VFC/WyVIP Vaccine Incident Report
Instruction Page

Revised: 08/12

Page 1: Instruction Page for Providers
Page 2: Provider to Complete and Return to the State Immunization Nurses
Page 3: State Immunization Nurses to Complete and Return to Provider

INSTRUCTIONS:

1. Page 1 is to be completed when a vaccine storage unit (i.e. refrigerator or freezer) has a temperature outside of the acceptable range (outside of 2-8° C for the refrigerator and warmer than -15° C for the freezer). Any out of range temperatures must be reported to the Wyoming Immunization Program **IMMEDIATELY** to determine the stability of any vaccines involved in this cold chain incident.

2. When an out of range temperature is found, **vaccines inside the storage unit should not be used**. Put a sign on all storage unit(s) involved stating, **"DO NOT USE UNTIL FURTHER NOTICE"**.

3. Please **PRINT LEGIBLY** and **FAX page 2 of this Report** and current **TEMPERATURE LOGS** (including Data Logger data if available) to the designated Clinical Quality & Compliance Specialist:

   - West Side of Wyoming - Counties: Big Horn, Fremont, Hot Springs, Lincoln, Park, Sublette, Sweetwater, Teton, Uinta, Washakie: **Diana Martin, RN.** FAX (307) 789-0428. Telephone (307) 789-2665. Cell (307) 256-4442.

   - East Side of Wyoming - Counties: Albany, Campbell, Carbon, Converse, Crook, Goshen, Johnson, Laramie, Natrona, Niobrara, Platte, Sheridan, & Weston: **Valerie Koch, RN.** FAX (307) 777-3615. Telephone (307) 777-8981. Cell (307) 256-1727.

4. The provider will be contacted by a Clinical Quality & Compliance Specialist or designee with the outcome of vaccine viability. Page 3 will be completed and faxed back to the provider with the recommendations/outcome of the event.

VFC/WyVIP Vaccine Incident Report
Page 2 of 3 – This Page to be Completed by the Provider (when an out of range temperature is found)

Facility/Clinic Name: _____ PIN #: _____ Today's Date: _____

Name and Title of Person Reporting: _____ Phone #: _____ Fax #: _____

City: _____ Date Temp Found: _____ Time Temp Found: _____ Temp Found: _____

What was the last in-range temperature documented: Date: _____ Time: _____ Temperature: _____

What was the cause of the temperature excursion?

What actions were taken when the out of range temperatures were discovered?

Vaccine Name involved in Event	Manufacturer	Lot #	Single Dose Vial (SDV) or Multidose Vial (MDV)	Expiration Date	Number of Doses	Vaccine have previous excursions? Yes or No?	(To be Completed by the State)		
							Vaccine Viable?	Price of Vaccine as of: ___	$ Amount Lost

(Page 3 to be Completed by State Immunization Nurses)

Facility Name: _____
PIN: _____
Today's Date: _____

State RN Name: _____ _____ Hours Out @ _____ degrees Celsius

Manufacturer	Telephone	Medical Information Hours	VFC Vaccines	MI Specialist Name & Title
GSK	866-475-8222 #4	600-1800	□ Boostrix, □ Cervarix, □ Engerix, □ Fluarix, □ Havrix, □ Infanrix, □ Kinrix, □ Pediarix, □ Rotarix, □ Twinrix	
MedImmune	877-633-4411 #2	630-1530	□ FluMist	
Merck	800-637-2579 #3	600-1700	□ Comvax, □ Gardasil, □ MMRII, □ PedvaxHIB, □ Pneumovax, □ ProQuad, □ Recombivax-HB, □ RotaTeq, □ Varivax, □ Vaqta	
Novartis	800-244-7668 #1	700-1600	□ Fluvirin, □ Menveo	
Pfizer	800-438-1985 #3	M-Th=700-1800 & F=700-1500	□ Prevnar13	
Sanofi	800-822-2463	600-1630	□ ActHIB, □ Adacel, □ Daptacel, □ Tenivac, □ Fluzone, □ IPOL, □ Menactra	

- **Vaccine Loss: □ No □ Yes. If Yes: Total $ Amount Lost: _____ # of Doses: _____**
- **Was this Event Preventable (Reference Vaccine Replenishment Policy, Dated 01/12): □ Yes or □ No**

Recommendations to the Provider from this Event:

_____ Vaccines may be returned to the storage unit. No further follow-up needed. Keep a copy of this Vaccine Incident Form with the monthly paperwork.

_____ Vaccines may be returned to the Storage Unit. Write on the vaccine boxes with a Sharpie, the following Information: (Vaccine Name, # of Excursion, # Hours Out @ # Degrees C.)

_____ It is recommended that a repairman/serviceman check out the storage unit before vaccines can be returned to the unit. Fax their report **within 1 week** of this date: _____to: _____. You will be contacted with further information/instructions.

_____ It is recommended that the provider replace the storage unit. Prior to moving vaccines, a 10-day temperature log must be completed. Please contact LaChel May, Provider Relations Administrative Assistant at (307) 777-8503 for additional information/instructions.

Additional Recommendations: