New Hampshire’s Reconciliation Process for Vaccine Accountability

New Hampshire finds unique ways to meet the CDC Vaccines for Children Program’s accountability standards and maintain high vaccination rates.

As a universal vaccine state and the only state that does not have an immunization information system, New Hampshire must find unique ways to meet the CDC Vaccines for Children (VFC) Program’s accountability standards. At the same time, the New Hampshire Immunization Program (NHIP) does not want to interrupt the flow of vaccine to provider offices or jeopardize the state’s high vaccination rates, which are typically more than 90 percent.

Due to the amount of vaccine funding passed through NHIP, the New Hampshire fiscal year single audit contractor reviews the program’s fiscal accounts annually. In 2011, the audit contractor asked NHIP to more clearly reconcile actual doses of vaccine shipped (per internal NHIP spreadsheets) with the CDC Replenishment Report on a quarterly basis to evaluate whether NHIP was shipping federal vaccine in amounts that surpassed the allocated funding for VFC and Section 317 Immunization Grant Programs. The initiative’s goal was to demonstrate that New Hampshire marginally (within 1%) underspends both its VFC and Section 317 vaccine budgets.

Steps Taken:

- In 2005, NHIP developed a formula to ensure that providers were ordering the correct amount of vaccine. Providers’ office staff review total amounts of each vaccine administered, calculate an average of vaccine used in the last order cycle, add a cushion, and then subtract inventory on hand.
- When CDC started the central vaccine depots in the spring of 2008 under its Vaccine Management Business Improvement Project, New Hampshire’s vaccine accountability coordinator began an Excel spreadsheet to track the doses distributed to each provider on a day-by-day basis. This allowed the coordinator to keep a real-time, in-house log of orders being shipped to providers and use it to record receipts when providers faxed in their shipment slips.
- Comparing the vaccine in-house ordering/shipping to the CDC Replenishment Report occurs quarterly. The NHIP vaccine accountability coordinator and program manager discuss the results to determine if the goal of at least 1 percent underspending was met.

Results:

- Without the use of a vaccine accountability module in an immunization information system, New Hampshire has been able to maintain measurable standards of accountability.
- In the third quarter of federal fiscal year 2011, New Hampshire spent 1.5 percent (1,247 doses) over the VFC/317 combined limit. In the fourth quarter, New Hampshire spent 0.33 percent under the VFC/317 limit. In the first quarter of 2012, New Hampshire spent 0.4 percent under the VFC/317 limit. With the consistent goal of being marginally under the limit, New Hampshire has been able to track and report spending that fulfills its accountability requirement.
- New Hampshire can now demonstrate to CDC’s Immunization Services Division in the Vaccine Tracking System for VFC vaccines that it is not spending more than allowed and can assure the auditors that it is using vaccines as allocated.
Lessons Learned:

- New Hampshire needed to develop a unique system because they did not use an immunization information system, but some states with IIS do not track vaccine accountability. This initiative can be replicated easily for those cases if a grantee has daily doses ordered/shipped data and compares it to CDC’s National Center for Immunization and Respiratory Diseases’ quarterly replenishment report.

- New Hampshire did not increase staffing to support this initiative, but did adjust staffing positions. The vaccine depot’s stock clerk position became a data entry clerk position so that the agency could track vaccines more closely in the system.

- Instead of purchasing a costly new system to address a need, reviewing other inexpensive solutions can be beneficial—such as diverting a few hours of staff time or using an available tool in a new way.

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