



Cold Chain Breach (CCB) and Vaccine Wastage Form – Government funded vaccines

Metropolitan providers please complete the [online version](#) of this form. For all other providers fill in details below.

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

Name _____ Phone _____ Email _____

Incident date _____	Incident type		
Incident time _____	CCB: Fridge failure	Power outage	Transport issue
Incident description <small>(include location travelled if a transport incident)</small>	Other: User error	Expiry* <small>see below</small>	Other _____
_____			*All expired government-funded vaccines to be entered through online form at the WA Health Cold Chain webpage: Vaccine Expiry Report Forms (health.wa.gov.au)

FOR COLD CHAIN BREACH (CCB) INCIDENTS DO NOT DISCARD VACCINES

Contact your Regional Immunisation Coordinator (RIC) who 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°C to 8°C _____ Data logger printout attached

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 _____

Were any of these vaccines administered? Yes No If yes, provide details: _____

Record only government-funded vaccine doses in the table below

Immunisation provider record doses		RIC to complete		Immunisation provider record doses		RIC to complete	
Vaccines	No. doses	Retain	Discard	Vaccines	No. doses	Retain	Discard
Abrysvo				Ipol			
Act-HIB				MenQuadfi			
Adacel				MMR-II			
Bexsero				Nimenrix			
Beyfortus 50mg				Pneumovax 23			
Beyfortus 100mg				Prevenar 13			
Boostrix				Priorix			
Engerix B Adult				Priorix Tetra			
Engerix B Paed				ProQuad			
Fluad Quad				Quadracel			
Fluarix Tetra				Rotarix			
Flucelvax Quad				Tripacel			
FluQuadri				Shingrix			
Gardasil 9				Vaqt			
HBVax-II Adult				Varivax			
HBVax-II Paed				Vaxelis			
Infanrix				Vaxigrip Tetra			
Infanrix Hexa				Other _____			
Infanrix IPV				Other _____			

Tick your PHU and send form by fax or email (PHU's identified by postcode at https://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units)

PHU (RIC)	Phone no.	Fax no.	Email
Goldfields	9080 8200	9080 8201	WACHSGoldfieldsCommunicableDiseaseControl@health.wa.gov.au
Great Southern	0438 900 361	9892 2503	GS.DiseaseControl@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	SWRIO@health.wa.gov.au
Wheatbelt	9690 1720	9690 1335	WACHSWheatbeltCommunicableDiseaseControl@health.wa.gov.au

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: _____