



Cold Chain Breach (CCB) and Vaccine Wastage Form – Government funded vaccines excluding seasonal influenza vaccine expiry*

Vaccine Account Name _____ **Account No.** _____

Phone _____ Fax _____ Email _____

Incident date _____ Incident type (CCB) Fridge Failure Power Outage Transport issue
 record influenza expiry through on-line form (Other reason) Expiry User Error Other _____

Incident description _____

FOR COLD CHAIN BREACH (CCB) INCIDENTS DO NOT DISCARD VACCINES as your Regional Immunisation Coordinator (RIC) will provide stability advice. Isolate and refrigerate affected vaccines between 2°C to 8°C and clearly label 'DO NOT USE'.

Record details, attach the data logger table view printout (for prior to and for the full breach period), and send to your RIC.

Record Max/Min temperature for this breach _____ Time outside 2 to 8°C _____

Record further details when vaccines have been a) affected by a previous CCB, and/or b) administered since this CCB incident occurred. Your RIC may phone you for additional information.

Previous breach date _____ Previous breach / other details _____

Record only government-funded vaccine doses in the table below (*record influenza expiry through on-line form)

Immunisation provider record doses		RIC to complete		Immunisation provider record doses		RIC to complete	
Vaccines	No. doses	Retain	Discard	Vaccines	No. doses	Retain	Discard
Act-HIB				MMR-II			
Adacel				Nimenrix			
Afluria Quad*				Pneumovax			
Bexsero				Prevenar 13			
Boostrix				Priorix			
Engerix Paed				Priorix Tetra			
Engerix Adult				ProQuad			
Fluad Quad*				Quadracel			
Fluarix Tetra*				Rotarix			
FluQuadri*				Tripacel			
Gardasil 9				Vaqta			
HBVax-II Paed				Varivax			
Infanrix				Vaxigrip Tetra*			
Infanrix Hexa				Zostavax			
Infanrix IPV				Other			
Ipol				Other			

Tick your PHU and send form by fax or email (PHU's identified by postcode at <http://www.healthywa.wa.gov.au/publichealthunits>)

PHU (RIC)	Phone no.	Fax no.	Email
Goldfields	9080 8200	9080 8201	WACHSGoldfieldsCommunicableDiseaseControl@health.wa.gov.au
Great Southern	0438 900361	9892 2503	WACHSGreatSouthernCommunicableDiseaseControl@health.wa.gov.au
Kimberley	9194 1630	9194 1631	WACHSKimberleyCommunicableDiseaseControl@health.wa.gov.au
Midwest	9956 1980	9956 1991	WACHSMidwestCommunicableDiseaseControl@health.wa.gov.au
Pilbara	9174 1660	9174 1088	WACHSPilbaraCommunicableDiseaseControl@Health.wa.gov.au
South West	9781 2355	9753 6587	WACHSSouthwestCommunicableDiseaseControl@health.wa.gov.au
Wheatbelt	9690 1720	9690 1335	WACHSWheatbeltCommunicableDiseaseControl@health.wa.gov.au
Metro CDC	9222 8588	9222 8599	contactMCDCC@health.wa.gov.au

*Report influenza expiry through on-line form (separate forms may be required as vaccines expire and are discarded) <https://cdcwa.health.wa.gov.au/surveys/?s=XN8YDYDLKJ>

PHU RIC Use Only RIC Name _____ RIC Direct Phone No. _____

- Provider is **authorised** to order replacement vaccines (incident rectified) **OR**
 Provider is **not yet authorised** to order replacement vaccines and CDCD notified
 Completed form sent to CDCD by RIC

RIC Comments: _____