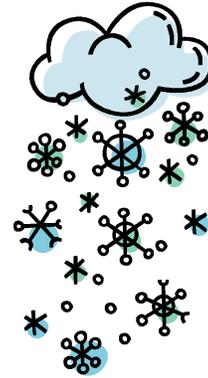


IMPACT OF POWER OUTAGE **ON VACCINE STORAGE**



All snow and/or ice storms have the potential of interrupting your power supply. While outages can be brief, they may persist for extended periods of time. As many of you are aware, power outages have significant implications for vaccine storage. The following should provide some guidance regarding vaccine storage issues.

IF YOU HAVE A CONCERN OVER THE ABILITY TO MOVE YOUR VACCINE OVER A NIGHT or a WEEKEND, PLEASE MAKE PLANS TO DO SO BEFORE THE STORM HITS YOUR AREA.

DO NOT ASSUME VACCINE HAS BEEN COMPROMISED!

Keep all vaccines in refrigerator/freezer unit until you have contacted NHIP for guidance.

VACCINE PRODUCT INFORMATION

Most but not all refrigerated vaccines are relatively stable at room temperature for limited periods of time.

The vaccines of most concern are MMR, Varivax, MMRV and Zostavax, which are sensitive to elevated temperatures.

You may wait up to **one hour**, and then any frozen must be moved to another site with power back up.

REMEMBER- Varivax, MMRV and Zostavax are no longer packed on dry ice. Pack with frozen icepacks in a separate cooler from other vaccines. Place freezer thermometer in cooler. Record temperature when unloading into backup freezer. Repeat these same steps when returning to your freezer. This step is critical when determining vaccine viability after the incident. Record the incident for future history on the particular Lot numbers that were transferred.

CALL NHIP @ 271-4463 TO REPORT YOUR OUTAGE

If the power outage is on-going

1. Keep all refrigerators and freezers closed during the outage. This will help to conserve the cold mass of the vaccines. Continue to monitor the temperatures using your data logger.

****Helpful hint!** Storage of extra ice packs or bottles of water will help maintain temperature stability in the unit.

2. Barring a State wide natural disaster, your power outage may be localized. Contact your utility company to inquire about an estimated length of time before power may be restored. If the outage is expected to be longer than 4 hours, begin transferring procedures according to the practice's emergency plan.

3. **YOUR BACKUP PLAN!** When alternative storage with reliable power source is available (i.e. hospital, PD, fire station with generator power), arrangements to transfer the vaccine to that facility should be executed. Transport the vaccine following proper cold chain procedures for storage and handling. This backup plan should be available to all practice staff!

When power has been restored:

1. After power has been restored continue to monitor the temperatures until they reach the normal 2° - 8°C range in the refrigerator and -15° to -50°C in the freezer and remain stable for at least 1 hour.

2. Download the data logger report from each storage unit. Document on the report that there was a power outage and indicate if there was vaccine stored in the unit at the time of the first alarm.

3. If you are concerned about the exposure or efficacy of any of your vaccine stock, contact NHIP to report the situation. Do not administer the vaccine until confirmation of viability has been determined.

4. Until viability is determined-Do not remove any exposed vaccine from the storage unit. Clearly label the vaccine and keep separated from any other non-exposed vaccine.

5. After viability is determined, do not discard any vaccine that is deemed non-viable. This must be returned to McKesson as soon as possible.

**If you have any questions in regards to your vaccine during a power outage please call
the NH Immunization Program at
1-800-852-3345 ext 4463
or 603-271-4463**



TEMPERATURE EXCURSION INCIDENT REPORT

NH IMMUNIZATION PROGRAM

Phone 603-271-4463 Fax 603-271-4932

If you have a temperature alarm, follow these steps:

1. Download the data logger and review report as soon as the alarm is discovered.
2. Immediately call NHIP for guidance. (If after hours, enact your emergency plan for temporary storage).
3. If instructed to call the manufacturers, carefully review the data logger report and complete the information below.
4. Submit this document, along with a completed return/wastage form, if applicable.

Provider name: _____ **PIN#** _____

Provider contact name: _____ **Phone:** _____ **Fax:** _____

Contacted NHIP: Date: _____ NHIP Staff _____

Event/reason for the excursion: Power Outage★ Other _____

★ If power outage- was emergency plan enacted to prevent wastage? YES NO

Event Data: Use separate form for each type of storage unit even if each was involved in the same event.

This excursion occurred in: (choose one) Refrigerator Freezer

1. Date and Time of alarm discovered _____
2. Highest or Lowest out of range temperature _____ Total number of hours out of range _____
3. Room temperature where refrigerator/freezer is located _____
4. Has the vaccine in this unit previously been involved in an excursion? YES ▲ NO
(▲ be prepared to give historical information, if necessary, when speaking with manufacturers).

Please contact the following manufacturers to confirm the stability data of each vaccine affected by this excursion. Document case number or manufacturer contact name.

Manufacturer	CONTACT NAME or CASE NUMBER	Indicate <input checked="" type="checkbox"/> (is ok to use) OR <input checked="" type="checkbox"/> (compromised) for each vaccine stored in the unit. (Complete & submit return/wastage form if compromised)	NOTES/COMMENTS
GlaxoSmithKline 866-475-8222 option 4		<input type="checkbox"/> Infanrix <input type="checkbox"/> Kinrix <input type="checkbox"/> Pediarix <input type="checkbox"/> Havrix <input type="checkbox"/> Engerix-B <input type="checkbox"/> Twinrix <input type="checkbox"/> Fluarix <input type="checkbox"/> Rotarix <input type="checkbox"/> Boostrix	
Medimmune. 877-633-4411 option 3		<input type="checkbox"/> Flu Mist	
Merck 800.672.6372 option 2		<input type="checkbox"/> Vaqta <input type="checkbox"/> Recombivax <input type="checkbox"/> Gardasil <input type="checkbox"/> MMR II <input type="checkbox"/> ProQuad <input type="checkbox"/> Pneumovax 23 <input type="checkbox"/> RotaTeq <input type="checkbox"/> Varivax <input type="checkbox"/> Zostavax	
Novartis 800-244-7668 option 1		<input type="checkbox"/> Fluvirin <input type="checkbox"/> Menveo	
Pfizer (Wyeth) 800-438-1985 option 1		<input type="checkbox"/> Prevnar 13	
Sanofi Pasteur 800-822-2463		<input type="checkbox"/> Daptacel <input type="checkbox"/> Pentacel <input type="checkbox"/> ActHIB <input type="checkbox"/> Fluzone <input type="checkbox"/> Menactra <input type="checkbox"/> IPOL <input type="checkbox"/> DT <input type="checkbox"/> Adacel <input type="checkbox"/> Tenivac	

Never administer vaccine until viability has been determined