

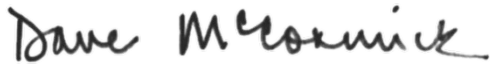


**Indiana**  
Department  
of  
**Health**



Mike Braun  
Governor

Lindsay M. Weaver, MD, FACEP  
State Health Commissioner

<b>Title:</b> Administration of Non-viable or Expired Vaccine	<b>Policy #:</b> IDOH Immunization Division Policy 22
<b>Effective dates:</b> 01-Aug-25 to 31-Dec-26	<b>Approvals:</b>  _____ Dave McCormick, Immunization Director  January 22, 2026 _____ Date

## Policy Statement

Refrigerators and freezers used to store publicly provided vaccines must be capable of reaching and maintaining the required temperatures established by the vaccine manufactures, the Centers for Disease Control and Prevention (CDC), and the National Institute of Standards and Technology (NIST) standards. If vaccine shipping or storage temperatures are recorded **above** or **below** the required temperature range, do not use the vaccine until the viability (potency) of the vaccine has been established by the vaccine manufacturer.

Vaccines should never be administered if they have been deemed non-viable (to have lost potency) due to temperature excursions and or are beyond their expiration date. If these vaccines are administered inadvertently, the doses are not counted as valid and should be repeated. All patients, not only those who received publicly funded doses, should be revaccinated.

Serologic testing to confirm a vaccine response may be performed for certain vaccinations. This practice is not recommended when the viability is in question due to a temperature excursion.

The Indiana Department of Health (IDOH) Immunization Division will make every effort to work with the enrolled providers to address the administration of the nonviable vaccines while balancing clinic needs, cost to patients, providers and health plans, the risk of illnesses or outbreaks, and overall effect on public health.



If a large number of patients have received doses of nonviable vaccine, providers will be suspended and will be terminated for failure to comply with any corrective action plans that are issued.

## Determining the Need for Revaccination

In instances where vaccine potency is lost due to improper storage and handling, the decision to issue a recall notification and/or to revaccinate will be made by the Immunization Division director or designee. All final decisions regarding recall notification and/or revaccination will be sent in writing to the responsible clinician and/or medical director at the facility where the vaccines were administered. Upon receipt of this notification, it will be the responsibility of the provider to determine the names and contact information of all patients in need of revaccination.

**In situations where expired doses of vaccine are administered, it will be the responsibility of the clinician and primary vaccine coordinator to notify patients and offer to revaccinate them with viable vaccine per the vaccine administration guidelines in this policy.**

## Vaccine Administration

All patient(s) who receive a nonviable dose of vaccine should be revaccinated. For inactivated vaccines, the patient should be revaccinated as soon as possible. This may be during the same clinic visit if the error is caught during the clinic visit. If the nonviable or expired dose is a live virus vaccine, providers must wait at least four (4) weeks, or 28 days, after the previous dose was given to repeat vaccination.

## Assistance Provided by IDOH

The Immunization Division will offer assistance to enrolled providers to ensure patients are revaccinated in a timely manner. This includes, but is not limited to:

- Technical assistance using the Children and Hoosier Immunization Registry Program (CHIRP) for recall purposes
- On-site assistance to review proper vaccine storage and handling policies and procedures
- Technical assistance with placing additional orders for vaccines
- Technical assistance with developing protocols in conjunction with the clinic, pharmaceutical companies and CDC



- Technical assistance with drafting written or verbal patient correspondence

The Immunization Division will document the event in the Provider Education and Assessment Reporting (PEAR) System, including resolution of the issue.

## Serology Titers to Validate Immunity

The cost of performing serology testing in lieu of revaccination is the responsibility of the enrolled provider site. The Immunization Division does not offer any technical assistance to conduct post-vaccination serology testing following the administration of nonviable or expired vaccine.

The Immunization Division does not recommend serology testing following known temperature excursions. However, an exception could include vaccines for which a series (more than one dose) is indicated and the potency of all doses in the series is questionable.

Serology testing exists for some of the vaccines (many are available through clinical labs, but not all). If the provider opts to evaluate serology titers instead of revaccinating patients, the provider is required to validate the lab is CLIA (Clinical Laboratory Improvement Amendments of 1988) certified and confirm the test is FDA approved and validated by the lab. Providers also need to consider the following:

1. No level of circulating diphtheria or tetanus antibodies confers absolute protection. Diphtheria has been reported in people with high antibody levels.
2. An adequate immune response from one component of a combination vaccine is not an indication of the potency of the other vaccine components.
3. Serologic testing is not recommended for poliovirus, pneumococcal, meningococcal, rotavirus or HPV vaccines.
4. Pre-vaccination serologic testing for varicella is not recommended for people younger than 13 years. Serologic screening may be considered for people 13 years and older who do not have a history of chickenpox, a strategy that may be cost effective, depending on the cost of the serologic test. However, it is safe to give varicella vaccine to people already immune to the disease, so screening is not required under any circumstance.



## Provider Responsibility

If a provider declines, or is otherwise incapable, to recall patients who received questionable doses, the Immunization Division will request a list of affected patients and, in conjunction with the local health department, will conduct its own recall of these patients. In these instances, the provider will be asked to replace the non-viable/expired, publicly purchased vaccine with privately purchased stock. Failure to do so will result in **permanent** termination from all immunization programs with the Indiana Department of Health.

If a clinic declines to provide a list of affected patients, the Immunization Division will issue a community notice alerting patients that they have received potentially non-viable vaccine at this clinic and encouraging patients to contact the local health department to explore revaccination. The Immunization Division may also send notification to the Indiana Attorney General regarding instances of provider non-compliance to ensure the health and well-being of patients.

Administration of expired or nonviable vaccines must be reported to the Vaccine Adverse Event Reporting System (VAERS).

## References

Centers for Disease Control and Prevention. (2018) Vaccine Storage and Handling Toolkit, Revised January 2023. <https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf>

Centers for Disease Control and Prevention. Epidemiology & Prevention of Vaccine-Preventable Diseases, Pink Book. Revised 2021.  
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>