Vaccine Tag Alert or Cold Chain Breach Report CDC

Provider Details			
Date reported		CDC Nurse	
Clinic Name		email	
Reporter Name			
Phone			
Pharmacy (if applicable)		email	
Details of Tag Alert			
Tag Alert started	Date	Time	
Tag Alert stopped	Date	Time	
Tag Alert triggered first **(as per CDC instructions)**	1 ☐	2 ☐	3 ☐ 4 ☐
Tag alert sequence			
Temp degrees C	Day into trip triggered	3 hour time interval	
Transport to clinic Road/ Air	Time in transit		
Esky or Coolpac details			
Vaccines Isolated	Yes ☐	No ☐	
Event details/ Additional information			

Details of Cold Chain Breach			
Date of CCB	**Time of CCB**		
Fridge malfunction ☐	Human Error ☐	Other ☐	
Power Outage ☐	Planned ☐	Unplanned ☐	
Data Logger Temperature	Min degrees C	Max degrees C	
Duration outside 2-8 C	Hours	Minutes	
First CCB for these vaccines?	Yes ☐	No ☐	
Anyone vaccinated with vaccines	Yes ☐	No ☐	
Vaccines Isolated	Yes ☐	No ☐	
Event details/ Additional information			

Advice to Clinic			
Vaccines to be discarded Please discard vaccines in yellow sharps bin	Yes ☐	No ☐	
Vaccines suitable for Priority Use until expiry date Please mark vaccines with an X and date of breach. Move them to the front of the fridge to be used first as priority	Yes ☐	No ☐	
Fridge service request	Yes ☐	No ☐	N/A ☐
Other CDC advice as required.			
Change batteries in Min/ Max thermometer and data loggers Enter online wastage report if applicable Online Wastage Form			
CDC use only			
CCB report in F drive & Excel	Yes ☐	No ☐	N/A ☐
Online Wastage Form	Yes ☐	No ☐	N/A ☐
Stop put on Vaccine order	Yes ☐	No ☐	N/A ☐
Report emailed to Clinic **& or** Pharmacy **& or** Flu Dist. & or Marie.Bottolfsen@nt.gov.au	Yes ☐	No ☐	N/A ☐

Vaccine Keep / Discard list CDC

Vaccine	Number in Stock	Previous Breach Date if applicable	Keep	Discard
Act-HIB			☐	☐
Adacel			☐	☐
Bexsero			☐	☐
Boostrix			☐	☐
Engerix B Adult			☐	☐
Engerix B Paed			☐	☐
Fluad Quad			☐	☐
Fluarix Tetra			☐	☐
Gardasil 9			☐	☐
H-B-Vax-II Adult			☐	☐
H-B-Vax-II Paed			☐	☐
Imojev			☐	☐
Infanrix			☐	☐
Infanrix Hexa			☐	☐
Infanrix_IPV			☐	☐
IPOL			☐	☐
Jespect/Ixiaro			☐	☐
Jynneos			☐	☐
M-M-R II			☐	☐
Nimenrix			☐	☐
Pneumovax 23			☐	☐
Prevenar 13			☐	☐
Pfizer 6M-4Y	Call VOC	1800318208	☐	☐
Pfizer 5Y-11 Y	Call VOC	1800318208	☐	☐
Pfizer 12Y +	Call VOC	1800318208	☐	☐
Priorix			☐	☐
Priorix-Tetra			☐	☐
ProQuad			☐	☐
Quadracel			☐	☐
Rotarix			☐	☐
Shingrix			☐	☐
Tripacel			☐	☐
VAQTA Paediatric			☐	☐
Varilrix			☐	☐
Varivax			☐	☐
Vaxelis			☐	☐
Vaxigrip Tetra			☐	☐
Zostavax			☐	☐
CDC Nurse Signature				

Email to: ImmunisationProgram.TEHS@nt.gov.au