Vaccine Incident Report

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Take immediate action as soon as you find temperature excursions have happened in your VFC vaccine refrigerator(s) and/or freezer(s) units. Vaccine that is considered spoiled because a provider did not take immediate or appropriate action on out-of-range temperatures may require the provider to replace the wasted VFC vaccine dose-for-dose with private purchase vaccines

Follow the procedures below when your publicly purchased vaccine has experienced out-of-range storage temperatures. Use a separate report for each affected storage appliance.

1. Do not use or discard the affected vaccine.
2. Isolate the affected vaccine, mark the boxes with an "X," and post a clear "Do Not Use" sign.
3. Keep the vaccine in its original storage unit with the door closed.
4. If necessary, move the vaccine to a working storage unit or your emergency storage location. Be sure to monitor temperatures at this location.
5. Contact the Vaccine Logistics Associate at 800-848-3868.
6. Record the following information about the incident and submit this form within 24 hours of the incident:

Facility Name:_____**VFC #**_____

Telephone #_____**Date Reported**_____**Reported by:** _____

Email Address: _____

Storage Unit Involved: _____
(Use a separate report for each affected storage appliance.)

- When was, the incident discovered? Date_____Time_____am/pm (circle one)
- Temperature of storage unit at time of discovery: Refrigerator_____C / F Freezer_____C / F (Record temperature for refrigerator and freezer if a combined unit.)
- Last known temperature recording prior to incident: Date_____Time__am/pm (circle one)
- Temperature at last known recording: Refrigerator_____C or F Freezer_____C or F (Record temperature for refrigerator and freezer if a combined unit.)
- Time interval vaccine was exposed to out-of-range temperatures:_____days_____hrs____minutes

(Estimate the worst-case scenario based on last recorded temperatures. use the graphing function from your data logger to determine the exact interval.)

- Has the affected vaccine experienced previous temperature excursions?_____Yes____No

7. Inventory the affected vaccine in columns 1–5 of the Vaccine Inventory Table on page 2 of this form.

8. Contact the manufacturer of the affected vaccine to determine its viability. Use the contact information on page 2. The manufacturer will need the information recorded above to determine vaccine viability. Record the information from the manufacturer in columns 6–8 of the Vaccine Inventory Table

---

Vaccine Inventory Table (Copy this page if you need more rows in the table.)

Vaccine Name	NDC #	**Lot #**	**Expiration Date**	**# of Doses**	**Disposition per Manufacturer (i.e., viable, wasted, exp date changed, etc.)**	**Call Ref# or Representative's Name**	**Date of Call**

9. If the manufacturer determines the vaccine is viable*: a) Mark the date of this report next to the "X" on the package. This indicates that the vaccine has experienced a temperature excursion and references this report; b) If the expiration date of the vaccine has changed, clearly indicate the new expiration date on the package; and c) Return the vaccine to your inventory. Do not return vaccine to a malfunctioning storage unit until it can reliably maintain vaccine storage temperatures. **VFC will defer to manufacturer guidance regarding vaccine viability. Non-viable vaccine must be returned to McKesson Specialty Care Solutions. Do not dispose of non-viable vaccine except for opened multi-dose vials.*
10. If the manufacturer determines that the vaccine is wasted: a) This form will be used to process your vaccine return. A return confirmation will be sent to the primary and secondary email addresses on file for your site. b) Account for the vaccine on your Monthly Comprehensive Report.
11. Briefly describe the incident:

    _____

    _____

    What steps will be taken to prevent this from happening in the future?

    _____

    _____

12. Once completed, e-mail this report to the Vaccine Logistics Associate at dph-gavfc@dph.ga.gov or fax to (404) 657-5736. This report serves as a record of the incident, the steps taken to determine vaccine viability, and the disposition of the affected vaccine. **Keep a copy for your records.**

Vaccine Manufacturer Contact Information

Manufacturer	Contact Information
GlaxoSmithKline	888-825-5249; https://gskusmedicalaffairs.com/stability-calculator/
Merck	800-672-6372
Sanofi Pasteur	800-822-2463
Pfizer	800-438-1985; https://www.pfizermedicalinformation.com/stability-calculator
Moderna	866-663-3762; excursions@modernatx.com
Seqirus	855-358-8966 option 1
MedImmune/AstraZeneca	877-633-4411
Dynavax	844-375-4728
Novavax	844-668-2829
Bavarian/Nordic	866-378-5237