VACCINE ACCOUNTABILITY SHEET

| PRIOR PICK-UP DATE: | DISTRICT OFFICE CODE |
|---------------------|----------------------|
| | PROVIDER CODE |

| | | 1 | | 1 | | | 1 KOVIDER CODE | | | |
|-------------------|-----------------------|------------------------|--|-----------------|--------------------|----------------------|--|-----------------------------|--|--|
| VACCINE | Last Inv. Total | Total Dose Usage | Outdated/ Wasted/Rtned (# Doses/Lot #) | Present Inv. | Expiration Date | Doses Distributed | District Health Office Use Only Vaccine Lot # | New Inventory Balance | | |
| PCV-7 | | | | | | | | | | |
| DTaP | | | | | | | | | | |
| DTaP-Hep B-IPV | | | | | | | | | | |
| Tdap | | | | | | | | | | |
| Td | | | | | | | | | | |
| MMR | | | | | | | | | | |
| Hib | | | | | | | | | | |
| eIPV | | | | | | | | | | |
| Hep A (Pediatric) | | | | | | | | | | |
| Hep B (Pediatric) | | | | | | | | | | |
| Varicella | | | | | | | | | | |
| MMRV | | | | | | | | | | |
| MCV4 | | | | | | | | | | |
| Rotavirus | | | | | | | | | | |
| HPV | | | | | | | | | | |
| PPV-23 | | | | | | | | | | |

Temperature Logs

Are temperatures in range for?

Fridge: Yes No Freezer: Yes No Temperature Log Dates: ______ to _____

DO Staff Initials: ______

If temperatures are out of range please contact the Immunization Program <u>immediately</u> before distributing vaccine.

| CURRENT PICK-UP DATE: _ | |
|-------------------------|--|
| | |
| Practice Name: | |
| Vaccine Released To: | |

INSTRUCTIONS:

When picking up State-Supplied Vaccines an **Insulated Container** is **REQUIRED**.

Provider Office Will Supply:

- 1. Total Dose Usage
- 2. Outdated/Wasted/Returned (# Doses/Lot #)
- 3. Present Inventory
- 4. Expiration Date(s) of all vaccines on hand
- 5. A tally of vaccine usage by age group

(Vaccine Usage Tally Sheet – Reverse Side)

District Office Will Supply:

- 1. District Office and Provider Codes
- 2. Number of Doses Distributed
- 3. Vaccine Lot #
- 4. New Inventory Balance
- 5. Last Inventory Balance and Prior Pick-Up Date on a new Vaccine Accountability Sheet

IMPORTANT VACCINE INFORMATION:

- Rotate inventory. Vaccines that outdate first need to be used first.
- Please assure <u>proper storage and handling</u> of all vaccines.
 Refrigerator (2 8 C) or (35 46 F) Freezer (5 F or colder) or (-15 C or colder)
- **Return viable vaccine** for redistribution at least 2 months prior to the expiration date.
- Return expired or spoiled vaccine to VDH.
- Do not swap State-supplied vaccine with other practices or with your own private supply.
- Always call the Immunization Program if you suspect vaccine has been compromised. 1-800-464-4343

VACCINE USAGE TALLY SHEET

INSTRUCTIONS:

For each dose given to a child, mark off a number in the appropriate age group. When one block is complete, use a second Vaccine Usage Tally Sheet.

| | <1 | 1 | 2 | 3 – 4 | 5 | 6-9 | 10 – 14 | 15 – 18 | e, | Æ |
|------------------------|--|---|---|---|---|---|---|---|-------|-------|
| | Year | Year | Years | Years | Years | Years | Years | Years | Usage | O/W/R |
| PCV-7 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | PCV-7 LIC | LICENSED THROUGH AGE 5 | | | |
| DTaP | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | AGE 6; Use Tdap for age $\geq 10 - 1$ | | | |
| DTaP- HEP B- IPV | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | IPV LICENSED GE 6 | | | |
| Tdap | Tdaŗ | o licensing: Boos | 64 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | | | | |
| Td | | Td is lice | nsed for age 7 a | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | | | |
| MMR | DO NOT ADMINISTER BEFORE FIRST BIRTHDAY | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| Hib | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | Hib LICE | Hib LICENSED THROUGH AGE 5 | | | |
| eIPV | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| Hep A (Pedi) | DO NOT ADMINISTER BEFORE FIRST BIRTHDAY | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| Hep B (Pedi) | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| Varicella | DO NOT ADMINISTER BEFORE FIRST BIRTHDAY | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| MMRV | DO NOT ADMINISTER BEFORE FIRST BIRTHDAY | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | MMRV IS LICENSED THROUGH AGE 12 | | |
| MCV4 | STATE-SUPPLIED MCV4 IS AVAILABLE ONLY FOR VFC ELIGIBLE PATIENTS ONCE AT AGE 11, 12, OR 15 YEARS OLD, AND FOR ALL VFC AND NON-VFC COLLEGE FRESHMAN LVING IN DORMITORIES | | | | | | | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | |
| Rotavirus | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 ROTAVIRUS IS LICENSED FOR AGES 6 – 32 WEEKS ONLY | | | | | | | | | |
| HPV | | ATE-SUPPLIEI OR VFC ELIGI | | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | | | |
| PPV-23 | PPV-23 IS NO BEFORE | OT LICENSED E AGE 2 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | 1 5 9 13 17 21 2 6 10 14 18 22 3 7 11 15 19 23 4 8 12 16 20 24 | | _ | | |



Vermont Department of Health Division of Health Surveillance Immunization Program 108 Cherry Street P.O. BOX 70 Burlington, VT 05402 1-800-464-4343 ext. 7638 or 802-863-7638