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| DEPARTMENT OF HEALTH SERVICESDivision of Public HealthF-02257 (02/2024) | STATE OF WISCONSIN |
| **TEMPERATURE EXCURSION INCIDENT REPORT****Wisconsin Immunization Program** |
| **In the event of a temperature excursion:*** Store the affected vaccines at appropriate temperatures. Ensure the refrigerator/freezer is working properly or move the vaccines to a unit that is.
* Do not discard or administer the affected vaccines. Mark the vaccine “DO NOT USE” so the potentially compromised vaccines can be easily identified.
* Download and save digital data logger information related to the temperature excursion.
* Contact vaccine manufactures to determine viability. Manufactures information is below.
* Email/fax completed Temperature Excursion Incident Report to VFC@WI.GOV or 608-267-9493 within two weeks of the incident.
* If vaccine has been administered before the excursion was identified, and vaccine was identified as non-viable (spoiled), email VFC@WI.GOV for further guidance.
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| Facility name, city, and county | PIN |
|       |       |
| Name of person reporting incident |
|       |
| Phone number | Email |
|       |       |
| Date of occurrence | Time of occurrence |
|       |       |
| **Excursion Information** |
| Where was the vaccine being stored when it was exposed to out-of-range temperatures? Check all that apply. | [ ]  Refrigerator[ ]  Freezer[ ]  Transport/Shipping Container[ ]  Room temperature (vaccine inadvertently left out of storage unit) |
| What was the temperature inside the affected storage unit(s)/room at the time the problem was discovered? Include both minimum and maximum temperature and room temperature.\*Please note that any temperature reading outside the recommended ranges: **Refrigerator – between 36°F [2°C] and 46°F [8°C] and Freezer – between -58°F [-50°C] and +5°F [-15°C]** are considered a temperature excursion. | [ ]  **Refrigerator**Min.       [ ]  °C or [ ]  °F Max.       [ ]  °C or [ ]  °F |
| [ ]  **Freezer** Min.       [ ]  °C or [ ]  °F Max**.**       [ ]  °C or [ ]  °F  |
| [ ]  **Shipping Container** Min.       [ ]  °C or [ ]  °F Max.       [ ]  °C or [ ]  °F |
| [ ]  **Room Temperature**       [ ]  °C or [ ]  °F |
| How long was the vaccine exposed to out-of-range temperatures? Record the total amount of time outside of range. |       |
| Briefly describe what happened to cause the temperature excursion:      |
| **Continue to Page Two** |

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| **Have the vaccine manufacturers been contacted to determine viability as required?** [ ]  Yes [ ]  NoOnline stability calculators:* + GlaxoSmithKline- <https://gskusmedicalaffairs.com/stability-calculator/>
	+ Sanofi-Pasteur- <https://www.sanofimedicalinformation.com/s/stability-calculator/?language=en_US&CN=US>
	+ Merck- <https://www.merckmedicalportal.com/s/temperature-stability-calculator>
	+ Pfizer- <https://www.pfizermedicalinformation.com/en-us/stability-calculator>

Phone numbers:* + Dynavax: 844-375-4728
	+ GlaxoSmithKline: 888-825-5249
	+ Massachusetts Biological Labs: 617-474-3220
	+ MedImmune: 877-633-4411
	+ Merck: 800-672-6372
	+ Pfizer: 800-438-1985
	+ Sanofi-Pasteur: 800-822-2463
	+ Seqirus: 855-358-8966
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| **Was the vaccine deemed viable by the vaccine manufacturer?** [ ]  Yes [ ]  No* + If no, submit a [Vaccine Return—Request for Authorization to Return, F-02287](https://www.dhs.wisconsin.gov/forms/f02287.pdf) to return the spoiled vaccine. Only include vaccine related to the temperature excursion on the return form.
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| **Briefly describe what actions will be taken to avoid this issue in the future:**      |
| **Submit this form and the vaccine return form if applicable to** **VFC@wi.gov****. In the subject line, indicate Temperature Excursion and the facility’s PIN. Temperature Excursion forms can also be faxed to the Immunization Program: 608-267-9493**  |
| **SIGNATURE** – Person completing report | Date signed |
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