Vaccine Order Form



tel: 705.522.9200, ext. 490 phsd.ca toll-free: 1.866.522.9200 # of HCPs: Email orders: vaccineorder@phsd.ca Date: **Fax Orders:** Contact and office name: _____ 705.677.9616 (Sudbury) Office address: _____ 705.377.5580 (Mindemoya) 705.864.0820 (Chapleau) Telephone: _____ Email: _____ 705.869.5583 (Espanola) Doses Doses **ROUTINE** vaccines Description Packaging on hand 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 Pertussis, Diphtheria, Tetanus, Polio and Pentacel[®] 5 doses/box Haemophilus influenzae type B vaccine 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 10 doses/box Tubersol® 10 doses/vial **Tuberculin Skin testing solution** Varilrix®/Varivax III® Varicella vaccine 10 doses/box Shingrix® Varicella-Zoster shingles vaccine 1 or 10 doses/box Name & DOB Doses Doses **SCHOOL** vaccines **Description and eligibility** on hand required (YYYY/M/D) Gardasil-9® Human Papillomavirus. Grade 7-12 students Menactra®/Nimenrix® Meningococcal C-ACYW-135. Grade 7-12 students Recombivax HB®/Engerix-B® Hepatitis B Adult. Students between 11 and 15

 Recombivax HB®/Engerix-B®
 Hepatitis B Pediatric. Grade 10-12 students >16

 years of age and have not received 2nd dose prior

 to 16th birthday

□ Include two weeks of cold chain compliant vaccine fridge temperature logs with every order.

□ Orders submitted Monday through Thursday are packed on the Friday of the same week.

All orders are ready for pick up the first business day of the following week.

An insulated, pre-conditioned cooler with cooler blankets, ice packs, and a temperature monitoring device are required to transport vaccines.

Pick-up hours: 8:30 a.m.- noon or 1-4:30 p.m., excluding statutory holidays.

Respiratory/Seasonal Vaccines are to be ordered on a separate form

HIGH-RISK Vaccines	Name & DOB	Doses	Eligibility criteria
	(YYYY/M/D)	required	
Human Papillomavirus			Age 9 years to 26 years:
Gardasil-9 [®]			Men who have sex with men.
Hepatitis A Pediatric or Adult			Age \geq 1 year: (please check all that apply)
Avaxim [®] /Havrix [®] /Vaqta®			Chronic liver disease, including Hepatitis B and C
			Persons engaging in intravenous drug use.
	-		Men who have sex with men.
Hepatitis B Pediatric or Adult			Age \geq 0 years: (please check all that apply)
Recombivax HB [®] /Engerix-B [®]			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 Household and sexual contacts of chronic carriers and acute cases.
			☐ History of a sexually transmitted disease
			□ Infants born to HBV-positive carrier mothers:
			 premature infants weighing <2,000 grams at birth
			 premature infants weighing ≥2,000 grams at birth and full/post
			term infants
			Intravenous drug use.
			□ Liver disease (chronic), including Hepatitis C
			Men who have sex with men
			Multiple sex partners
			\Box Needle stick injuries in a non-health care setting
			Awaiting liver transplants (2 nd and 3 rd doses only)
Hepatitis B			On renal dialysis or those with diseases requiring frequent receipt of
Recombivax Renal Dialysis®			blood products (for example, haemophilia) (2 nd & 3 rd doses only)
Haemophilus influenzae type b			Age \geq 5 years: (please check all that apply)
Act-HIB [®] /Hiberix [®]			 Asplenia (functional or anatomic) Bone marrow or solid organ transplant recipients
			 Cochlear implant recipients (pre or post implant) Hematopoietic stem cell transplant (HSCT) recipients
			Immunocompromised individuals related to disease or therapy
			Lung transplant recipients
			Primary antibody deficiencies
Maningaaaaaal P			
Meningococcal-B			Age 2 months to 17 years: (please check all that apply) Acquired complement deficiencies (for example, receiving eculizumab)
Bexsero®			Acquired complement denciencies (for example, receiving eculizarilab)
			Cochlear implant recipients (pre or post implant)
			Complement, properdin, factor D or primary antibody deficiencies
Meningococcal C-ACYW-135			Individuals born in or after 1997 if they have never received a dose).
Menactra [®] /Nimenrix [®]			
			Age 9 months to 55 years: (please check all that apply)
			Functional or anatomic asplenia
			 Complement, properdin, factor D or primary antibody deficiency Cochlear implant recipient (pre/post implant)
			Acquired complement deficiency
Pneumococcal 20-Valent			Refer to PHSD advisory alert for dosage schedule for high-risk eligibly:
Conjugate			Age 6 weeks to 4 years
Prevnar-20 [®]			Age 5 to 64 years
			Age >65 years

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