

NYS Vaccine Program Temperature Excursion Report

PART 1

Instructions. When you identify *any* out-of-range temperature, **regardless of duration (does not matter if alarm has been triggered!)**:

1. **Immediately stop administering vaccines** and label vials “DO NOT USE.” (If applicable, move vaccines to another unit or implement emergency plan and prepare vaccine for transport.)
2. On the *same day* the excursion is identified:
 - Download digital data logger (DDL) file(s) for each storage unit that had out-of-range temperatures. You must compile 3 months of DDL data for each impacted storage unit.
 - Submit part 1 of this report together with DDL file(s) by email to vaccinetempexcursion@health.ny.gov or by fax to 518-449-6912. Clearly indicate your provider site name and PIN(s) on each DDL file.
3. **Do not resume administering vaccines** until you are given approval to do so.
4. Depending on the excursion, NYS Vaccine Program may determine that you need to call the vaccine manufacturer(s) and submit part 2 of this report.

PROVIDER INFORMATION

Provider Site Name

PIN(s)

CONTACT INFORMATION

Name and Role (Vaccine Coordinator, Back-up Coordinator) of Person Submitting Excursion Report

Email Address

Direct Phone Number *(Include extension if applicable)*

EXCURSION INFORMATION

1. Where was vaccine being stored when it was exposed to out-of-range temperatures? *(Check all that apply)*
 - Refrigerator
 - Freezer
 - Ultra-low temperature freezer
 - Transport/shipping container
 - Room temperature – vaccine inadvertently left out of storage unit
2. If you have MMR II (Merck), indicate where it is currently stored: Refrigerator Freezer
3. Do you have any open/punctured vials of IPOL (< 10 doses) in your refrigerator? Yes No
4. You must attach one digital data logger (DDL) file for *each* storage unit that had out-of-range temperatures. Indicate the number of DDL files attached to this report:
5. Was any of the affected vaccine *previously* exposed to out-of-range temperatures? Yes No
If yes, were the out-of-range temperatures reported to NYS Vaccine Program? Yes No
6. Briefly describe what happened:



Submit part 1 of this report and all required DDL file(s) by email (vaccinetempexcursion@health.ny.gov) or fax (518-449-6912). Remember to label DDL file(s) with your provider site name and PIN(s). The NYS Vaccine Program will determine if you need to fill out part 2 of this report. **Do not administer any vaccine until you are given approval to do so from the NYS Vaccine Program.**

PART 2 Provider Site Name:**PIN(s):****Instructions.** If directed to do so by NYS Vaccine Program, contact vaccine manufacturer(s):

1. Prepare for manufacturer call(s). For *each* vaccine exposed to out-of-range temperatures, you will need to know:
 - Cumulative time out-of-range as calculated by NYS Vaccine Program. This will be provided to you by email.
 - Manufacturer, trade name, lot number, expiration date, and number of doses affected. Use the Vaccine Data and Manufacturer Response table(s) on pages 3-4 to record these details *prior* to calling each manufacturer. When filling out table(s), “group” vaccines according to their manufacturer. See reference table on page 5 for a listing of manufacturers and associated vaccine trade names.
2. Place manufacturer call(s). For *each* call, you must:
 - Request the name of the representative you speak with *and* a reference number for the call. Document this information on the Manufacturer Contact Information table (below). **DO NOT USE THE ONLINE STABILITY CALCULATORS. THESE WILL NOT BE ACCEPTED AS DETERMINATION OF VIABILITY.**
 - Request viability determination for vaccine(s).
 - Evidence supports use = Vaccine is viable; continue to use.
 - No evidence/stability data available = Vaccine is non-viable; submit return/wastage request as appropriate in NYSIIS.
 - Shortened expiration date = Vaccine is viable until new expiration date; label vaccine with new date and notify staff in your practice.
 - Document viability determination(s) on Vaccine Data and Manufacturer Response table(s) on pages 3-4.
3. Submit completed temperature excursion report to NYS Vaccine Program by email (vaccinetempexcursion@health.ny.gov) or fax (518-449-6912).

MANUFACTURER CONTACT INFORMATION

Manufacturer	Phone Number	Name of Representative	Reference/Case Number
AstraZeneca	1-800-236-9933		
Bavarian Nordic	1-833-365-9596		
Dynavax	1-877-848-5100		
GlaxoSmithKline (GSK)	1-866-475-8222		
Merck (MSD)	1-800-672-6372		
Moderna	1-866-663-3762		
Novavax	1-844-668-2829		
Pfizer	1-800-438-1985		
Sanofi Pasteur	1-800-822-2463		
Seqirus	1-855-358-8966		

REFERENCE TABLE: VACCINE MANUFACTURERS AND TRADE NAMES

Manufacturer	Trade Names
AstraZeneca 1-800-236-9933	<ul style="list-style-type: none"> • FluMist
Bavarian Nordic 1-833-365-9596	<ul style="list-style-type: none"> • Jynneos
Dynavax 1-877-848-5100	<ul style="list-style-type: none"> • Hekplisav-B
GlaxoSmithKline 1-866-475-8222	<ul style="list-style-type: none"> • Arexvy • Bexsero • Boostrix • Enderix B • Fluarix • FluLaval • Havrix • Hiberix • Infanrix • Kinrix • Menveo • Pediarix • Penmenvy • Priorix • Rotarix • Shingrix • Twinrix
Merck 1-800-672-6372	<ul style="list-style-type: none"> • Enflonsia • Gardasil 9 • MMR II • PedvaxHIB • Pneumovax 23 • ProQuad • Recombivax HB • RotaTeq • Vaqta • Varivax • Vaxelis • Vaxneuvance
Moderna 1-866-663-3762	<ul style="list-style-type: none"> • COVID-19 vaccine products (including SPIKEVAX) • mResvia
Novavax 1-844-668-2829	<ul style="list-style-type: none"> • Nuvaxovid COVID-19 vaccine
Pfizer 1-800-438-1985	<ul style="list-style-type: none"> • Abrysvo • COVID-19 vaccine products (including COMIRNATY) • Penbraya • Prevna 20 • Trumenba
Sanofi Pasteur 1-800-822-2463	<ul style="list-style-type: none"> • ActHIB • Adacel • Beyfortus • Daptacel • Fluzone • IPOL • Menquadfi • Pentacel • Quadracel • Tenivac
Seqirus 1-855-358-8966	<ul style="list-style-type: none"> • Afluria • Flucelvax