



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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August 29, 2016

Re: Texas Vaccines for Children (TVFC) Temperature Recording Form Update

Dear Texas Vaccines for Children Providers,

The Texas Vaccines for Children (TVFC) Program is immediately implementing an updated temperature recording form (EC-105 RF). The CDC has determined that the new recommended temperature range for storing refrigerated vaccines is between 36° F and 46° F. The Celsius temperature range (between 2° C and 8° C) remains unchanged, as stated in all manufacturer package inserts for routinely recommended vaccines. There have been no changes to the temperature range recommended for frozen vaccines.

The new form will provide additional assurance that VFC vaccines administered to eligible children are appropriately stored and managed. A copy of the updated temperature recording form for refrigerated vaccines is attached to this letter and is also located on the Immunization Unit's website at: <http://www.dshs.texas.gov/immunize/tvfc/ProviderResources.shtm>.

If you have questions, please contact the appropriate DSHS Health Service Region listed below.

PINS Beginning With	Health Service Region	Phone Number
01	HSR 1	806-783-6412
02	HSR 2	325-795-5660
03	HSR 3	817-264-4790
04 or 05 not in Hardin, Jefferson or Orange Counties	HSR 4/5N	903-533-5310
05 in Hardin, Jefferson or Orange Counties, 06 or 25	HSR 6/5S	713-767-3410
07	HSR 7	254-778-6744
08 or 00	HSR 8	210-949-2067
09	HSR 9	432-571-4137
10	HSR 10	915-834-7924
11	HSR 11	956-421-5552

Sincerely,

Barbara Vassell
Manager, Vaccine Operations Group
Immunization Unit

Attachment: EC-105-RF



Temperature Recording Form for Refrigerator – Fahrenheit

Month / Year _____ VFCPIN _____

Facility Name _____

TVFC Coordinator _____

Monitor temperatures closely!

1. Write your initials below in "Staff Initials," and note the time in "Exact Time."
2. Record temps twice each workday.
3. Record the min / max temps once each workday—preferably in the morning.
4. Put an "X" in the row that corresponds to the refrigerator's temperature.
5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 5 years.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible. Do not discard vaccines unless directed to by your state / local health department and / or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		
Staff Initials																															
Exact Time	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	am	pm	
Min / Max Temp (since previous reading)																															
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																															
TEMPERATURES	46°F																														
	45°F																														
	44°F																														
	43°F																														
	42°F																														
	41°F																														
	Aim for 40-F	40°F																													
	39°F																														
	38°F																														
	37°F																														
36°F																															
Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																															
ACTION	Write any out-of-range temps (above 46°F or below 36°F) here:																														
	Room Temperature																														

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.





Temperature Recording Form for Refrigerator – Fahrenheit

Month / Year _____ VFCPIN _____

Facility Name _____

TVFC Coordinator _____

Monitor temperatures closely!

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5. If any out-of-range temp, see instructions to the right.
6. After each month has ended, save each month's log for 5 years.

Take action if temp is out of range—too warm (above 46°F) or too cold (below 36°F).

1. Label exposed vaccine "do not use," and store it under proper conditions as quickly as possible.
Do not discard vaccines unless directed to by your state / local health department and / or the manufacturer(s).
2. Record the out-of-range temps and the room temp in the "Action" area on the bottom of the log.
3. Notify your vaccine coordinator, or call the immunization program at your state or local health department for guidance.
4. Document the action taken on the "Vaccine Storage Troubleshooting Record" on page 3.

Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Staff Initials																
Exact Time	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Min / Max Temp (since previous reading)																
Danger! Temperatures above 46°F are too warm! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
TEMPERATURES	46°F															
	45°F															
	44°F															
	43°F															
	42°F															
	41°F															
	40°F															
ACCEPTABLE	39°F															
	38°F															
	37°F															
	36°F															
Danger! Temperatures below 36°F are too cold! Write any out-of-range temps and room temp on the lines below and call your state or local health department immediately!																
ACTION	Write any out-of-range temps (above 46°F or below 36°F) here:															
	Room Temperature															

If you have a vaccine storage issue, also complete "Vaccine Storage Troubleshooting Record" found on page 3.



Vaccine Storage Troubleshooting Record Refrigerator Freezer

Use this form to document any unacceptable vaccine storage event, such as exposure of refrigerated vaccines to temperatures that are outside the manufacturers' recommended storage ranges.

Date & Time of Event <small>If multiple, related events occurred, see Description of Event below.</small>	Storage Unit Temperature <small>at the time the problem was discovered</small>	Room Temperature <small>at the time the problem was discovered</small>	Person Completing Report	
Date:	Temp when discovered:	Temp when discovered:	Name:	
Time:	Minimum temp:	Maximum temp:	Comment (optional):	Date:
Description of Event <i>(If multiple, related events occurred, list each date, time, and length of time out of storage.)</i>				
<ul style="list-style-type: none"> General description (i.e., what happened?) Estimated length of time between event and last documented reading of storage temperature in acceptable range (36° to 46°F [2° to 8°C] for refrigerator; -58° to 5°F [-50° to -15°C] for freezer) Inventory of affected vaccines, including (1) lot #s and (2) whether purchased with public (for example, VFC) or private funds (Use separate sheet if needed, but maintain the inventory with this troubleshooting record.) At the time of the event, what else was in the storage unit? For example, were there water bottles in the refrigerator and/or frozen coolant packs in the freezer? Prior to this event, have there been any storage problems with this unit and / or with the affected vaccine? Include any other information you feel might be relevant to understanding the event. 				
Action Taken <i>(Document thoroughly. This information is critical to determining whether the vaccine might still be viable!)</i>				
<ul style="list-style-type: none"> When were the affected vaccines placed in proper storage conditions? (Note: Do not discard the vaccine. Store exposed vaccine in proper conditions and label it “do not use” until after you can discuss with your state / local health department and / or the manufacturer[s].) Who was contacted regarding the incident? (For example, supervisor, state / local health department, manufacturer—list all.) IMPORTANT: What did you do to prevent a similar problem from occurring in the future? 				
Results				
<ul style="list-style-type: none"> What happened to the vaccine? Was it able to be used? If not, was it returned to the distributor? (Note: For public-purchase vaccine, follow your state / local health department instructions for vaccine disposition.) 				