

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM



**PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS
IN YOUR PRACTICE**

TO: All Users of State-Supplied Vaccine

FROM: Vincent Sacco, MS *VAS*
Immunization Program Manager

DATE: November 2, 2011

SUBJECT: Winter Storm Alfred and Vaccine Loss

The primary purpose of this communication is to assess the potential loss of provider vaccine supply as a result of "Winter Storm Alfred" and the impact of the power outage. The Immunization Program is in the process of trying to determine the amount **state-supplied vaccines** that were lost due to the Storm Alfred and the prolonged power outage.

If your practice/clinic experienced any loss of vaccines during Winter Storm Alfred , please complete the attached Vaccine Return Form and fax it immediately to our office at 860-509-7945.

Please do not discard or administer affected vaccines until you have discussed the viability of such vaccines with the Immunization Program.

As always, if you have any questions, please feel free to contact the Immunization Program at (860) 509-7929.



VACCINE RETURN FORM IMMUNIZATION PROGRAM

410 Capitol Avenue, MS# 11MUN
Hartford, CT 06134-0308 Phone (860) 509-7929 / Fax (860) 509-8371



Pin #:	Facility Name:	Date:
Address:		Phone: ()
City:	Zip Code:	Person Completing Form:

1. If the expiration date is month and year only, the vaccine is good until the *last day* of the month.
2. For vaccine spoilage, complete this form along with a memo explaining why the vaccine spoiled and what steps you will take to prevent future incidents from occurring. Fax the vaccine return form and memo to Mick Bolduc (860) 509-8371. A determination will be made as to whether you will have to replace the wasted vaccine. Go to www.ct.gov/dph/immunizations for details on our Financial Restitution Policy or call the Immunization Program to request a copy.
3. To return vaccine to McKesson: contact the Immunization Program at (860) 509-7929 to request a mailing label. A mailing label will be sent to you from McKesson within 7 to 10 business days.
4. Pack the spoiled vaccine, along with a copy of this form, affix the mailing label to the package and give to your UPS driver. Do not call UPS for pick up or you will be charged. **Never return partial vials or vaccine with needles affixed.**

Vaccine	Lot Number(s)	Expiration Date	Doses	Cost Per Dose	Reason For Return
DTaP/HepB/IPV (PEDIARIX)				\$49.75	
DTaP				\$14.85	
Hep B				\$ 10.35	
Flu (3-18 years)				\$10.97	
Flu (6-35 months)				\$11.68	
Rotarix/RotaTeq				\$89.25/\$59.76	
IPV				\$11.97	
MCV4				\$82.12	
MMR				\$18.99	
PCV 13				\$97.21	
Td				\$16.50	
Varicella				\$69.73	
DTaP/IPV/Hib (Pentacel)				\$52.55	
Hib				\$9.00	
Tdap				\$30.25	
Hep A				\$14.25	
DTaP/IPV (Kinrix)				\$34.75	
HPV				\$108.72	
FluMist				\$15.70	
Adult Hep A				\$21.59	
Adult Hep B				\$28.00	
Adult Hep A/Hep B				\$43.50	