Wasted VFC Vaccine Policy

The Kansas Immunization Program (KIP) is charged with reducing Vaccines for Children (VFC) vaccine losses due to wasted vaccines. Thousands of doses are wasted annually with values exceeding hundreds of thousands of dollars. This is a needless waste of federal and state tax dollars and adversely impacts the numbers of eligible children who could receive immunizations.

The Centers for Disease Control & Prevention (CDC) strengthened the VFC Program non-compliance processes beginning in 2009. In 2012, the Office of Inspector General (OIG) mandated the CDC become increasingly focused on stopping needless vaccine waste, improve storage and handling of vaccines, and increase program and provider accountability for vaccine resources. All state immunization programs implemented wasted vaccine policies aimed at identifying and preventing waste, poor vaccine management processes, and/or fraud or abuse in the VFC program. Vaccine management processes, including documentation, proper vaccine storage and handling, reporting vaccine usage, determining VFC eligibility, temperature monitoring, and preventing avoidable waste, are critical to this compliance program.

KIP’s goal is to educate and assist providers in identifying mechanisms to prevent wasted vaccines and improve overall vaccine management processes. This policy is one component of these processes.

Provider Processes:

1. Complete and submit these documents as soon as the waste occurs:
   a. Document within KSWebIZ
   b. Wasted Vaccine Report - December 2014 version only

2. Vaccine Waste is categorized as avoidable or unavoidable. Unavoidable waste occurs due to an act of nature that could not have been avoided (i.e., tornados, floods). Avoidable waste is under the control of the provider and is preventable. Avoidable waste includes, but is not limited to:
   a. Refrigerator/freezer left open
   b. Temperatures out of range and no action taken, or data logger not downloaded when alarm indicates a problem
   c. Vaccine left out overnight
   d. Excessive vaccine ordering as compared to provider profile
   e. Failure to notify KIP 3 months in advance of vaccine expiration date when provider will be unable to use all the doses on hand. This will allow KIP to place the vaccine doses on the redistribution log. KIP will not list vaccines with expiration dates longer than 365 or less than 90 days. Listing vaccines on the redistribution log does not absolve the provider of responsibility. Providers who have excess vaccine should contact other VFC providers to determine if they could use the vaccine. Providers might share a box of vaccine with another provider versus ordering quantities they do not need and then wasting the doses
f. Failure to properly package vaccines when shipping to another provider resulting in waste (i.e., shipping without adequate cold/frozen packs). See CDC’s Storage and Handling Toolkit http://www.cdc.gov/vaccines/recs/storage/toolkit/storage-handling-toolkit.pdf

g. Vaccines with longer expiration dates administered prior to vaccines with shorter expiration dates

h. Patterns of client eligibility not determined prior to administering vaccination

i. Patterns of vaccine drawn but not used

Policy:

1. Avoidable vaccine waste will require the provider to take corrective action

2. Providers repay avoidable wasted vaccine with privately purchased vaccine on a “dose for dose” basis. A submitted paid invoice must be received by KIP within 90 days of the waste showing this replacement. The Centers for Disease Control have implemented this dose for dose repayment method effective 2014

3. Providers are requested to specifically identify internal mechanisms to avoid future wastage and to submit these plans to KIP along with their wasted vaccine reports. Examples for avoidable wasted vaccine that will need a plan of action may be:

   a. expired vaccines
   b. improper storage and handling
   c. equipment failures
   d. staff education on vaccine management practices (i.e., stock rotation)
   e. ordering patterns (inventory on-hand versus monthly/quarterly use)

4. Providers with ongoing avoidable wasted vaccine may be placed on vaccine ordering hold or may be dis-enrolled from the VFC program should the patterns of wastage continue

5. Unavoidable wasted vaccines will also be monitored by KIP. Unavoidable waste includes vaccines lost due to natural disasters or equipment failure when the provider has followed their written vaccine emergency policies, including relocating the vaccines to safe storage in a timely manner. Providers who have insurance which covers these situations will be expected to replace all VFC wasted doses with the payment from the insurance company within 90 days of the incident. The provider will be asked to submit the paid invoice for the wasted vaccine. Federal law prohibits financial gain from VFC vaccines

6. Any unusable vaccine occurring from waste, expiration, or other event must be reported and submitted on the VFC Wasted Vaccine Form at the time of waste. The December 2014 Wasted Vaccine Form is the only acceptable reporting form for wasted vaccines

7. Providers who receive short-dated vaccines (less than 6 months to the expiration date from McKesson Distributors) are asked to report this to Jackie Strecker at 785-296-2199 immediately. Only in special circumstances are short-dated vaccines shipped. Good faith efforts to use short-dated vaccines will not be billed if wasted, unless the waste is due to gross negligence

8. VFC providers who accept redistributed vaccine will not be billed for waste so long as the receiving provider has made a good faith effort to use all the vaccines prior to their expiration date