Vaccine Accountability Overview

The Washington State Childhood Vaccine Program (CVP) places a high priority on vaccine accountability. We develop and maintain vaccine accountability systems to meet federal and state guidelines.

Background
Washington State is a universal vaccine purchase state. We use a combination of state and federal funds to provide all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to every child less than 19 years of age regardless of insurance status. Participating providers agree to meet state and federal requirements of the program when they sign the Provider Agreement to receive publicly supplied vaccine.

We assure:

- The vaccines purchased with CVP funds are administered only to CVP children
- The amount of vaccine loss is limited and documented
- The CVP program is protected against fraud and abuse
- Provider vaccine orders are based on their Vaccines for Children-eligible population and State-eligible population

Assurance in Accountability Requirements

Maintaining the viability of vaccine, being accountable for the vaccine received, and adhering to the requirements of the program are required to maintain an active status in the program. Providers demonstrate accountability through monthly doses administered and inventory reports, site visits, and monthly temperature logs.

Assure accountability of CVP vaccines by completing:

- Monthly reports
- Site Visits
- Temperature logs

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Accountability Factors:

There are many elements that contribute to good vaccine accountability practices. These include:

- **Eligibility Screening**
- **Provider Profile**
- **Vaccine Ordering**
- **Inventory Monitoring**
- **Vaccine Returns**
- **Fraud and Abuse**

**Patient Eligibility Screening:**

All providers participating in the Childhood Vaccine Program are required to confirm the patient’s age and to screen and document their eligibility status at every immunization visit prior to vaccine administration.

There are several tools available to help providers in meeting this requirement. Please visit the Childhood Vaccine Program webpage for more information on this topic.

**Provider Profile:**

All providers participating in the Childhood Vaccine Program are required to complete a provider profile annually. The Provider Profile is a report of the number of children served by the practice including both federal VFC-eligible and state-eligible children. This information should also be updated if the clinic merges with another clinic or the number of patients served changes resulting in an increased demand for vaccines.

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Vaccine Ordering:
Each provider is responsible to determine the appropriate amounts of vaccine to order based on their patient population and to meet vaccine demand. Providers should order enough vaccine to avoid running out before their next ordering schedule but should also avoid stockpiling excessive vaccine inventory.

Providers receive an Economic Order Quantity (EOQ), or ordering schedule. The EOQ assignment determines when vaccine orders may be placed. However, if the clinic is running low on vaccine supply they may place an additional order. The Recommended Order Quantity (ROQ) calculator is a tool that will help ensure providers are ordering enough vaccine according to their EOQ and to maintain a 30 day safety stock. More information regarding EOQ and ROQ can be located on the Vaccine Ordering webpage.

Inventory Monitoring:
Providers must submit a monthly doses administered and inventory report using the Immunization Information System. These are two separate reports. The doses administered report identifies the quantities administered and is used to ensure vaccine is administered to appropriate age groups. The Inventory report identifies current quantities on hand and is reviewed to ensure vaccine supply is managed appropriately.

Additionally, each provider must be able to distinguish between public and private vaccine supplies and maintain accurate records of public and private vaccine inventories.

Vaccine Returns:
Providers must report all wasted, lost, spoiled, or expired vaccine. The data is captured in the monthly accountability reports and can be tracked using the Vaccine Loss Log. Expired vaccine should be reported and returned no later than six (6) months after the expiration date. The vaccine return process is initiated using the Immunization Information System under the View/Create Orders screen.

Providers must adhere to the Vaccine Loss policy and can locate the Vaccine Loss Form on the Storage and Handling webpage.

Fraud and Abuse:
Providers agree to operate within the Childhood Vaccine Program in a manner intended to avoid fraud and abuse. All federal and state fraud and abuse laws apply to the program.

Ensure staff understand how to:
1. Prevent situations leading to suspected fraud, abuse or non-compliance.
2. Identify situations that may involve suspected fraud, abuse or non-compliance.
3. Report any situation that may involve suspected fraud, abuse or non-compliance.