

Vaccines for Children (VFC) Program Varicella Vaccine Management

Proper management of varicella vaccine is important to protect vaccine viability. Adhering to proper storage and handling procedures will minimize the potential for varicella vaccine loss and wastage. Prior to the distribution of varicella-containing vaccine (Varivax, ProQuad) appropriate freezer storage must be verified. The attached survey is used to determine if your clinic is able to properly store varicella-containing vaccine. After monitoring and recording freezer temperatures for five days, please fax the completed survey to: Tina Patterson, VFC Program Coordinator at 1-800-831-6292, or scan and email to tina.patterson@idph.iowa.gov.

IMPORTANT

All varicella-containing vaccine should be stored in a continuous frozen state at the manufacturer recommended temperature until administered. Varicella-containing vaccines should be stored between -15°C to no colder than -50°C or between $+5^{\circ}\text{F}$ to no colder than -58°F . Please begin monitoring your freezer to determine if this temperature range can be maintained. If you have a combination refrigerator freezer, please be aware as the temperature is lowered in the freezer, it is important to ensure the refrigerator temperature does not drop below the acceptable 2°C through 8°C or 35°F through 46°F range. The Centers for Disease Control and Prevention (CDC) recommends stand-alone freezers (either manual defrost or automatic defrost) are usually effective at maintaining temperatures required for vaccine storage. Single-purpose units are less expensive alternatives to medical specialty equipment and are preferable to combination units. A combination refrigerator-freezer unit sold for home use might be adequate for storing limited quantities of vaccines if refrigerator and freezer compartments have separate external doors.

All VFC varicella-containing vaccine orders will be shipped directly from the manufacturer, Merck. Satellite clinics will need to enroll separately and must be capable of receiving vaccine shipments and properly storing varicella-containing vaccine. CDC and the vaccine manufacturer do not recommend transporting varicella-containing vaccines. If varicella-containing vaccines must be transported, CDC recommends transport with a portable freezer unit that maintains temperatures between -15°C and no colder than -50°C or $+5^{\circ}\text{F}$ and no colder than -58°F . Portable freezers may be available for rent in some places. According to the manufacturer's product information, varicella-containing vaccines may be stored between 35°F and 46°F (2°C and 8°C) for up to 72 continuous hours prior to reconstitution. If varicella-containing vaccines must be transported between 35°F and 46°F (2°C and 8°C) complete the following actions:

1. Place a calibrated thermometer in the container as close as possible to the vaccine.
2. Record the following:
 - a. The time refrigerator storage began
 - b. The time refrigerator storage ended
 - c. Storage temperature during transport
3. Contact the manufacturer (1-800-9-Varivax) immediately upon arrival at the alternate storage facility for further guidance.
4. Do not discard vaccine without contacting the manufacturer and the Iowa Immunization Program (800-831-6293) for guidance.

Use of dry ice is not recommended, even for temporary storage. Dry ice may subject varicella-containing vaccine to temperatures colder than -58°F (-50°C).

Iowa Department of Public Health
 Division of Acute Disease Prevention & Emergency Response
 Immunization Program



Facility Name: _____ VFC PIN: _____

Contact Person: _____ Phone: (_____) _____

Special Delivery Instructions: _____

Please complete the following information for your facility

1. Is your facility presently storing varicella-containing vaccine?
 Yes _____ No _____

2. Record the temperature of the refrigerator (if a combination unit) and freezer for five days.

	Refrigerator Temperature (Fahrenheit or Celsius)		Freezer Temperature (Fahrenheit or Celsius)	
	AM	PM	AM	PM
Date:				

3. What type of temperature monitoring device does your facility currently use?

<input type="checkbox"/> Standard fluid filled	<input type="checkbox"/> Dial
<input type="checkbox"/> Continuous Recording	<input type="checkbox"/> Digital
<input type="checkbox"/> Min-Max	<input type="checkbox"/> Other: _____

4. What type of freezer unit will you use to store the varicella-containing vaccine?

<input type="checkbox"/> Combination refrigerator/freezer with two external doors
<input type="checkbox"/> Stand alone freezer
<input type="checkbox"/> Other: _____

5. Does your facility maintain a log of your freezer and refrigerator temperatures?
 Yes _____ No _____

I certify the information included in this survey is accurate and complete.

Signature: _____ Date: _____

**Please return completed survey by fax to:
 VFC Program at
 1-800-831-6292**