARTMENT OF HEALTH
Immunization Program CHILD Profile
Required Monthly Vaccine Accountability Program
 (Report State Supplied Vaccine Only)



HEALTH DEPARTMENT:

REPORTED BY:

MONTH \ YEAR:

VACCINE	A		B		SUBTOTAL A + B = Total Doses available for the month	C Doses Administered	D Doses Expired / Wasted / Spoiled	E Doses Transferred Out	F End of Month Inventory (Actual Physical Count)	Variance Net Doses Lost or Gained Columns (A+B-C-D-E-F) = Variance
	Beginning of Month Inventory		Doses Added							
	Lot #	Doses	Orders Received	Transferred In						
DT (Ped)										
DTaP										
DTaP/IPV/HepB Pediarix										
DTaP/IPV/Hib Pentacel										
HEP A (Ped)										
HEP B (Ped)										
Hib										
HPV										
Influenza-PF (0.25mL) (6-35 months)										
Influenza (5.0mL) (3-18 years) MDV										
Influenza-PF (0.5mL) (3-18 years)										
Influenza-PF (0.2mL) (3-18 years) Intranasal										
IPV										
Meningococcal										
MMR										
MMRV										
PCV7 (Conj)										
Pneumococcal (Poly)										
Rotavirus										
Td										
Tdap										
Varicella										

Explanation of all doses lost or gained in "VARIANCE" section above: _____

Certification - This is to certify that the above is an accurate accounting of vaccines received through the Washington State Department of Health Immunization Program CHILD Profile during the reporting period.

Signature of person responsible for vaccine management

Date

SUBMIT REPORT BY THE 15TH OF THE MONTH TO : DOH-Immunization Program CHILD Profile
P.O. Box 47843
Olympia, WA 98504-7843
FAX: 360-236-3597

MONTHLY VACCINE ACCOUNTABILITY REPORT INSTRUCTIONS

Each vaccine lot number should be captured on only one line entry.

Column

A. Beginning of Month Inventory

Enter the total number of state-supplied vaccine doses on-hand at the beginning of the month. The beginning inventory should be the same as the previous month's reported ending inventory.

B. Doses Added (Orders Received / Transferred In)

Enter the total number of state-supplied vaccine doses received during the month. Include state-supplied doses received and transferred in during the month.

C. Doses Administered

Enter the total number of state-supplied vaccine doses administered during the month.

D. Doses Expired/Wasted/Spoiled

Enter the total number of state-supplied vaccine doses expired, wasted, or spoiled during the month.

E. Doses Transferred Out

Enter the total number of state-supplied vaccine viable doses transferred out of the health department during the month. Transferred to a private provider or another LHJ.

Prior to transferring doses to another LHJ please contact the state immunization program: 360-236-3478

F. End of Month Inventory (Actual Physical Count)

Enter the total number of state-supplied vaccine doses on-hand at the end of the month. This total should reflect the physical inventory count at the end of the month.

Variance (Columns A + B - C - D - E - F = Variance)

Net Doses Lost or Gained

If entering monthly inventory data directly into the electronic spreadsheet, the variance column will auto-compute.

If entering monthly inventory data by paper, for each lot number entry, add columns A & B, then subtract columns C, D, E, & F to determine the variance. Enter the variance for each vaccine lot number entry

IMPORTANT: Any figure other than zero indicates a variance in accountability. Please explain any doses lost or gained in the variance explanation section on the report.

WASHINGTON STATE DEPARTMENT OF HEALTH
Immunization Program CHILD Profile
Number of Doses of Vaccine Administered by Public Sector
 (Report State Supplied Vaccines Only)



HEALTH DEPARTMENT: _____

MONTH: _____

VACCINE	DOSE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP												TOTAL DOSES	
		<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+		UNK
DT (Ped)	1														
	2														
	3														
	4+														
DTaP	1														
	2														
	3														
	4+														
DTaP/IPV/HepB (Pediarix)	1														
	2														
	3														
DTaP/IPV/Hib (Pentacel)	1														
	2														
	3														
	4+														
Hep A (Ped)	1														
	2														
Hep B (Ped)	1														
	2														
	3+														
Hib	1														
	2														
	3														
	4+														
HPV	1														
	2														
	3+														
Influenza-PF (0.25mL) (6-35 months)	1														
	2+														
Influenza (5.0mL) (3-18 years) MDV	1														
	2+														
Influenza-PF (0.5mL) (pregnant adolesc)	1														
	2+														
Influenza-PF (0.2mL) (3-18 years) Intranasal	1														
	2+														
IPV	1														
	2														
	3														
	4+														
MCV4 (Meningococcal)	1														
MMR	1														
	2+														
MMRV	1														
PCV7 (Conjugate)	1														
	2														
	3														
	4+														
Pneumococcal (Poly)	1														
Rota (Rotavirus)	1														
	2														
	3+														
Td	1														
	2														
	3+														
Tdap	1														
Varicella	1														
	2+														

WASHINGTON STATE DEPARTMENT OF HEALTH
Immunization Program CHILD Profile
Number of Doses of Vaccine Administered by Private Providers
 (Report State Supplied Vaccines Only)



Health Department: _____

Reported By: _____

Month / Year: _____

VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP													TOTAL DOSES
	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	
DT (Ped)														
DTaP														
DTaP/IPV/HepB (Pediarix)														
DTaP/IPV/Hib (Pentacel)														
Hep A (Ped)														
Hep B (Ped)														
Hib														
HPV														
Influenza-PF (0.25mL) (6-35 months)														
Influenza (5.0mL) (3-18 years) MDV														
Influenza-PF (0.5mL) (3-18 years)														
Influenza-PF (0.2mL) (3-18 years) Intranasal														
IPV														
MCV4 (Meningococcal)														
MMR														
MMRV														
PCV7 (Conjugate)														
Pneumococcal (Poly)														
Rota (Rotavirus)														
Td														
Tdap														
Varicella														

 Signature of person responsible for vaccine management

 Date