



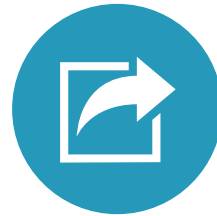
CVP TRAINING SERIES

Office of Immunization
Childhood Vaccine Program
April 23, 2026

Topics Covered



VACCINE LOSS
CHANGES



VACCINE
LOSS SURVEY



VACCINE LOSS
LOG

Vaccine Loss Policy



CVP Vaccine Loss Data

	July 2023 – June 2024		July 2024 – June 2025	
	Doses	Cost	Doses	Cost
Returns	82,461	5,542,367	121,382	\$9,883,850
Waste	32,086	2,338,869	26,850	\$1,933,590
Total	114,547	\$7,881,236	148,232	\$11,817,440

- Almost a 50% increase in vaccine loss from 2024 to 2025
- COVID-19 loss was \$4.6 million in 2025 (31% of distributed doses)
- RSV loss was \$2.3 million in 2025 (13% of distributed doses)

Vaccine Loss Policy

Our aim is to keep vaccine loss as low as possible—
ideally under 3% each year

The Vaccine Loss Policy outlines processes and repercussions when vaccine losses occur.

Losses for respiratory products (flu, RSV and COVID-19) are now being tracked.


The policy applies to all Washington providers that receive publicly supplied adult & childhood vaccines.

Vaccine Loss Policy



Vaccine Loss Scenarios

- Provider's first incident within 365 days that's greater than \$2,500 but less than \$10,000 (A,B,C).
- Provider experiences any additional negligent incidents that are greater than \$2,500 within 365 days of their most recent negligent incident (A,B,C,D,E).
- Provider experiences any negligent incident greater than \$10,000 (A,B,C,D,E).
- Provider continues to have negligent incidents (A,B,C,D,E,F).
- Provider fails to comply with the Vaccine Loss policy (A,G,H).



Repercussion Key

- A. The program may turn off provider vaccine ordering permissions until issue is resolved.
- B. The program will provide an email and resources to educate the provider regarding their incident.
- C. The program will require the provider to complete the Vaccine Loss Survey in REDCap, outlining the incident and actions they plan to take to prevent future vaccine loss.
- D. The program will require providers to complete additional training regarding vaccine storage and handling procedures.
- E. The program may require the provider to purchase or update equipment to help reduce the risk for future incidents (i.e. digital data loggers, remote monitoring data loggers, or pharmaceutical grade storage units).
- F. The program may perform an unannounced site visit to ensure the provider is following best practices.
- G. DOH may put the provider on probation.
- H. DOH may disenroll provider if conditions of probation are not met.

We're moving from submission of Vaccine Loss Logs via email...

WASHINGTON STATE - OFFICE OF IMMUNIZATION
Adult and Childhood Vaccine Programs

Adult Vaccine Program: waadhvaccines@bhh.wa.gov Childhood Vaccine Program: wachildhoodvaccines@bhh.wa.gov | (360) 236-2829

Vaccine Loss Log: CVP AVP Month/Year:

Healthcare providers participating in the WA State Childhood/Adult Vaccine Programs are required to report all vaccine loss that results in unusable vaccine. Each month, post this log on your storage unit to track vaccine loss for either AVP or CVP. Use this information to help complete your monthly inventory report online in the Immunization Information System (IIS). At the end of each month, keep this log in your Vaccine Management binder.

- If vaccine loss totals \$2,500.00 or more in a month, we will send you a Vaccine Loss Survey via REDCap to report your vaccine loss.

IMPORTANT: You no longer need to submit this paper form.

PIN: Facility Name:

Address: City: State: WA Zip:

Contact Name: Telephone: Email:

Were any of the non-viable doses administered to patients? NO YES - How many doses?

Vaccine Name	Number of Doses	Lot Number	Expiration Date	Vaccine Loss Code (see below)	Corrective Action to Prevent Future Vaccine Loss (this section only needs to be completed by providers that do not report vaccine administration in the IIS)	Staff Initials

Vaccine Loss Codes:

1a. Expired	2d. Spoiled: Mechanical failure	3b. Waste: Broken, dropped, spilled
1b. Expired: Transfer	2e. Spoiled: Vaccine spoiled in transit	3c. Waste: Open multidose vial
2a. Spoiled: Expired BU/D	2f. Spoiled: Failure to store properly upon receipt	3d. Waste: Lost and unaccounted
2b. Spoiled: Natural disaster/power outage	2g. Spoiled: Not properly stored	3e. Waste: Damaged in transit
2c. Spoiled: Refrigerator too warm or too cold	3a. Waste: Drawn up, not used	4. Recalled vaccine



...to a new Vaccine Loss Survey in



Washington State Department of **HEALTH**

Vaccine Loss Survey

Hello Hallmark Community Hospital!

You are receiving this survey because you had monthly vaccine returns or waste in excess of \$2500. The total loss is estimated in the table below.

Month/Yr: 2 /2026	Cost Estimate
Returns	\$ 5871.06
Waste	\$ 0
Total Loss	\$ 5871.06

Please complete the survey below to submit the vaccine loss information for your facility.

KNOWLEDGE CHECK #1



Vaccine Loss Survey



Vaccine Loss Survey Email

ACTION REQUIRED: Recent Vaccine Loss Survey - PIN: 700014



wachildhoodvaccines@doh.wa.gov

☺ Reply ↶ Reply All → Forward 👤 ⋮

Tue 4/21/2026 1:59 PM



Hello Hallmark Community Hospital (PIN 700014),

You are receiving this survey because your facility has vaccine returns or waste in excess of \$2500. The total vaccine loss is estimated in the table below.

<u>Month/Yr: 2/2026</u>	<u>Cost Estimate</u>
Returns	\$ 4,516.01
Waste	\$ 981.08
Total Loss	\$ 5,497.09

Monthly Returns

Monthly Waste

REDCap Survey Link

Please complete the [vls survey](#) to submit the vaccine loss information for your facility.

Your continued participation in Washington State Vaccine Programs is appreciated.

For questions or guidance and support, reach out to:

Adult Vaccine Program- WAAdultVaccines@doh.wa.gov.

Vaccine Loss Survey Questions

The image shows a screenshot of a web-based survey form for reporting vaccine loss. The form is divided into four sections, each with a callout box on the left side pointing to a specific question. The first section is titled 'What Program are you submitting for?' and has three radio button options: 'Adult Vaccine Program', 'Childhood Vaccine Program', and 'Both Programs (Dually enrolled)'. The second section is titled 'What month are you submitting for?' and has a dropdown menu showing 'March'. The third section is titled 'What year are you submitting for?' and has a dropdown menu showing '2026'. The fourth section is titled 'What are you submitting the vaccine loss for?' and has three radio button options: 'RETURNS: expired, expired BUD or spoiled.', 'WASTE: vaccine drawn up, not used; vial broken/dropped/spilled; open multi-dose vial; lost and unaccounted for; damaged in transit.', and 'BOTH.'. Each question has a red asterisk and the text '* must provide value' below it. There are 'reset' links at the end of the first and fourth sections.

Enter program → **What Program are you submitting for?**
* must provide value

- Adult Vaccine Program
- Childhood Vaccine Program
- Both Programs (Dually enrolled)

reset

Month of vaccine loss → **What month are you submitting for?**
* must provide value

March ▼

Year of vaccine loss → **What year are you submitting for?**
* must provide value

2026 ▼

Select 'Returns', 'Waste' or 'Both' → **What are you submitting the vaccine loss for?**
* must provide value

- RETURNS: expired, expired BUD or spoiled.
- WASTE: vaccine drawn up, not used; vial broken/dropped/spilled; open multi-dose vial; lost and unaccounted for; damaged in transit.
- BOTH.

reset

Returns



RETURNS

Has any loss occurred as a result of a temperature excursion or improper storage of the vaccine outside a designated storage unit? Yes No reset

** must provide value*

How many Return Numbers will you be entering?

** must provide value*

Indicate if a temperature excursion occurred

If no temperature excursion occurred, enter how many IIS Return Numbers you have

Temperature Excursion

RETURNS

If temperature excursion occurred answer the following questions

Has any loss occurred as a result of a temperature excursion or improper storage of the vaccine outside a designated storage unit? Yes No reset
* must provide value

Indicate if you have completed a vaccine viability survey

All providers who experience a temperature excursion must submit a [Temperature Excursion and Vaccine Viability survey in REDCap](#). Yes No reset
Have you already completed a 'Temperature Excursion and Vaccine Viability' survey for this excursion?
* must provide value

If the vaccine viability survey hasn't been completed, an ordering hold will be put in place

**You will be receiving a link via email to a Vaccine Viability Survey.
Please complete and submit it as soon as possible.
Your ordering privileges will be On Hold until it is received.**

What was the date of the excursion M-D-Y
* must provide value

If non-viable doses were administered we will reach out for follow-up


Were any non-viable doses administered to patients? Yes No reset
* must provide value

Enter Number of Returns

How many Return Numbers will you be entering? ← Enter the number of IIS Vaccine Return Numbers you have

* must provide value

Need help finding your IIS Vaccine Return Number?
[Click here](#) - or download the attachment below.

Attachment:  [3481155-HowToFindIISReturnNumber\[1\].pdf](#) (321.3 kB)

Click here if you need to find your IIS Vaccine Return Number →

Complete Vaccine Return Section

Need help finding your IIS Vaccine Return Number?
[Click here](#) - or download the attachment below.

A return record will open for each IIS Return

Return #1

IIS Vaccine Return Number
342323

Enter your IIS Vaccine Return Number

Vaccine Loss Reason
Spoiled - Natural disaster/power outage

Select the reason for the vaccine loss

Describe corrective action to prevent future loss below.

Tell us how you are going to prevent this loss from happening again

We reviewed our emergency plan with staff and we will be prepared to transport vaccines to our backup storage facility if storage unit temperatures start to go out of range in the future.

[How to Find Your IIS Return Number](#)

Waste

WASTE

How many waste events will you be entering?
* must provide value

Waste Vaccine #1

Number of Doses	Lot Number	Exp. Date
<input type="text" value="2"/>	<input type="text" value="4587AJ0"/>	<input type="text" value="10-29-2026"/> <small>📅 M-D-Y</small>

Vaccine Loss Reason ▼

Describe corrective action to prevent future loss below.

In the future we will check and double check with the parent and patient prior to drawing up vaccine.

399 characters remaining Expand

Any additional information you would like to share?

Enter how many waster events you have--a record will come up for each, up to 20 records

Enter number of doses, lot number and expiration date of wasted vaccine

Tell us how you are going to prevent this loss from happening again

If you enter more than 20 waste events here, a file upload link will appear to attach your Vaccine Loss Log

Select the vaccine loss reason from the dropdown

Submit Your Survey

Double check your submission and click 'Submit' if complete

Submit

Select 'Save & Return Later' if you need to come back--you can bookmark the link or have it emailed to you

Save & Return Later

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.

Survey link for returning

You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. If you do not receive the email soon afterward, please check your Junk Email folder.

Send Survey Link

* Your email address will not be stored with your survey responses but will be stored in the system's email logs.

Or if you wish, you may continue with this survey again now.

Continue Survey Now

Confirmation of Submission


Thank you for submitting this survey on behalf of Hallmark Community Hospital.

If there are any issues, one of our staff will reach out with additional instructions.

Thank you!

Success! You may choose to download a copy of your survey but it is not required


Download your survey response (PDF):

 Download


Close survey

Feedback Email

ACTION REQUIRED: Recent Vaccine Loss Survey - PIN: 700014

 wachildhoodvaccines@doh.wa.gov 👤 🗑️ ↩️ Reply ↩️ Reply All ➡️ Forward 👤 ⋮

Tue 4/21/2026 1:59 PM



Washington State Department of
HEALTH

Hello Hallmark Community Hospital (PIN 700014),

Please update your corrective action for the returned vaccines to include what steps you've taken to prevent future vaccine loss.

You can edit your vaccine loss information for your facility here: [vls survey](#)

Your continued participation in Washington State Vaccine Programs is appreciated.

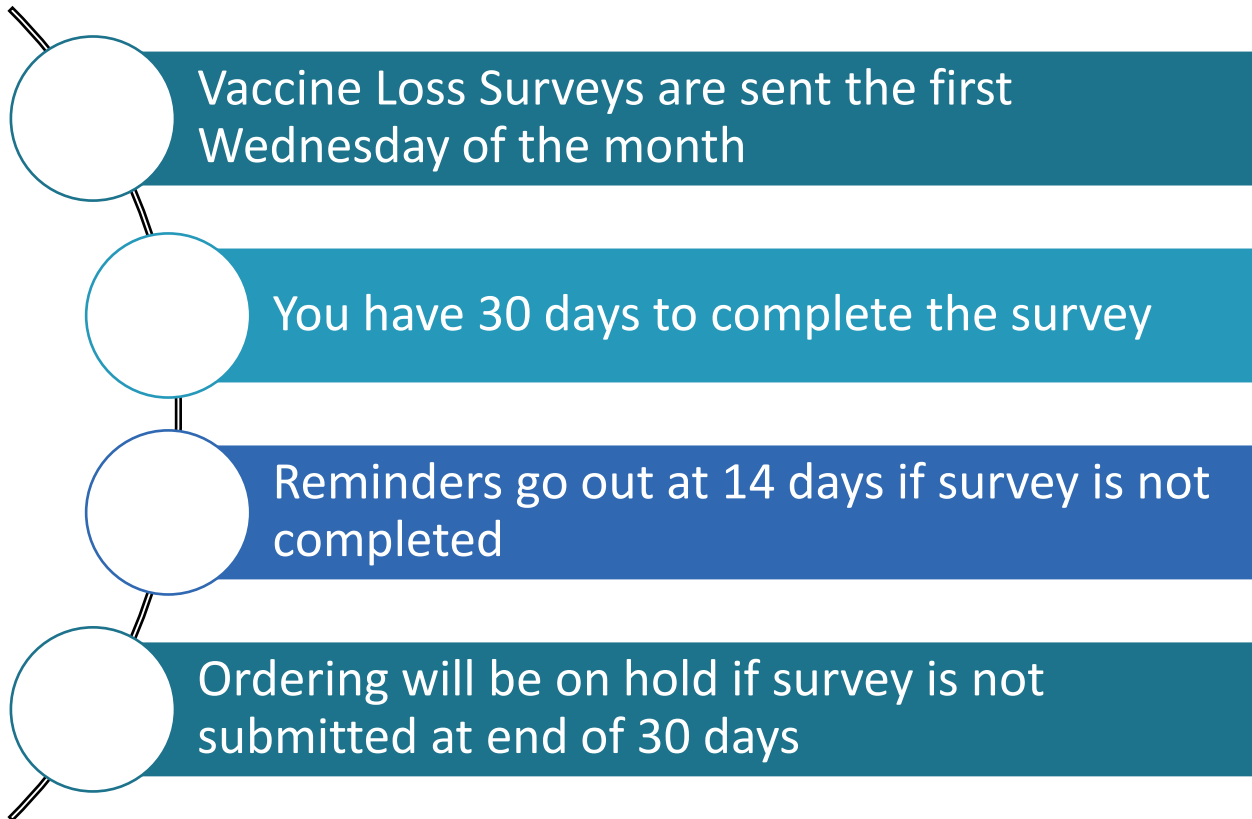
If you are in need of additional details or have questions, please reach out to WAAultVaccines@doh.wa.gov or WACHildhoodVaccines@doh.wa.gov.

Thank you and have a great day!

Review comments

Survey link for resubmission

Points to Remember

- 
- Vaccine Loss Surveys are sent the first Wednesday of the month
 - You have 30 days to complete the survey
 - Reminders go out at 14 days if survey is not completed
 - Ordering will be on hold if survey is not submitted at end of 30 days

Vaccine Loss Log



Vaccine Loss Log

WASHINGTON STATE · OFFICE OF IMMUNIZATION

Adult and Childhood Vaccine Programs



Adult Vaccine Program: waadultvaccines@doh.wa.gov Childhood Vaccine Program: wachildhoodvaccines@doh.wa.gov | (360) 236-2829

Vaccine Loss Log: CVP AVP

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2c. Spoiled: Refrigerator too warm or too cold	3a. Waste: Drawn up, not used	4. Recalled vaccine

Inventory Reconciliation Guide

Training Recap

1

Use the Vaccine Loss Log to write down all expired, spoiled and wasted vaccine each month

- You don't need to send the log in anymore
- Keep it in your CVP/AVP binder for 3 years

2

Use the Vaccine Loss Log to help you reconcile your inventory each month in the IIS and return all expired and spoiled vaccine following the [Online Returns Guide](#)

3

If your monthly returns and waste are \$2500 or more, you'll get a REDCap Vaccine Loss Survey by email

4

Complete the Vaccine Loss Survey within 30 days

KNOWLEDGE CHECK #2



Tools and Resources

- [Childhood Vaccine Program](#)
- [Vaccine Loss Policy](#)
- [Vaccine Loss Log](#)
- [How to Search, Add, Reconcile & Report Inventory](#)
- [Online Returns Guide](#)
- [How to Find Your IIS Vaccine Return Number](#)
- [Childhood Vaccine Program Training](#)

Please reach out with any questions:

WAChildhoodVaccines@doh.wa.gov

WAAdultVaccines@doh.wa.gov

Questions?

Childhood Vaccine Program Main Contact Information

WAChildhoodVaccines@doh.wa.gov

Phone: (360)236-2829

Fax: (360)236-3811

Adult Vaccine Program

WAAdultVaccines@doh.wa.gov



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

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