

Vaccine Order Form

phsd.ca tel: 705.522.9200, ext. 490

toll-free: 1.866.522.9200



**Public Health
Santé publique**
SUDBURY & DISTRICTS

An insulated, pre-conditioned cooler, cooler blankets, ice packs and a temperature monitoring device are required to transport vaccines. Always maintain vaccines in temperatures between 2-8°C.

Date: _____ # of HCPs: _____

Email orders: vaccineorder@phsd.ca

Office name: _____

Fax Orders

705.677.9616 (Sudbury)
705.377.5580 (Mindemoya)
705.864.0820 (Chapleau)
705.869.5583 (Espanola)

Contact name: _____

Telephone: _____ Email: _____

- Include two weeks of cold chain compliant vaccine fridge temperature logs with every order.
- Submit orders Monday to Friday by noon.
- All orders are ready for pick up on the following Monday.
- Pick-up Hours: 8:30 am- noon or 1-4:30 pm, excluding statutory holidays.

| ROUTINE Vaccines | Description | Packaging | Doses on hand | Doses required |
|--|--|-------------------|---------------|----------------|
| Adacel [®] /Boostrix [®] | Tetanus, Diphtheria and Pertussis vaccine | 5 or 10 doses/box | | |
| Adacel-Polio [®] /Boostrix-Polio [®] | Tetanus, Diphtheria, Pertussis and Polio vaccine | 10 doses/box | | |
| Menjugate [®] /NeisVac-C [®] | Meningococcal Conjugate C liquid vaccine | 10 doses/box | | |
| MMRII [®] /Priorix [®] | Measles, Mumps and Rubella vaccine | 10 doses/box | | |
| Proquad [®] /Priorix-Tetra [®] | Measles, Mumps, Rubella and Varicella vaccine | 10 doses/box | | |
| Pediacel [®] /Pentacel [®] | Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type B vaccine | 5 doses/box | | |
| Polio [®] | Polio vaccine | 1 dose/box | | |
| Vaxneuvance [®] | Pneumococcal 15-valent Conjugate Vaccine | 1 or 10 doses/box | | |
| Prevnar 20 [®] | Pneumococcal 20-valent Conjugate Vaccine | 10 doses/box | | |
| Rotarix [®] | Rotavirus vaccine (Rot-1) | 10 doses/box | | |
| Td Adsorbed [®] | Tetanus and Diphtheria vaccine | 5 or 10 doses/box | | |
| Tubersol [®] | Tuberculin Skin testing solution | 10 doses/vial | | |
| Varilrix [®] /Varivax III [®] | Varicella vaccine | 10 doses/box | | |
| Shingrix [®] | Varicella-Zoster shingles vaccine (aged 65-70 years) | 1 dose/box | | |
| RESPIRATORY Vaccines | Description | Packaging | Doses on hand | Doses required |
| Fluzone [®] or Flulaval [®] | Quadrivalent Influenza; multi-dose vial or prefilled syringe. Age 6 months and older. | 10 doses/box | | |
| High-Dose Fluzone [®] | High-Dose Quadrivalent Influenza; prefilled syringe. Age 65 years and older | 5 doses/box | | |
| Fluad [®] | Adjuvanted Trivalent Influenza; prefilled syringe. Age 65 years and older | 10 doses/box | | |
| Pfizer-BioNTech Comirnaty [®] | Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 12 years and older | 6 doses/vial | | |
| | Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 5 to 12 years of age | 10 doses/vial | | |
| | Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 6 months to 5 years of age | 10 doses/vial | | |
| Moderna Spikevax [®] *If available | Omicron XBB.1.5 subvariant COVID-19 vaccine. Age 6 months and older | 5 doses/vial | | |
| Novavax [®] or ancestral Bivalent COVID | *Upon request, if available | | | |
| Arexvy [®] | Respiratory syncytial virus vaccine; LTCH/Elder Care Lodge resident AND age 60 years and older | 1/box or 10/box | | |

| HIGH-RISK and SCHOOL vaccines | | | |
|--|-------------------|-------------------|--|
| Vaccine name | DOB (YYYY/M/D) | Doses required | Eligibility Criteria |
| Human Papillomavirus (Gardasil-9 [®]) | | | <input type="checkbox"/> Grade 7-12 students (2 to 3 doses) ≥ 9 years to ≤27 years: <input type="checkbox"/> Men who have sex men (2 to 3 doses) |
| Hepatitis A (Avaxim [®] /Havrix [®] /Vaqta [®]) | | | ≥ 1 year with: (please check all that apply) <input type="checkbox"/> Chronic liver disease, including Hepatitis B and C (2 doses) <input type="checkbox"/> Persons engaging in intravenous drug use (2 doses) <input type="checkbox"/> Men who have sex with men (2 doses) |
| Hepatitis B (Recombivax HB [®] /Engerix-B [®]) | | | <input type="checkbox"/> Grade 7-12 students (2 to 3 doses) ≥ 0 years with: (please check all that apply) <input type="checkbox"/> Children <7 years old whose families have immigrated from countries of high prevalence for HBV, and who may be exposed to HBV carriers through their extended families (3 doses) <input type="checkbox"/> Household and sexual contacts of chronic carriers and acute cases <input type="checkbox"/> History of a sexually transmitted disease (3 doses) <input type="checkbox"/> Infants born to HBV-positive carrier mothers: <ul style="list-style-type: none"> - premature infants weighing <2,000 grams at birth (4 doses) - premature infants weighing ≥2,000 grams at birth and full/post term infants (3 doses) <input type="checkbox"/> Intravenous drug use (3 doses) <input type="checkbox"/> Liver disease (chronic), including hepatitis C (3 doses) <input type="checkbox"/> Men who have sex with men (3 doses) <input type="checkbox"/> Multiple sex partners (3 doses) <input type="checkbox"/> Needle stick injuries in a non-health care setting (3 doses) <input type="checkbox"/> Awaiting liver transplants (2nd and 3rd doses only) |
| Hepatitis B (Recombivax Renal Dialysis [®]) | | | <input type="checkbox"/> On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (2nd & 3rd doses only) |
| Haemophilus influenzae type b (Act-HIB [®] /Hiberix [®]) | | | ≥ 5 years with: (please check all that apply) <input type="checkbox"/> Asplenia (functional or anatomic) (1 dose) <input type="checkbox"/> Bone marrow or solid organ transplant recipients (1 dose) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) (1 dose) <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipients (3 doses) <input type="checkbox"/> Immunocompromised individuals related to disease/therapy (1 dose) <input type="checkbox"/> Lung transplant recipients (1 dose) <input type="checkbox"/> Primary antibody deficiencies (1 dose) |
| Meningococcal-B (Bexsero [®]) | | | Age 2 months to 17 years with: (please check all that apply) <input type="checkbox"/> Acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> HIV |
| Meningococcal C-ACYW135 (Menactra [®] /Nimenrix [®]) | | | <input type="checkbox"/> Grade 7-12 students (1 dose) <input type="checkbox"/> Born in or after 1997 (1 dose) Age 9 months to 55 years with: (please check all that apply) <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient (pre/post implant) <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV |