

New York State Department of Health Vaccine Program

Temperature Excursion Report

PART 1

Instructions. When you identify *any* out-of-range temperature, *regardless of duration*:

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 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 receive a response.
4. Depending on the excursion, NYSDOH may determine you need to contact the vaccine manufacturer(s) and submit part 2 of this report.

PROVIDER INFORMATION

Provider Site Name	PIN(s)
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CONTACT INFORMATION

Name of Person Submitting Excursion Report	
Email Address	Direct Phone Number <i>(Include extension if applicable)</i>

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. 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:
3. 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 NYSDOH Vaccine Program? Yes No
4. 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). NYSDOH Vaccine Program will determine whether you need to fill out part 2 of this report. **Do not administer any vaccine before you receive a determination from NYSDOH Vaccine Program.**

Provider Site Name:

PIN(s):

TEMPERATURE SUMMARY (to be completed by NYSDOH Vaccine Program)		
Unit 1 Target temperature range: Refrigerated (2°C to 8°C or 36°F to 46°F) Frozen (-50°C to -15°C or -58°F to 5°F) ULT (-90 °C to -60 °C or -130 °F to -76 °F)	Actual temperature range: High: °C °F Low: °C °F Cumulative time out-of-range:	Notes:
Unit 2 Target temperature range: Refrigerated (2°C to 8°C or 36°F to 46°F) Frozen (-50°C to -15°C or -58°F to 5°F) ULT (-90 °C to -60 °C or -130 °F to -76 °F)	Actual temperature range: High: °C °F Low: °C °F Cumulative time out-of-range:	Notes:
Unit 3 Target temperature range: Refrigerated (2°C to 8°C or 36°F to 46°F) Frozen (-50°C to -15°C or -58°F to 5°F) ULT (-90 °C to -60 °C or -130 °F to -76 °F)	Actual temperature range: High: °C °F Low: °C °F Cumulative time out-of-range:	Notes:
Unit 4 Target temperature range: Refrigerated (2°C to 8°C or 36°F to 46°F) Frozen (-50°C to -15°C or -58°F to 5°F) ULT (-90 °C to -60 °C or -130 °F to -76 °F)	Actual temperature range: High: °C °F Low: °C °F Cumulative time out-of-range:	Notes:
Unit 5 Target temperature range: Refrigerated (2°C to 8°C or 36°F to 46°F) Frozen (-50°C to -15°C or -58°F to 5°F) ULT (-90 °C to -60 °C or -130 °F to -76 °F)	Actual temperature range: High: °C °F Low: °C °F Cumulative time out-of-range:	Notes:
Reviewed by	Date	Confirmation number

Instructions. If directed to do so by NYSDOH 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 NYSDOH Vaccine Program. Look for this information in the Temperature Summary (page 2).
 - Manufacturer, trade name, lot number, expiration date, and number of doses affected. Use the Vaccine Data and Manufacturer Response table(s) on pages 4-5 to record these details *prior* to calling each manufacturer. Recommended: When filling out table(s), “group” vaccines according to their manufacturer. See reference table on page 6 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).
 - Request viability determination for vaccine(s).
 - Evidence supports use = Vaccine is viable; continue to use.
 - No evidence available = Vaccine is non-viable; report as wastage in NYSIIS.
 - Shortened expiration date = Vaccine is viable until new expiration date; label vaccine with new date.
 - Document viability determination(s) on Vaccine Data and Manufacturer Response table(s) on pages 4-5.
3. Submit completed temperature excursion report to NYSDOH Vaccine Program by email (vaccinetempexcursion@health.ny.gov) or fax (518-449-6912).

MANUFACTURER CONTACT INFORMATION

Manufacturer	Phone Number	Name of Representative You Spoke With	Reference Number
AstraZeneca	1-800-236-9933		
Dynavax	1-877-848-5100		
GlaxoSmithKline (GSK)	1-866-475-8222		
Grifols	1-888-474-3657		
Janssen (Johnson & Johnson)	1-800-565-4008		
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		

Provider Site Name:

PIN(s):

VACCINE DATA AND MANUFACTURER RESPONSE					
Manufacturer	Trade Name	Lot Number	Expiration Date	# of Doses Affected	Manufacturer's Determination (viable, non-viable, or shortened expiration; if shortened expiration, note new expiration date below and on vaccine)

Provider Site Name:

PIN(s):

VACCINE DATA AND MANUFACTURER RESPONSE					
Manufacturer	Trade Name	Lot Number	Expiration Date	# of Doses Affected	Manufacturer's Determination (viable, non-viable, or shortened expiration; if shortened expiration, note new expiration date below and on vaccine)

REFERENCE TABLE: VACCINE MANUFACTURERS AND TRADE NAMES

Manufacturer	Trade Names
AstraZeneca 1-800-236-9933	<ul style="list-style-type: none"> FluMist Quadrivalent
Dynavax 1-877-848-5100	<ul style="list-style-type: none"> Hepelisav-B
GlaxoSmithKline 1-866-475-8222	<ul style="list-style-type: none"> Bexsero Boostrix Engerix B Fluarix Quadrivalent FluLaval Quadrivalent PF Havrix Hiberix Infanrix Kinrix Menveo Pediarix Priorix Rotarix Shingrix Twinrix
Grifols 1-888-474-3657	<ul style="list-style-type: none"> TDVAX
Janssen (Johnson & Johnson) 1-800-565-4008	<ul style="list-style-type: none"> COVID-19 vaccine
Merck 1-800-672-6372	<ul style="list-style-type: none"> 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)
Novavax 1-844-668-2829	<ul style="list-style-type: none"> COVID-19 vaccine
Pfizer 1-800-438-1985	<ul style="list-style-type: none"> COVID-19 vaccine products (including COMIRNATY) Prevnar 13 Prevnar 20 Trumenba
Sanofi Pasteur 1-800-822-2463	<ul style="list-style-type: none"> ActHIB Adacel Daptacel Fluzone Quadrivalent IPOL Menquadfi Pentacel Quadracel Tenivac
Seqirus 1-855-358-8966	<ul style="list-style-type: none"> Afluria Quadrivalent Flucelvax Quadrivalent