Respiratory Vaccine Order Form 2024-2025



Respiratory vaccine	Older 1 01111 2024-2025		SUBLIQUE
Date	# of HCPs Phone #:		
Office name and contact name:			
Vaccine brand name and	Eligibility Criteria	Doses	Doses
composition		on hand	required
Influenza			
Fluzone High-Dose® Quadrivalent 5 doses of prefilled syringes per box	Age 65 years and older who live, work, or attend school in Ontario.		
Fluad [®] Adjuvanted-Trivalent	Age 65 years and older who live, work, or attend school in Ontario.		
10 doses of prefilled syringes per box Fluzone® or FluLaval Tetra® Quadrivale	nt Age 6 months and older who live, work, or attend school in Ontario.		
10 doses per multi-dose vial Fluzone® or Flucelvax® Quadrivalent 10 doses of prefilled syringes per box	Age 6 months and older who live, work, or attend school in Ontario.		
COVID-19			
Comirnaty® Pfizer-BioNTech 6 doses per multi-dose vial	Age 12 years and older who live, work, or attend school in Ontario.		
Spikevax® Moderna	Age 6 months and older who live, work, or attend school in Ontario.		
5 doses per multi-dose vial			
Respiratory Syncytial Virus (RSV) Abrysvo®/Arexvy®	As 100		
1 dose or 10 dose box	 Aged 60 years of age and older and meet one of the following descriptors: Resident in long-term care homes (LTCH), Elder Care Lodge, or retirement home. In a hospital receiving alternate level of care (ALC), or a similar setting (complex continuing care or hospital transitional programs). They are receiving hemodialysis or peritoneal dialysis. They are a recipient of solid organ or hematopoietic stem cell transplants. They are experiencing homelessness. They identify as First Nations, Inuit, or Métis. 		
Abrysvo®	Pregnant individuals between 32 and 36 weeks of pregnancy if they will		
1 dose per box Beyfortus® 50 mg Monoclonal antibody immunizing ager 1 dose per box			
Beyfortus® 100 mg	• Infants born during the 2024/2025 RSV season with weight ≥ 5kg.		
Monoclonal antibody immunizing ager 1 or 5 doses per box	High-risk children up to 24 months of age who remain vulnerable from severe RSV disease through their second RSV season, with one of the following:		
	 down syndrome/Trisomy 21 cystic fibrosis with respiratory involvement and/or growth delay 		

Submit completed form and temperature logs to Public Health Sudbury & Districts:

Severe congenital airway anomalies impairing clearing of

Neuromuscular disease

respiratory secretions.

Confidential fax: 705.677.9616 OR Email: vaccineorder@phsd.ca

Include cold chain compliant vaccine fridge temperature logs from the previous 2 weeks indicating that the maximum, minimum, and current temperatures have been taken twice daily at the beginning and the end of each day.