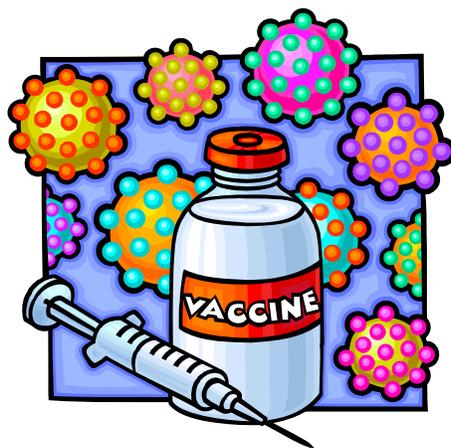


VACCINE MANAGEMENT PLAN



NORTH DAKOTA
DEPARTMENT *of* HEALTH

Division of Disease Control
February, 2007

Immunization Program Assistance:

Molly Sander, Immunization Program Manager 701.328.4556
msander@nd.gov

Stacy Lovelace, Immunization Surveillance Coordinator 701.328.3324
slovelace@nd.gov

Darcey Tysver, Vaccines for Children Coordinator 701.328.2035
dtysver@nd.gov

Vaccine Distribution/Inventory Assistance:

Teri Arso, Vaccine Distribution 701.328.3386
tarso@nd.gov

**North Dakota Department of Health
Division of Disease Control
600 E Boulevard Avenue
Bismarck, ND 58505-0200**

**701.328.3386 or 1.800.472.2180
(FAX) 701.328.2499**

Table of Contents

	Page
Introduction	1
 Vaccine Ordering & Distribution	
Vaccine Ordering	2
Vaccine Distribution.....	3
Receiving Vaccine.....	4
 Vaccine Handling, Storage & Disposal Guidelines	
Vaccine Handling	5
Vaccine Storage.....	6
• Refrigerated Vaccine.....	6
• Frozen Vaccine.....	7
Vaccine Return	9
Vaccine Transfer	9
Vaccine Disposal.....	10
 Vaccine Packaging & Shipping	
Packaging/Shipping Vaccine.....	10
 Appendix.....	 12

Introduction

Vaccine Storage and Handling is important in order to ensure the efficacy of vaccines in preventing vaccine-preventable diseases. Failure to store vaccines properly can lead to an inadequate immune response from the vaccines in children.

Storage and handling is also important in order to prevent the wastage of increasingly expensive vaccines. In 2006, North Dakota providers reported wasting 6,117 doses of vaccine, which is approximately \$104,619 worth of vaccine. This is only the reported wastage. There is no way to know how much vaccine was wasted and not reported.

Proper vaccine storage and handling is necessary in order to prevent having to repeat vaccinations in children that received improperly stored vaccine. Repeat vaccinations can lead to an increase in adverse reactions and wasted money spent on vaccinations that weren't needed.

It is important for providers to thoroughly read the North Dakota Vaccine Management Plan in order to prevent vaccine wastage in North Dakota.



Vaccine Ordering and Distribution

Vaccine Ordering

- Vaccine requests are accepted by the North Dakota Department of Health (NDDoH) by mail, fax or electronic mail. Requests are not accepted by telephone. This is to ensure accuracy in filling provider requests. **(An example of a vaccine order form is shown in Appendix 1)**. Providers may also order vaccine online at: www.ndhealth.gov/Immunize/Providers/Order.htm
- Vaccine order forms should be filled out completely, including provider inventories. **The NDDoH will not send vaccine if the inventory portion of the form is not completed.**
- **Vaccine orders cannot be processed until the NDDoH has received a Monthly Doses Administered Report from the provider. (A Monthly Doses Administered Report can be found in Appendix 2).** Doses administered reports may also be obtained from the North Dakota Immunization Information System (NDIIS). Orders may be adjusted by the NDDoH if a provider has ordered too much vaccine based on provider inventory and doses administered reports.
- The NDDoH will process vaccine orders for providers within two weeks (weather permitting).
- Providers may only order enough vaccine to last one to two months.
- Providers may only order vaccine once a month.

- Providers should notify clinic staff when vaccine is being shipped to their clinic after they have ordered vaccine (especially staff receiving U.S. Mail daily). This is to prevent vaccine wastage.

Vaccine Distribution

- The North Dakota Immunization Program will act as the central depot for federal/state-funded vaccine.
- Vaccine is shipped on Mondays, Tuesdays, and Wednesdays only. This ensures the vaccine will arrive at the provider site before the weekend.
- The method of shipping vaccine in North Dakota is the U.S. Postal Service.
- Varicella and MMRV vaccine is shipped on dry ice directly to providers from the vaccine manufacturer.
- Vaccine will NOT be shipped on days when the daytime temperature is expected to be 90° F. or greater outside.
- Vaccine will NOT be shipped on days when the nighttime temperature is expected to be below 0° F.
- Vaccine shipments from the NDDoH are recorded in the NDIIS database, which includes the lot number, expiration date, doses sent and the provider to whom the vaccine is sent.
- The NDIIS will record and account for vaccine distributed to providers.



Receiving Vaccine

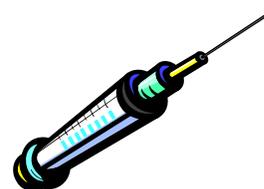
- It is the responsibility of the provider to arrange for someone to be available in your office to immediately receive and properly store the vaccine. This employee must be trained in proper vaccine storage and handling. A back-up employee should also be trained. The National Immunization Program created a Vaccine Storage and Handling Toolkit that is available online at <http://www2a.cdc.gov/nip/isd/shtoolkit/splash.html>. The NDDoH recommends that all clinic staff involved in vaccine storage and handling view this toolkit online.
- Providers should have written protocols in place for receiving vaccine.
- Compare the vaccine received with the information on the invoice. Notify the Immunization Program **immediately** if there are any discrepancies in the order.
- All vaccines, except Varicella, MMRV, and Shingles, must be refrigerated immediately at 2-8° C (35-46° F).
- Varicella vaccine, MMRV, and Shingles vaccine must be stored in a freezer, which maintains an average temperature of -15° C (+5°F).

Vaccine Handling, Storage & Disposal Guidelines

Providers must follow recommendations and general guidelines for handling, storage and disposal of vaccines from *Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals*, a publication from the U.S. Department of Health and Human Services (**See Appendix 3**). This guide is also available online at www.cdc.gov/nip/publications/vac_mgt_book.htm. Information in addition to these recommendations is listed below. These recommendations are NOT a substitute for the package insert included with each biological.

Vaccine Handling

- It is recommended that vaccines not be drawn up prior to administration.
- Biologicals may lose efficacy if stored in syringes for any period of time.
- If vaccines are drawn up prior to administration because of large clinics or limited staff, observe the following guidelines:
 - NO vaccine should be administered if drawn up in syringes for more than 8 hours.
 - NEVER return vaccine to a multiple dose container.
 - MMR may be kept up to 8 hours in a dark, cool place after reconstitution.
 - Varicella, MMRV, and shingles must be administered within 30 minutes after reconstitution. Discard reconstituted vaccine if not used within 30 minutes.
 - MMRV MUST NOT be stored at refrigerator temperature at any time.
 - Properly stored vaccines are valid up until expiration date. If the expiration date is listed as a month and year only, vaccine is valid until the end of that month (e.g. July 98 -- valid until July 31, 1998).
Vaccines should be utilized until date expired.
 - Influenza vaccine expires the last day of June following the influenza season.



**Vaccine
Storage**

Refrigerated Vaccines

These biologicals **MUST** be stored at the recommended temperatures of 2°- 8° C (35°-46° F):

DT	IPV
DTaP	MCV-4
DTaP/Hib	MPV-4
DTaP/HBV/IPV	PCV-7
HBIG	PPV-23
Hepatitis A	Rotavirus
Hepatitis B	Td
Human Papillomavirus	Tdap
Hib	
Influenza	

- The above vaccines must **NOT** be stored frozen.
- Vaccine diluents may be stored at room temperature.
- MMR vaccine may be stored in the refrigerator or the freezer. Storing MMR in the freezer prevents vaccine wastage due to power failures, because the vaccine will take longer to warm to out-of-range temperatures when frozen.
- MMRV **MUST NOT** be stored at refrigerator temperature at any time.

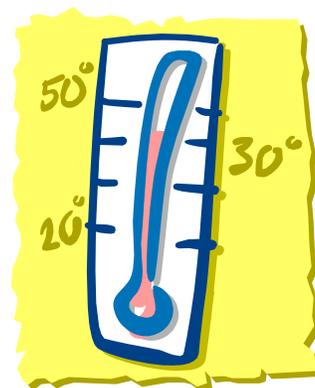
Frozen Vaccine

Varicella, MMRV, and Shingles:

- Varicella, MMRV, and shingles vaccines are required to be stored at a temperature of 5° F (-15° C) or below.
- Discard reconstituted varicella, MMRV, and shingles vaccine after 30 minutes.
- Do not freeze reconstituted varicella, MMRV, or shingles vaccine.
- Protect varicella, MMRV, and shingles vaccine from light before and after reconstitution.

Providers must monitor the temperature of their refrigerator/freezer with thermometers.

- The optimal system for monitoring refrigerator/freezer temperatures is an automated temperature-sensing device. If a sensing device is not feasible, a maximum/minimum thermometer is recommended. Thermometers should be placed in the center of the refrigerator, next to the vaccine.



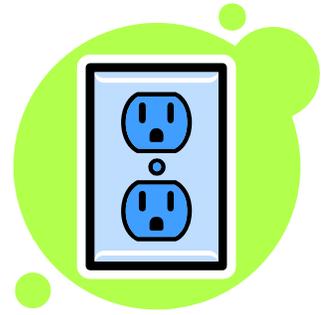
- Check temperature (preferably a maximum/minimum thermometer) on a regular basis (twice per day). Post a temperature-recording chart on your refrigerator/freezer to record the minimum and maximum temperatures. Copies of temperature recording charts must be sent in to the NDDoH at the end of every month. **(For temperature recording charts, see Appendix 4, 5, 6).**
- Temperature logs must be saved for a minimum of three years.
- If refrigerator or freezer temperatures are out-of-range, record the temperature on a temperature log and isolate the affected vaccine and mark "do

not use" until the vaccine manufacturers and the NDDoH have been contacted. Do not assume that the vaccine is not viable.

- Do not store food or beverages in a refrigerator that contains biologicals.
- Stack vaccine with enough air space between stacks to allow cold air to circulate around the vaccine.
- Do not stack vaccine next to coils in the refrigerator. The coils are extremely cold and could result in the vaccine being ruined.
- Never store vaccine in the refrigerator door. Opening and closing vaccine doors in refrigerators causes unnecessary temperature changes and could cause vaccine failure.
- Once a month, check the vaccine inventory to ensure that expired vaccines are removed from the refrigerator. **Contact the NDDoH if vaccine is expiring in 3 months and the clinic will be unable to use the vaccine before expiration.** The NDDoH will attempt to transfer the vaccine to another provider.
- Rotate biologicals in the refrigerator/freezer so that the shortest dated vaccine is used first.
- Place ice packs in the freezer and filled plastic water jugs in the refrigerator to help maintain temperature stability. This helps keep temperatures uniform and provides additional cold mass, both of which are useful, particularly if there is a power failure.
- Unofficial studies have indicated some biologicals will retain their potency when left at room temperature for short periods of time. Please contact the vaccine manufacturer for efficacy of vaccine not stored properly.

Other suggestions

- Install **PLUG GUARDS/PROTECTORS** in outlets. This helps prevent power loss.
- Protect and mark circuit breaker switches. This prevents interruption of power.
- A warning sign to prevent unplugging the freezer/refrigerator by the plug/outlet may help to ensure that the freezer/refrigerator is not turned off (**See Appendix 7**).
- Lock storage facilities and equipment. This prevents unauthorized removal of vaccine and use of storage for other purposes.
- Diluent should be stored outside the refrigerator. It takes up space and does not need to be refrigerated.



Vaccine Return (outdated, frozen, etc.)

All unused, frozen, or expired vaccines must be returned to NDDoH:

Reason: NDDoH can receive an excise tax reimbursement for unused portions.

- A Vaccine Return Form must be completed for all wasted/unusable vaccines and sent to NDDoH (**See Appendix 8**).

Vaccine Transfer

- A Vaccine Transfer Form must be completed and sent to the North Dakota Department of Health when vaccine is transferred from one enrolled vaccine provider to another enrolled vaccine provider and not transferred in NDIIS (**See Appendix 9**).

- Vaccine is transferred in the NDIIS from one provider's inventory to another once the form is received by the NDDoH.
- Cold chain procedures must be used during the transfer of vaccine.

Vaccine Disposal

Dispose of all materials properly:

- Syringes, needles, empty vials and material containing biologicals should be disposed in sharps containers, designated waste containers, etc. and burned, boiled or autoclaved before disposing in landfills.
- Other disposable items such as cotton balls, gauze, etc. should be secured in garbage bags for disposal.



Vaccine Packaging/Shipping

There are a variety of materials available to ensure that vaccines are protected and are kept at the appropriate temperature during shipment. Vaccines other than varicella and MMRV need to be kept cool, but not frozen, during the shipping process. Varicella and MMRV, on the other hand, need to be kept frozen while being shipped.

- Varicella and MMRV vaccines must remain frozen during shipping. Use dry ice in block form to ship Varicella and MMRV vaccine. Do not handle the dry ice with your bare hands! Wear gloves while handling dry ice so you do not burn your hands. It is recommended to use no less than 5 lb. of dry ice per package.
- Do not ship vaccine if the daytime temperature is expected to exceed 90° F.
- Do not ship vaccine if the nighttime temperature is expected to be below 0° F. unless it is vaccine which should be frozen.

- Vaccines must stay adjacent to the cold packs in order to maintain the desired internal temperature range when the outside temperature is extremely high.
- When returning vaccine to the NDDoH, ship **ONLY** on Mondays, Tuesdays, or Wednesdays. This is to ensure vaccine will arrive at the site on a weekday.
- Consider outside temperatures when traveling with biologicals. Do not leave vaccine in a vehicle for extended periods of time in either very cold or very hot temperatures.

Appendix

1 Vaccine Order Form

- 2 Doses Administered Report
- 3 Vaccine Management: Recommendations for Handling and Storage of Selected Biologicals
- 4 Temperature Log (Fahrenheit)
- 5 Temperature Log (Celsius)
- 6 Temperature Log (Fahrenheit and Celsius)
- 7 "Do Not Unplug" Warning Signs
- 8 Vaccine Return Form
- 9 Vaccine Transfer Form



Request for Vaccine

Vaccine Type	Unit Size	Completed by Provider		Completed by NDDoH	
		Doses Ordered	Doses on Hand	Doses Shipped	Lot Number Shipped
DTaP (For children ≤ 6 years of age)	10				
DTaP/HepB/IPV (Pediarix™) syringes	5				
DTaP/HepB/IPV (Pediarix™) vials	10				
Hepatitis A	10				
Hepatitis B	10				
Hib	10				
HPV (VFC Only)	10				
IPV	10				
Meningococcal Conjugate Vaccine (MCV-4) (VFC Only)	5				
MMR	10				
MMRV (shipped directly from manufacturer)	10				
PCV-7 (Prenvar®)	10				
Pneumococcal Polysaccharide (for ages 2+)	5				
Rotavirus (for ages 6 weeks – 32 weeks)	10				
Tdap (tetanus, diphtheria and pertussis) (For adolescents 10 – 18 years of age)	5				
Varicella (shipped directly from manufacturer)	10				
HBIG*	1				
Td**	10				
DT (pediatric)***	10				
Influenza****					

*Available to hospitals for peri-natal use only.

**Available for use in children (≥ 7 years) who have not completed the primary series of DTaP.

***Contact ND Immunization Program at 800.472.2180. Order must be pre-approved over the phone.

****Seasonal, use separate Influenza Order Form.

1. Please limit vaccine orders to a **2-month supply**
2. Allow up to **2 weeks** for delivery
3. Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (**weather permitting**)
4. Orders will not be filled until the NDDoH has received a **Vaccine Administration Monthly Report**

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

Send To:		
Facility:		
Attn:		
Address:		
City:	State:	Zip Code:

Request for Materials

Item	Quantity	Item	Quantity
CDC Vaccine Information Statements		Brochures	
Chickenpox Vaccine		A Guide to Vaccine-Preventable Diseases in Adults	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccines		A Parent's Guide to Vaccine-Preventable Diseases in Children	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		All kids need hepatitis B shots!	
Hepatitis A Vaccines		Think About Protecting Your Teen This Fall (meningococcal brochure)	
Hepatitis B Vaccines		Parents Guide to Childhood Immunization (Currently Unavailable)	
Human papillomavirus		Prevent Hepatitis B: Get Vaccinated!	
Meningococcal Vaccine		Questions parents ask about baby shots	
MMR Vaccine		What parents and caregivers need to know about pertussis	
Pneumococcal Conjugate Vaccine			
Pneumococcal Polysaccharide Vaccine		State Forms	
Polio Vaccine			
Rotavirus Vaccine		Certificate of Immunization (SFN 16038)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)		Lifetime Immunization Record (SFN 13895)	
Camera-ready copy: (please circle)		Request for Vaccine/Materials (SFN 13800)	
Inactivated Influenza Live Attenuated Influenza			
Rabies Shingles			
Td Typhoid Yellow Fever			
Miscellaneous		Temperature Log (Fahrenheit) (SFN 53775)	
After the Shots... What to do if your child has discomfort		Temperature Log (Fahrenheit and Celsius) (SFN 58469)	
Chickenpox Fact Sheet		Temperature Log (Celsius) (SFN 58468)	
Guide to Contraindications to Childhood Vaccinations (Currently Unavailable)		Vaccine Administration Monthly Report (SFN 53774)	
Health Record Folder with inserts		Vaccine Administration Record (SFN 18385) 2 Part	
Health Record Folder without inserts		Vaccine Transfer Form (SFN 53766)	
Immunizations for Babies (A Guide for Parents)		Vaccine Return Form (SFN 53767)	
Pertussis Fact Sheet			
Recommended Childhood Immunization Schedule			
Vaccine Adverse Events Reporting Form (VAERS)			

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

Send To:

Facility:		
Attn:		
Address:		
City:	State:	Zip Code:



VACCINE ADMINISTRATION MONTHLY REPORT FOR ALL PROVIDERS
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 53774 (11-06)

Division of Disease Control
 600 E. Boulevard Ave. Dept. 301
 Bismarck, ND 58505-0200
 Telephone No.: 701.328.3386 or 800.472.2180
 Fax No.: 701.328.2499

Provider Name/Facility:						Provider Number:						Telephone Number:			
Person Reporting:						Report Period (Month):									
Number of Doses of Vaccine Administered by Age Group															
Vaccine	< 1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65 +	Unknown	Total	Doses in Current Inventory
DTaP or DT															
DTaP/HepB/IPV															
Hep A															
Hep B															
HPV															
Hib															
Influenza															
IPV															
Meningococcal															
MMR															
MMRV															
PCV-7															
PPV-23															
Rotavirus															
Td															
Tdap															
Varicella															

- This report is due at the State Health Department before vaccine orders can be processed.
- Record each dose of vaccine given according to the type and the recipient's age.
- Total all age groups by antigen type and record.
- Record the number of doses of each antigen type that is in storage on the last day of the month under "Current Inventory."
- This monthly report is mandated for documenting accountability of antigens purchased with public funds.

VACCINE MANAGEMENT

Recommendations for Storage and Handling of Selected Biologicals

January 2007



Contents

DT, Td
DTaP, DTaP/Hib, DTaP/HepB/IPV,Tdap
HBIG
Hepatitis Vaccines: Hepatitis A, Hepatitis B, Hepatitis A/B, Hepatitis B/Hib
Hib
HPV
IPV
TIV
LAIV
MMR, MR, Measles Virus Vaccine, Mumps Virus Vaccine, Rubella Virus Vaccine
MMRV
MCV4
MPSV4
PCV
PPV
Rotavirus Vaccine
Varicella (Chickenpox) Vaccine
Zoster (Shingles) Vaccine

DT: Diphtheria, Tetanus Toxoids—Pediatric Td: Tetanus, Diphtheria Toxoids—Adult

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Shake vial vigorously before withdrawal and use.

Shelf Life After Opening

The vaccine should be administered shortly after withdrawal from the vial. Unused portions of multidose vials may be refrigerated at 35° to 46°F (2° to 8°C) and used until outdated, if not contaminated.

Special Instructions

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

**DTaP: Diphtheria Toxoid, Tetanus Toxoid,
Acellular Pertussis Vaccine—Pediatric**

**DTaP/Hib: Diphtheria Toxoid, Tetanus Toxoid,
Acellular Pertussis Vaccine Combined with *Haemophilus
influenzae* type b Conjugate Vaccine*—Pediatric**

**DTaP/HepB/IPV: Diphtheria Toxoid, Tetanus Toxoid,
Acellular Pertussis Vaccine, Hepatitis B Vaccine,
Inactivated Polio Vaccine—Pediatric**

**Tdap: Tetanus Toxoid, Diphtheria Toxoid,
Acellular Pertussis Vaccine—Adult**

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival**

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial, container, or manufacturer-filled syringe.

**Instructions for Reconstitution*
or Use**

Shake well before withdrawal and use. Do not use if resuspension does not occur with vigorous shaking.

**Shelf Life After Reconstitution*
or Opening**

Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial.

Manufacturer-Filled Syringes: The vaccine should be administered shortly after the needle is attached to the syringe.

Special Instructions

Rotate stock so that the earliest dated material is used first.

* ActHIB® (sanofi pasteur) should be used within 24 hours of reconstitution if used alone. If sanofi pasteur DTaP is used to reconstitute ActHIB®, the TriHibit® vaccine must be used within 30 minutes of reconstitution. Only sanofi pasteur DTaP-Tripedia® or the diluent shipped with the product may be used to reconstitute the sanofi pasteur ActHIB® product. Sanofi pasteur DAPTACEL® is not licensed for use in reconstitution of ActHIB®.

** If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

HBIG: Hepatitis B Immune Globulin

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Reconstitution or Use

Shake vial vigorously before withdrawal and use.

Shelf Life After Reconstitution or Opening

Use until outdated, if not contaminated.

Special Instructions

Rotate stock so that the earliest dated material is used first.

Hepatitis Vaccines: Hepatitis A, Hepatitis B, Hepatitis A/B, Hepatitis B/*Haemophilus influenzae* type b

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial, container or manufacturer-filled syringe.

Instructions for Use

Shake vial vigorously before withdrawal and use.

Shelf Life After Opening

Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial.

Manufacturer-Filled Syringes: The vaccine should be administered shortly after the needle is attached to the syringe.

Special Instructions

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

Hib: *Haemophilus influenzae* type b Conjugate Vaccine

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Reconstitution** or Use

Shake vial vigorously before withdrawal and use. Do not use if resuspension does not occur with vigorous shaking.

Shelf Life After Reconstitution** or Opening

The vaccine should be administered shortly after withdrawal from the vial.

Special Instructions

Rotate stock so that the earliest dated material is used first.

HPV: Human Papillomavirus Vaccine

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.** Protect from light at all times.

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Shake well before use. Thorough agitation immediately before administration is necessary

to maintain suspension of the vaccine. After thorough agitation, the vaccine is a white, cloudy liquid. Inspect visually for particulate matter and discoloration prior to administration. Do not use the product if particulates are present or if it appears discolored.

Shelf Life After Opening

The vaccine should be administered shortly after withdrawal from the vial. Doses remaining in the vial may be used until outdated if not contaminated.

Special Instructions

Rotate stock so that the earliest dated material is used first.

NOTE: When using Manufacturer-Filled Syringes, use the enclosed needle for administration. If a different needle is chosen, it should fit securely on the syringe and be no longer than 1 inch to ensure proper functioning of the needle guard device.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

** ActHIB® (sanofi pasteur) should be used within 24 hours of reconstitution if used alone. If sanofi pasteur DTaP is used to reconstitute ActHIB®, the TriHibit® vaccine must be used within 30 minutes of reconstitution. Only sanofi pasteur DTaP-Tripedia® or the diluent shipped with the product may be used to reconstitute the sanofi pasteur ActHIB® product. Sanofi pasteur DAPTACEL® is not licensed for use in reconstitution of ActHIB®.

IPV: Inactivated Polio Vaccine

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Multidose Vials: Shake vial vigorously before withdrawal and use. Withdraw 0.5 mL of vaccine into separate sterile needle and syringe for each immunization.

Shelf Life After Opening

The vaccine should be administered shortly after withdrawal from the vial. Doses remaining in the vial may be used until outdated if not contaminated.

Special Instructions

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

TIV: Trivalent Inactivated Influenza Vaccine

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Formulated for use during current influenza season.

Instructions for Use

Shake vial vigorously before withdrawal and use.

Shelf Life After Opening

Multidose Vials: The vaccine should be administered shortly after withdrawal from the vial.

Manufacturer-Filled Syringes: Sterile until removal of hub cap.

Special Instructions

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

LAIV: Live Attenuated Influenza Vaccine

Shipping Requirements

Should be shipped frozen in insulated container with dry ice at 4°F (-20°C) or colder. Shipment includes WarmMark™ temperature indicator.

Condition upon Arrival*

Should be frozen at 4°F (-20°C) or colder; **must not have thawed in shipment.** (All windows in WarmMark™ indicator should be white. If any indicator windows are red, do not use the product. Call the manufacturer for further instructions.)

Storage Requirements

Upon arrival, immediately store the vaccine in a freezer with its own exterior door. Must be maintained in a continuously frozen state at 5°F (-15°C) or colder. **No freeze/thaw cycles are permitted with this vaccine.** May be stored in either a manual defrost freezer or in a frost-free freezer compartment.

In order to maintain the temperature of 5°F (-15°C) or colder in the freezer, it will be necessary in most refrigerator/freezer models to turn the temperature dial down to the coldest setting. This may result in the refrigerator compartment temperature being lowered as well. Careful monitoring of the refrigerator temperatures will be necessary to avoid freezing killed or inactivated vaccines.

NOTE: The manufacturer supplied freezer box is no longer required for storage of LAIV vaccine in a frost-free freezer.

Shelf Life

Formulated for use during current influenza season.

Instructions for Use

Thaw sprayer in palm of hand before administering. Do not roll the vaccine sprayer in your hand, as this may dislodge the dose divider clip. May also be thawed in a refrigerator and stored at 35° to 46°F (2° to 8°C) for no more than 60 hours prior to use. **Do not refreeze after thawing.**

Shelf Life After Thawing

The vaccine should be administered shortly after thawing. Vaccine thawed in the refrigerator and stored at 35° to 46°F (2° to 8°C) that is not used within 60 hours must be discarded in an impenetrable sharps container.

Special Instructions

Rotate stock so that the earliest dated material is used first.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

MMR: Measles/Mumps/Rubella Vaccine, MR: Measles/Rubella Vaccine, Measles Virus Vaccine, Mumps Virus Vaccine, Rubella Virus Vaccine

Shipping Requirements

Vaccine: Use insulated container. Must be shipped with refrigerant. Maintain at 50°F (10°C) or less. If shipped with dry ice, diluent must be shipped separately.

Diluent: May be shipped with vaccine, but do not place in container with dry ice.

Condition upon Arrival*

Maintain at 50°F (10° C) or less. If above this temperature, see instructions (*) below.

Do not use warm vaccine. Refrigerate upon arrival.

Storage Requirements

Vaccine may be stored separately from diluent. Store as follows:

Vaccine: Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). Protect from light at all times, since such exposure may inactivate the virus.

Diluent: May be refrigerated or stored at room temperature (68° to 77°F [20° to 25°C]). **Do not freeze or expose to freezing temperatures.**

NOTE: Freeze-dried (lyophilized) MMR vaccine may be maintained at freezer temperatures.

Shelf Life

Check expiration date on container or vial.

Instructions for Reconstitution and Use

Reconstitute just before using. Use only the diluent supplied to reconstitute the vaccine. Inject diluent into the vial of lyophilized vaccine and agitate to ensure thorough mixing. Withdraw entire contents into syringe and inject total volume of vaccine subcutaneously.

Shelf Life After Reconstitution, Thawing or Opening

After reconstitution, use immediately or store in a dark place at 35° to 46°F (2° to 8°C). **Discard if not used within 8 hours.**

Special Instructions

Rotate stock so that the earliest dated material is used first.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

MMRV: Measles/Mumps/Rubella/Varicella Vaccine

Shipping Requirements

Vaccine: Use insulated container. Must be shipped with dry ice only, at 4°F (-20°C) or colder. Should be delivered within 2 days.

Diluent: May be shipped with vaccine, but do not place in container with dry ice.

Condition upon Arrival*

Should be frozen. Vaccine should remain at 4°F (-20°C) or colder until arrival at the healthcare facility. Dry ice should still be present in the shipping container when vaccine is delivered.

Storage Requirements

Vaccine: Freeze immediately upon arrival. Maintain vaccine in a continuously frozen state at 5°F (-15°C) or colder. **No freeze/thaw cycles are allowed with this vaccine.** Vaccine should only be stored in freezers or refrigerator/freezers with separate doors and compartments. Acceptable storage may be achieved in standard household freezers purchased in the last 10 years, and standard household refrigerator/freezers with a separate, sealed freezer compartment. Dormitory-style units are not appropriate for the storage of MMRV vaccine. **Do not store lyophilized vaccine in the refrigerator. If lyophilized vaccine is inadvertently stored in the refrigerator, it should be discarded.**

Protect the vaccine from light at all times since such exposure may inactivate the vaccine viruses.

In order to maintain temperatures of 5°F (-15°C) or colder, it will be necessary in most refrigerator/freezer models to turn the

temperature dial down to the coldest setting. This may result in the refrigerator compartment temperature being lowered as well. Careful monitoring of the refrigerator temperature will be necessary to avoid freezing killed or inactivated vaccines.

Diluent: May be refrigerated or stored at room temperature (68° to 77°F [20° to 25°C]). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on container or vial.

Instructions for Reconstitution and Use

Reconstitute just before using. Use only the diluent supplied to reconstitute the vaccine.

Shelf Life After Reconstitution, Thawing or Opening

Discard reconstituted vaccine if it is not used within 30 minutes.

Do not freeze reconstituted vaccine.

Special Instructions

Rotate stock so that the earliest dated material is used first.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

MCV4: Meningococcal Conjugate Vaccine, Groups A, C, Y, W-135

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures. Protect from light.**

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Follow manufacturer's directions.

Shelf Life After Opening

The vaccine should be administered shortly after withdrawal from the vial.

Special Instructions

Rotate stock so that the earliest dated material is used first. Vaccine should be injected by the intramuscular route. Do not inject intradermally, subcutaneously, or intravenously.

MPSV4: Meningococcal Polysaccharide Vaccine, Groups A, C, Y, W-135

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Reconstitution and Use

Reconstitute gently. This is a white powder that yields a clear, colorless liquid when

reconstituted with 0.6 ml (single-dose vial) or 6 ml (10-dose vial) of sterile distilled water.

Shelf Life After Reconstitution or Opening

Single-Dose Vials: Use within 30 minutes of reconstitution.

Multidose Vials: Unused portions of multidose vials may be refrigerated at 35° to 46°F (2° to 8°C) and used up to 35 days after reconstitution.

Special Instructions

Diluent to be used is sterile, distilled water for injection; diluent for 10-dose vial also contains 0.01% thimerosal. Reconstituted vaccine should be injected subcutaneously. Do not inject intradermally, intramuscularly, or intravenously.

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

PCV: Pneumococcal Conjugate Vaccine (7-Valent)

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Vaccine should appear as a homogenous white suspension after vigorous shaking. The vaccine should be administered intramuscularly only.

Shelf Life After Opening

The vaccine should be administered shortly after withdrawal from the vial.

Special Instructions

This vaccine is a suspension containing adjuvant and should not be used if the particles cannot be resuspended after vigorous shaking.

Rotate stock so that the earliest dated material is used first.

PPV: Pneumococcal Polysaccharide Vaccine (Polyvalent)

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on vial or container.

Instructions for Use

Follow manufacturer's directions.

Shelf Life After Opening

Single-Dose Vials: The vaccine should be administered shortly after withdrawal from the vial.

Multidose Vials: Unused portions of multidose vials may be refrigerated at 35° to 46°F (2° to 8°C) and used until outdated, if not contaminated.

Special Instructions

Do not inject intravenously. Intradermal administration may cause severe local reactions and should be avoided.

Rotate stock so that the earliest dated material is used first.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

Rotavirus Vaccine

Shipping Requirements

Should be shipped in insulated container. Maintain temperature at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.**

Condition upon Arrival*

Should not have been frozen or exposed to freezing temperatures. Refrigerate upon arrival.

Storage Requirements

Refrigerate immediately upon arrival. Store at 35° to 46°F (2° to 8°C). **Do not freeze or expose to freezing temperatures.** Protect from light at all times.

Shelf Life

Check expiration date on container.

Instructions for Use

Each dose is supplied in a container consisting of a squeezable plastic, latex-free dosing tube with a twist-off cap, allowing for direct oral administration. The dosing tube is contained in a pouch. Remove the dosing tube from the pouch, screw the cap clockwise to puncture the tube, and screw the cap off counter-clockwise so that the liquid can be squeezed from the tube during oral administration of the vaccine.

Shelf Life After Opening

Single-Dose Pouches: The vaccine should be administered shortly after withdrawal from the refrigerator. The dosing tube should not be returned to the refrigerator once the screw cap has been removed.

Special Instructions

Rotate stock so that the earliest dated material is used first.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

Varicella (Chickenpox) Vaccine

Shipping Requirements

Vaccine: Use insulated container. Must be shipped with dry ice only, at 4°F (-20°C) or colder. Should be delivered within 2 days.

Diluent: May be shipped with vaccine, but do not place in container with dry ice.

Condition upon Arrival*

Should be frozen. Vaccine should remain at 4°F (-20°C) or colder until arrival at the healthcare facility. Dry ice should still be present in the shipping container when vaccine is delivered.

Storage Requirements

Vaccine: Freeze immediately upon arrival. Maintain vaccine in a continuously frozen state at 5°F (-15°C) or colder. **No freeze/thaw cycles are allowed with this vaccine.** Vaccine should only be stored in freezers or refrigerator/freezers with separate doors and compartments. Acceptable storage may be achieved in standard household freezers purchased in the last 10 years, and standard household refrigerator/freezers with a separate, sealed freezer compartment. "Dormitory-style" units are not appropriate for the storage of varicella vaccine.

In order to maintain temperatures of 5°F (-15°C) or colder, it will be necessary in most refrigerator/freezer models to turn the temperature dial down to the coldest setting. This may result in the refrigerator compartment temperature being lowered as well. Careful monitoring of the refrigerator temperature will be necessary to avoid freezing killed or inactivated vaccines.

Diluent: May be refrigerated or stored at room temperature (68° to 77°F [20° to 25°C]). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on container or vial.

Instructions for Reconstitution and Use

Reconstitute just before using. Use only the diluent supplied to reconstitute the vaccine.

Shelf Life After Reconstitution, Thawing or Opening

Protect from light. Discard if not used within **30 minutes** of reconstitution.

Special Instructions

If this vaccine is stored at a temperature warmer than 5°F (-15°C), it will result in a loss of potency and a reduced shelf life. If a power outage or some other situation occurs that results in the vaccine storage temperature rising above the recommended temperature, the healthcare provider should contact Merck, the vaccine manufacturer, at 1-800-609-4618 for a reevaluation of the product potency before using the vaccine. Rotate stock so that the earliest dated material is used first.

Single-antigen varicella vaccine **only** may be stored at refrigerator temperature 36°-46°F (2°-8°C), for up to 72 continuous hours prior to reconstitution. Single-antigen varicella vaccine stored at 36°-46°F (2°-8°C) that is not used within 72 hours of removal from 5°F (-15°C) storage should be discarded.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

Zoster (Shingles) Vaccine

Shipping Requirements

Vaccine: Use insulated container. Must be shipped with dry ice only, at 4°F (-20°C) or colder. Should be delivered within 2 days.

Diluent: May be shipped with vaccine, but do not place in container with dry ice.

Condition upon Arrival*

Should be frozen. Vaccine should remain at 4°F (-20°C) or colder until arrival at the healthcare facility. Dry ice should still be present in the shipping container when vaccine is delivered.

Storage Requirements

Vaccine: Freeze immediately upon arrival. Maintain vaccine in a continuously frozen state at 5°F (-15°C) or colder. **No freeze/thaw cycles are allowed with this vaccine.** Vaccine should only be stored in freezers or refrigerator/freezers with separate doors and compartments. Acceptable storage may be achieved in standard household freezers purchased in the last 10 years, and standard household refrigerator/freezers with a separate, sealed freezer compartment. Dormitory-style units are not appropriate for the storage of zoster vaccine. **Do not store lyophilized vaccine in the refrigerator.** Protect the vaccine from light at all times since such exposure may inactivate the vaccine viruses.

In order to maintain temperatures of 5°F (-15°C) or colder, it will be necessary in most refrigerator/freezer models to turn the temperature dial down to the coldest setting. This may result in the refrigerator compartment temperature being lowered as well. Careful monitoring of the refrigerator temperature will be necessary to avoid freezing killed or inactivated vaccines.

Diluent: May be refrigerated or stored at

room temperature (68° to 77°F [20° to 25°C]). **Do not freeze or expose to freezing temperatures.**

Shelf Life

Check expiration date on container or vial.

Instructions for Reconstitution and Use

Reconstitute just before using. Use only the diluent supplied to reconstitute the vaccine.

Shelf Life After Reconstitution, Thawing or Opening

Discard reconstituted vaccine if it is not used within 30 minutes.

Do not freeze reconstituted vaccine.

Special Instructions

If this vaccine is stored at a temperature warmer than 5°F (-15°C), it will result in a loss of potency and a reduced shelf life. If a power outage or some other situation occurs that results in the vaccine storage temperature rising above the recommended temperature, the healthcare provider should contact Merck, the vaccine manufacturer, at 1-800-MERCK-90 for a reevaluation of the product potency before using the vaccine. Rotate stock so that the earliest dated material is used first.

NOTE: All materials used for administering live virus vaccines should be burned, boiled, or autoclaved prior to disposal.

* If you have questions about the condition of the material at the time of delivery, you should 1) immediately place material in recommended storage; and 2) notify the [Quality Control office at the vaccine manufacturer](#); and 3) notify your state health department immunization program if vaccine was publicly purchased vaccine.

Manufacturer Quality Control Office Telephone Numbers

Manufacturer/Distributor	Telephone Number	Products
sanofi pasteur www.sanofipasteur.us	800-822-2463	DTaP, DTaP-Hib, DT, Td, Tdap, TT, Hib, Influenza (TIV), IPV, MCV4, MPSV4
Talecris Biotherapeutics www.talecrisusa.com/	800-520-2807	HBIG, IGIM, RIG, TIG
Centers for Disease Control & Prevention Drug Service www.cdc.gov/ncidod/srp/drugs/drug-service.html	404-639-3670	Distributor for Diphtheria antitoxin
Novartis http://www.novartis-vaccines.com/products/index.shtml	800-244-7668	Influenza (TIV)
GlaxoSmithKline www.gsk.com/products/vaccines.jsp	866-475-8222 (customer support) 888-825-5249 (customer support)	DTaP, DTaP-HepB-IPV, Tdap, HepA, HepB, HepA-HepB, Influenza (TIV)
Massachusetts Biological Labs	617-983-6400	Td, TT, IGIM
MedImmune, Inc. www.medimmune.com	877-358-6478 (LAIV customer support) 877-633-4411 (general customer support)	Influenza (LAIV)
Merck www.merckvaccines.com	800-609-4618 (customer support) 800-672-6372 (customer support)	Hib, Hib-HepB, HepA, HepB, HPV, Measles, Mumps, Rubella, MMR, MMRV, PPV23, Rotavirus, Varicella, Zoster
Nabi Biopharmaceuticals www.nabi.com	800-635-1766	HBIG
Wyeth www.wyeth.com	800-999-9384 (storage) 800-934-5556 (customer support) 800-666-7248 (customer support)	Hib, PCV7



Provider ID:

Month:

REFRIGERATOR 35 - 46° F																					
Day of Month	Time	Staff Initials	Temperature (°F)																		
			≥49	48	47	46	45	44	43	42	41	40	39	38	37	36	35	34	33	≤32	
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1			pm																		
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FREEZER ≤ 5° F						
Day of Month	Time	Staff Initials	Temperature (°F)			
			≥8	7	6	5
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Instructions: Plan an "X" in the box that corresponds with the temperature (columns), day of the month, and am or pm (rows) for your temperature check. Then enter your initials and the time you monitored the temperature in the appropriate boxes. **If the temperature is in the gray range:** Store vaccine under proper conditions as quickly as possible, call the vaccine manufacturers to determine whether the potency of vaccine has been affected, and call the North Dakota Immunization Program at 1-800-472-2180. Document action on the back of this form.

Refrigerator Contains Vaccines!



DO NOT UNPLUG!

Refrigerator Contains Vaccines!



DO NOT UNPLUG!

Refrigerator Contains Vaccines!



DO NOT UNPLUG!



VACCINE RETURN FORM
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 53767 (Rev. 11/06)

All vaccine received from the NDDoH that has become nonviable (i.e., expired or spoiled) must be returned to the NDDoH. NDDoH does not receive replacement vaccine but does receive credit for the federal excise tax that was applied to each dose.

Remove expired or spoiled vaccine from the refrigerator or freezer immediately. Mark the vaccine as nonviable to avoid unintentional use. No special storage is required at this point.

Return Vaccine to:

North Dakota Department of Health
 Division of Disease Control
 600 East Boulevard Ave.
 Bismarck, ND 58505.0200
 Fax Number: 701.328.2499

1. Complete this form when returning vaccines.
2. **If returning usable vaccine:** call us and we will inform you on how to proceed.
3. **If returning unusable vaccine** select the most efficient method.
 Packing on ice is not necessary.

Contact the North Dakota Department of Health at 701.328.3386 or 800.472.2180 with any questions or concerns.

Provider ID Number:	Provider Name:	Date:
Street Address:		City:
Contact Person:		Zip Code:
		Telephone No.:

Please select reason for returning <u>unusable</u> vaccine:	
<input type="checkbox"/>	Vaccine expired
<input type="checkbox"/>	Proper temperature not maintained due to:
<input type="checkbox"/>	Refrigerator/freezer failure
<input type="checkbox"/>	Power Failure
<input type="checkbox"/>	Refrigerator/freezer unplugged
<input type="checkbox"/>	Other (describe):
<input type="checkbox"/>	Unusable upon delivery
<input type="checkbox"/>	Other (describe):
Please select reason for returning <u>usable</u> vaccine:	
<input type="checkbox"/>	Nearing expiration date
<input type="checkbox"/>	No longer using vaccine
<input type="checkbox"/>	Ordered too much of the vaccine
<input type="checkbox"/>	Wrong vaccine received
<input type="checkbox"/>	Wrong vaccine ordered
<input type="checkbox"/>	Provider closing
<input type="checkbox"/>	Other (describe):
Has this return been documented in NDIIS?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

Vaccine	Lot Number	Number of Doses
DT		
DTaP		
DTaP/HepB/IPV		
HepA		
HepB		
HIB		
HPV		
IPV		
Influenza		
MCV-4		
MMR		
MMRV		
PCV-7		
PPV		
Rotavirus		
Td		
Tdap		
Varicella		



VACCINE TRANSFER FORM
 NORTH DAKOTA DEPARTMENT OF HEALTH
 SFN 53766 (Rev. 11/06)

<u>Transferring Provider</u>		
Provider ID Number:	Provider Name:	Date:
Street Address:	City:	Zip Code:
Contact Person:	Telephone No.:	

Return this form to:
 North Dakota Department of Health
 Division of Disease Control
 600 East Boulevard Ave
 Bismarck, ND 58505-0200
 Fax Number: 701.328.2499

1. Complete this form when transferring vaccine.
2. Maintain proper vaccine temperature during transfer.

Vaccine	Receiving Provider Name	Receiving Provider ID Number	Lot Number	Number of Doses
DT				
DTaP				
DTaP/HepB/IPV				
DTap/HIB				
HepA				
HepB				
HIB				
HPV				
IPV				
Influenza				
MCV-4				
MMR				
MMRV				
PCV-7				
PPV				
Rotavirus				
Td				
Tdap				
Varicella				
Reason for Transfer:				
Has this transfer been documented in NDIIS? YES <input type="checkbox"/> NO <input type="checkbox"/>				

Contact the North Dakota Department of Health with any questions or concerns at 701.328.3386 or 800.472.2180