



New York State COVID-19 Vaccination Program Temperature Excursion Report

An out-of-range temperature incident, also called a temperature excursion is any temperature outside the recommended range for a vaccine. The TOTAL amount of time a vaccine is stored at an out-of-range temperature affects the viability of the vaccine.

Complete this report to gather information vaccine manufacturers will need to make a stability determination. For vaccines in question, label the vaccine "DO NOT USE" and if applicable, move it to a unit where it can be stored at the correct temperature. Download your digital data logger data to gather information on duration of excursion. Do not administer any affected vaccine until you have determined its efficacy with the manufacturer and reported the excursion to the New York State Department of Health Vaccine Program at vaccinetempexcursion@health.ny.gov.

Recommended Temperature Ranges				
MANUFACTURER	REFRIGERATOR	FREEZER	ULT FREEZER	THERMAL SHIPPER
Pfizer, Age 12+ (purple cap)	2° C to 8° C (36° F to 46° F) 31 days	-25° C to -15° C (-13° F to 5° F) 2 weeks cumulative	-90° C to -60° C (-130° F and -76° F) Until expiration date	-90° C to -60° C * (-130° F to -76° F)
Pfizer, Age 12+ (gray cap, do not dilute)	2° C to 8° C (36° F to 46° F) 10 weeks	N/A	-90° C to -60° C (-130° F and -76° F) Until expiration date	N/A
Pfizer, Age 5-11 (orange cap)	2° C to 8° C (36° F to 46° F) 10 weeks	N/A	-90° C to -60° C (-130° F and -76° F) Until expiration date	N/A
Moderna	2° C to 8° C (36° F to 46° F) 30 days	-50° C to -15° C (-58° F to 5° F) Until expiration date	N/A	N/A
Janssen/JJ	2° C to 8° C (36° F to 46° F) Until expiration date	N/A	N/A	N/A

*CDC recommends using the thermal shipping container for temporary storage only. The container requires significant support to store vaccine at proper temperatures, including trained staff, a regular supply of dry ice (not supplied by CDC), and standard operating procedures for regular maintenance. Single-use thermal shippers for gray cap and orange cap shipments CANNOT be used for vaccine storage.

Step 1: Record the temperature excursion details.

Select affected vaccine(s): Pfizer, Age 12+ (purple cap) Pfizer, Age 12+ (gray cap/do not dilute) Pfizer, Age 5-11 (orange cap) Moderna Janssen/J&J

Temperatures out of range: too cold too warm

Excursion start date: _____ Excursion end date: _____

Affected vaccines stored in:

refrigerator freezer ULT freezer thermal shipper transport container

Check if related to: redistribution off-site/mobile clinic emergency transport

What was the coldest temperature: _____ °C °F Total duration of excursion: _____ (hrs./mins.)

Description of incident: _____

Were affected vaccines involved in a previous temperature excursion? No Yes, date: _____

This information must be communicated to the manufacturer as part of the viability determination.

Step 2: Record manufacturer's stability determination.

- Contact the vaccine manufacturer using contact information below.
- Request a case number/reference number for your call and document the number provided.
- Communicate information about this and any prior excursions affecting these doses.
- Request stability letters of electronic reports from the manufacturers; keep for your records for three years.
- Document the manufacturer's resolution on this form.

MANUFACTURER	Contact	Doses Administered?	Stability Determination	Case or Reference#
Pfizer, Age 12+ (purple cap)	(800) 438-1985	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
Pfizer, Age 12+ (gray cap, do not dilute)	(800) 438-1985	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
Pfizer, Age 5-11 (orange cap)	(800) 438-1985	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
Moderna	866-663-3762 email: excursions@modernatx.com	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	
Janssen/J&J	1-800-565-4008 OR 908-455-9922 JSCCOVIDTEMPEXCURSION@its.inj.com	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> May use <input type="checkbox"/> May not use	

Resolution: _____

Step 3: Determine viability.

If manufacturer determines vaccines are okay to use:

- Remove “DO NOT USE” sign and alert your supervisor. Vaccines are okay to administer.

If manufacturer determines vaccines **may not** be viable and are NOT okay to use:

- Dispose of the non-viable vaccine as medical waste, such as by placing in a sharps container.
- Document wasted doses in NYSIIS (guidance found [here](#)).

Step 4: Contact Information

Facility/Provider Name: _____

NYSIIS COVID PIN#: _____

Name of Person Submitting: _____

Phone Number: _____

Email: _____

Step 5: Submit the Temperature Excursion Report and attach relevant documents.

- Submit this report to vaccinempexcursion@health.ny.gov and include any supporting documentation such as data logger summary report (or section showing excursions), vaccine transport log, temperature log, etc.