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| DEPARTMENT OF HEALTH SERVICES  Division of Public Health  F-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](mailto: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](mailto:VFC@WI.GOV) for further guidance. | | | | | |
| Facility name, city, and county | | | | PIN | |
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| Name of person reporting incident | | | | | |
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| Phone number | | | Email | | |
|  | | |  | | |
| Date of occurrence | | | Time of occurrence | | |
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| **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  No  Online 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 | |
| **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. | |
| **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**](mailto: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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