



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

excludes vaccine expiry*

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 (CCB) Fridge Failure Power Outage Transport issue
 Data logger print out attached Incident time _____ User Error Other _____
 Incident description (include location travelled if a transport incident) _____

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 _____

Were any of these vaccines administered? Yes/No _____

Record only government-funded vaccine doses in the table below (*record expiry through online 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				MenQuadfi			
Adacel				MMR-II			
Bexsero				Nimenrix			
Boostrix				Pneumovax 23			
Engerix Paed				Prevenar 13			
Engerix Adult				Priorix			
Fluad Quad				Priorix Tetra			
Fluarix Tetra				ProQuad			
Flucelvax Quad				Quadracel			
FluQuadri				Rotarix			
Gardasil 9				Shingrix			
HBVax-II Adult				Tripacel			
HBVax-II Paed				Vaqa			
Infanrix				Varivax			
Infanrix Hexa				Vaxelis			
Infanrix IPV				Vaxigrip Tetra			
Ipol				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 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

Report all expired government-funded vaccines through online form at the WA Health cold chain webpage: https://www.health.wa.gov.au/Articles/A_E/Cold-chain-management

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: _____