



**State of Louisiana**  
Louisiana Department of Health  
Office of Public Health

**DATE:** February 28, 2023

**TO:** Vaccines for Children Providers

**FROM:** Javone Davis Charles, MBA, MPH  
Immunization Program Interim Director

Adrienne Mercadel Whitney, MPH  
Vaccine Procurement & Distribution Manager

**Please route to:**

- **Clinical supervisors**
- **Medical directors**
- **Clinic managers**
- **Clinic staff**
- **Pharmacy staff**
- **Vaccine staff**

**SUBJECT:** **REVISED: Temperature Excursions (Supersedes October 18, 2017 Memorandum)**

The vaccine cold chain is a temperature-controlled environment used to maintain and distribute vaccines in optimal condition. The cold chain begins with the cold storage unit at the manufacturing plant, extends through transport of vaccines to the distributor and delivery to, and storage at, the provider facility, and ends with administration of vaccine to the patient. Appropriate storage and handling conditions must be maintained at every link in the cold chain.

Too much exposure to heat, cold, or light at any step in the cold chain can damage vaccines, resulting in loss of vaccine potency. Once lost, potency cannot be restored. Each time vaccines are exposed to improper conditions, potency is reduced further. Eventually, if the cold chain is not properly maintained, potency will be lost completely, and vaccines will be useless. The Louisiana Immunization Program is committed to fostering and enforcing vaccine storage and handling practices in order to ensure vaccine effectiveness.

**Proper Vaccine Storage Temperatures**

Refrigerated vaccines must be stored at temperatures between 2°C and 8°C (36°F and 46°F). The Immunization Program recommends that the thermostat be set at midrange to achieve a temperature of about 5°C (40°F), which will decrease the likelihood of temperature excursions.

Vaccines stored in the freezer must maintain temperatures between -50°C and -15°C (-58°F and +5°F). The thermostat should be at the factory-set or midpoint temperature setting to ensure appropriate frozen-storage temperatures.

A temperature excursion is any temperature outside the recommended temperature range for a vaccine. The TOTAL amount of time a vaccine is stored at an out of range affects the viability of the vaccine. Out of range temperatures can occur for many reasons: when a package is left unopened, when vaccine is unrefrigerated upon arrival, when a vial is left on the counter after a dose has been drawn, or when a power outage or other incident causes the refrigerator or freezer to fail.

## OUT-OF-RANGE TEMPERATURE:

- When the **refrigerator** thermometer indicates the temperature is **below 2°C or above 8°C (below 36°F or above 46°F)**
- When the **freezer** temperature is **above -15°C (5°F)**

## WHAT TO DO:

- Isolate and label the vaccines “DO NOT USE” until the issue is resolved.
- Move the vaccine to a storage unit with in-range temperatures if the issue is with the temperature of the original storage unit.
- Contact your Regional Immunization Consultant Supervisor first. Contact information may be found on the LINKS homepage at <https://lalinks.org/linksweb/main.jsp>.
- If your Regional Immunization Consultant Supervisor is not available, contact the Immunization Program Headquarters at (504) 568- 2600.
- Every temperature excursion requires contacting the vaccine manufacturer for further guidance because the characteristics that determine vaccine viability vary. When you call, be prepared to answer these questions:
  - The company may ask to speak to a healthcare professional (e.g., medical assistant, nurse, or pharmacist) instead of a non-healthcare staff member such as receptionist or bookkeeper.
  - What was the maximum (or minimum) out-of-range temperature?
  - What is the worst-case scenario length of time that temperatures were out of range?
  - What are the names of the vaccines made by this manufacturer that were affected?
  - Have these vaccines been exposed to prior excursions?
  - Are the products currently stored under required temperatures?
  - Have any doses of the affected vaccines been administered since the temperature excursion occurred?
  - Make sure you have downloaded data from the digital data logger and have temperature logs available.
- Complete the Vaccine Loss Report and VFC Troubleshooting Record and fax both documents to your Regional Immunization Consultant Supervisor at the number found in LINKS and to the Immunization Program at (504) 568-2660.

## Vaccine Manufacturer Quality-Control Telephone Numbers

Manufacturer	Telephone Number	Vaccine Brand(s)
Merck	(800) 444-2080	Gardasil 9, M-M-R II, PedvaxHIB, Pneumovax 23, ProQuad, Recombivax HB, RotaTeq, Vaqta, Varivax, Vaxelis, Vaxneuvance
Sanofi Pasteur	(800) 822-2463	ActHIB, Adacel, Daptacel, Fluzone, IPOL, MenQuadfi, Pentacel, Quadracel, Tenivac
Pfizer	(800) 438-1985	Prevnar 13, Trumenba
Grifols	(888) 474-3657	TDVAX
GSK (formerly GlaxoSmithKline)	(866) 475-8222	Bexsero, Boostrix, Engerix B, Fluarix, FluLaval, Havrix, Infanrix, Kinrix, Menveo, Pediarix, Priorix, Rotarix, Twinrix
CSL Seqirus	(855) 358-8966	Afluria, Flucelvax
AstraZeneca	(800) 236-9933	FluMist



### Louisiana VFC Troubleshooting Record

**GSK**  
**(866) 475-8222**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case# \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
Bexsero			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Boostrix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Engerix B			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Fluarix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
FluLaval			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Havrix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Infanrix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Kinrix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Menveo			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Pediarix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Priorix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Rotarix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Twinrix			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**Pfizer**  
**(800) 438-1985**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
Prevnar 13			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Trumenba			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**Sanofi Pasteur**  
**(800) 822-2463**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
ActHIB			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Adacel			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Daptacel			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Fluzone MDV or Syringe (opened)			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Fluzone MDV or Syringe (unopened)			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
IPOL (opened)			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
IPOL (unopened)			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
MenQuadfi			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Pentacel			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Quadracel			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Tenivac			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**Merck**  
**(800) 444-2080**

Manufacturer Representative: \_\_\_\_\_ Date/time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
Gardasil 9			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
M-M-R II			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
PedvaxHIB			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Pneumovax 23			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
ProQuad			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Recombivax HB			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
RotaTeq			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Vaqta			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Varivax			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Vaxelis			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Vaxneuvance			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**Grifols**  
**(888) 474-3657**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
TDVAX			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**CSL Seqirus**  
**(855) 358-8966**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
Afluria			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use
Flucelvax			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use

**AstraZeneca**  
**(800) 236-9933**

Manufacturer Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Case # \_\_\_\_\_

Vaccine Name	# of Doses	Advice Given	
FluMist			<input type="checkbox"/> OK to Use/ <input type="checkbox"/> Do NOT Use