STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: **All Users of State-Supplied Vaccine**

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

DATE: **October 31, 2012**

SUBJECT: **Hurricane Sandy and Vaccine Loss**

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

If your practice/clinic experienced any loss of state-supplied vaccines during Hurricane Sandy, 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.

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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Connecticut Vaccine Program

Vaccine Return Form

FAX TO: 860-509-8371 or email: DPH.Immunizations@ct.gov

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 and a letter explaining why the vaccine spoiled and steps you will take to prevent future incidents from occurring. Fax the vaccine return form and letter to Mick Bolduc (860) 509-8371. A determination will be made if vaccine replacement is required. Go to www.ct.gov/dph/CVP 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 UPS return label.
4. Pack the spoiled vaccine, along with a copy of this form, affix the UPS return label to the package and give to your UPS driver. **Never return partial vials or vaccine with needles affixed**.

Facility Name			Completed By	Date of Report	Phone	Spoilage Letter Attached?	Pin #

Vaccine	Brand	NDC #	Lot #	Doses	Expiration Date(s)	Cost	Reason for Return
DTaP/IPV/HIB	Pentacel	49281-0510-05				**$54.50**	
DTaP/IPV/HepB	Pediarix	58160-0811-52				**$52.10**	
DTaP	Infanrix	*58160-0810-11*				***$15.35***	
	Daptacel	*49281-0286-10*				***$15.00***	
HIB	ActHIb	*49281-0545-05*				***$9.20***	
	Pedvax	*00006-4897-00*				***$11.97***	
IPV	IPOL	*49281-0860-10*				***$12.24***	
Hepatitis B	Engerix-B	*58160-0820-11*				***$10.73***	
	Recombivax	*00006-4981-00*				***$10.75***	
Hep B/Hib	Comvax	*00006-4898-00*				***$30.20***	
Rotarvirus	Rotarix	*58160-0854-52*				***$91.02***	
	Rotateq	*00006-4047-41*				***$61.53***	
PCV13 Pneumo.	Prevnar	*00005-1971-02*				***$102.03***	
Hepatitis A	Havrix	*58160-0825-11*				***$14.79***	
	Vaqta	*00006-4831--41*				***$14.75***	
MMR	MMRII	*00006-4681-00*				***$19.33***	
Varicella	Varivax	*00006-4827-00*				***$72.49***	
DTaP/IPV	Kinrix	*58160-0812-11*				***$35.50***	
Meningococcal Conjugate	Menactra	*49281-0589-05*				***$82.12***	
	Menveo	*46028-0208-01*				***$82.12***	
Tdap	Boostrix	*58160-0842-11*				***$30.41***	
	Adacel	*49281-0400-10*				***$30.41***	
MMRV	ProQuad	*00006-4999-00*				***$91.82***	
HPV	Gardasil	*00006-4045-41*				***$112.71***	
	Cervarix	*58160-0830-52*				***$96.08***	
Td	Tenivac	*49281-0215-10*				***$17.10***	
Influenza .25 mL (6-35 months.)	Fluzone Syringe	*49281-0112-25*				***$11.68***	
Influenza .5 mL (3-18 years)	Fluzone Syringe	*49281-0012-50*				***$10.95***	
	Fluzone Vial	*49281-0012-10*				***$10.95***	
	Fluarix Syringe	*58160-0879-52*				***$9.25***	
	Fluviron Syringe	*66521-0115-02*				***$9.25***	
Influenza 2mL (2-18 years)	FluMist Sprayer	66019-0110-10				***$16.50***	

Revised 10/12

Dept. of Public Health • Immunizations Program • 410 Capitol Avenue; Hartford, Connecticut 06134
Phone (860) 509-7929 • Fax (860) 509-7945 • www.ct.gov/dph/immunizations

DPH Connecticut Department of Public Health