

PUBLICLY FUNDED  
**HIGH RISK VACCINES**  
ORDER FORM

Email: [vaccineorders@mlhu.on.ca](mailto:vaccineorders@mlhu.on.ca)  
 Fax: (519) 663-9581  
 Vaccine Order Desk: (519) 663-5317, ext. 2236  
[www.healthunit.com](http://www.healthunit.com)

Name of facility, physician, or practice:

Temp log verified, **attached**, and order submitted (emailed or faxed) by:

I have attached a copy of our fridge temps since our last order to verify that vaccine has been stored between +2°C and +8°C and that min/max temps have been recorded twice daily

Order date:

Email address:

Phone number:

Fax number:

**Before ordering, ensure that your patient meets the eligibility criteria for publicly funded vaccine by referring to the [Publicly Funded Immunization Schedules for Ontario](#) guidance document**

See other specific order forms for Routine, School and Flu Vaccine ordering

**PATIENT'S FULL NAME** (use one form per client):

**DOB:**

**Eligibility Criteria**  
(Check all that apply)

**HEPATITIS A** (Avaxim / Havrix)

2 doses  
(0, 6-36 months – interval dependent on vaccine brand)

**Dose #** (circle only current dose required)

**Adult Dose:**      1      2

**Pediatric Dose:** 1      2  
\*child must be ≥ 1 y.o.

**Individuals ≥1 y.o.:**

- chronic liver disease, including Hep B & C
- IV drug use
- men who have sex with men (MSM)

**HEPATITIS B** (Engerix-B/Recombivax HB)

**0 to 10 y.o.**

- 3 dose series, \*0.5mL/dose (0, 1, 6 months);
- 4 dose series, \*0.5mL/dose if premature infant <2000grams (birth, 1, 2, 6 months)

**11 to 15 y.o.** 2 dose series, \*\*1mL/dose (0, 6 months)

**16 to 19 y.o.** 3 dose series, \*0.5mL/dose (0, 1, 6 months)

**≥ 20 y.o.** 3 dose series, \*\*1mL/dose (0, 1, 6 months)

\*Pediatric dose = 0.5mL  
\*\*Adult dose = 1mL

**Dose #** (circle only current dose required)

**Adult Dose:**

1      2      3

**Pediatric Dose:**

1      2      3      4

**Dialysis Dose** (40 mcg):

1      2      3      4

**Individuals ≥0 y.o.:**

- infants born to Hep B carrier mothers
- children ≤7 y.o. whose families have emigrated from counties with a high prevalence of Hep B or may be exposed to carriers through extended family
- household & sexual contacts of chronic carriers and acute cases
- hx of an STI; multiple sex partners or men who have sex with men (MSM)
- IV drug use
- chronic liver disease, including Hep B & C
- awaiting liver transplant (2<sup>nd</sup> & 3<sup>rd</sup> doses only are publicly funded)
- needle-stick injury in a non-health care setting
- on renal dialysis or have a dx requiring frequent receipt of blood products (e.g. haemophilia) (2<sup>nd</sup> & 3<sup>rd</sup> doses only are publicly funded)

**HPV-9** (Gardasil 9)

**Age at first dose – 9 to 14 y.o.**  
2 doses (0, 6 months)

**Age at first dose – 15 to 26 y.o.**  
3 doses (0, 2, 6 months)

**Dose #** (circle only current dose required)

1      2      3

**Individuals 9 to 26 y.o.:**

- men who have sex with men (gay, bisexual, or transgender)

**HAEMOPHILIUS INFLUENZAE  
TYPE B** (Act-HIB)

**≥\*5 y.o.** 1 or 3 doses

\*DTaP-IPV-Hib may be used for those 5 to 6 y.o. who need both Tdap-IPV and Hib

See [Publicly Funded Immunization Schedules for Ontario](#) for timing

**Dose #** (circle only current dose required)

1      2      3

**Individuals ≥1 y.o.:**

- asplenia (functional or anatomic) (1 dose)
- bone marrow or solid organ transplant recipients (1 dose)
- pre/post cochlear implant (1 dose)
- HSCT (3 doses)
- primary antibody deficiencies (1 dose)
- immunocompromised related to disease or therapy (1 dose)

<p><b>MENINGOCOCCAL B</b> (Bexsero)</p> <p>See <a href="#">Publicly Funded Immunization Schedules for Ontario</a> for timing</p>	<p><b>Dose #</b> (circle only current dose required)</p> <p>1      2      3      4</p>	<p><b>Individuals 2 months to 17 y.o.:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> asplenia (functional or anatomic)</li> <li><input type="checkbox"/> complement, properdin, factor D or primary antibody deficiencies (including receiving eculizumab)</li> <li><input type="checkbox"/> pre/post cochlear implant</li> <li><input type="checkbox"/> HIV</li> </ul>
<p><b>MENINGOCOCCAL-C-ACYW</b> (Menactra, Menveo or Nimenrix)</p> <p>See <a href="#">Publicly Funded Immunization Schedules for Ontario</a> for timing</p> <p>Menveo is the recommended publicly funded product for infants 9 to less than 24 months old.</p> <p>Use in those <math>\geq 56</math> y.o. is off label but still recommended since Men-P-ACYW is unavailable.</p>	<p><b>Dose #</b> (circle only current dose required)</p> <p>1      2      3      4</p> <p><b>Booster</b></p>	<p><b>Individuals <math>\geq 9</math> months:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> asplenia (functional or anatomic)</li> <li><input type="checkbox"/> complement, properdin, factor D or primary antibody deficiencies (including receiving eculizumab)</li> <li><input type="checkbox"/> pre/post cochlear implant</li> <li><input type="checkbox"/> HIV</li> </ul>
<p><b>PNEUMOCOCCAL-C 13</b> (Pneumovax 13)</p> <p><b>6 weeks to 6 months</b> 4<sup>th</sup> dose in addition to routine schedule (at 6 months old)</p> <p><math>\geq 50</math> y.o. 1 or 3 doses</p> <p>See <a href="#">Publicly Funded Immunization Schedules for Ontario</a> for timing</p>	<p><b>Dose #</b> (circle only current dose required)</p> <p><b>Infant:</b>              4<sup>th</sup> dose</p> <p><math>\geq 50</math> y.o.:      1      2      3</p>	<p><b>Infants 6 weeks to 6 months</b> – Must meet one of the eligibility criteria listed for Pneumococcal-P 23. List relevant criteria on the lines below:</p> <hr/> <hr/> <p><b>Individuals <math>\geq 50</math> y.o.:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> asplenia (functional or anatomic) (1 dose)</li> <li><input type="checkbox"/> congenital immunodeficiencies involving any part of the immune system (1 dose)</li> <li><input type="checkbox"/> HIV (1 dose)</li> <li><input type="checkbox"/> HSCT recipient (3 doses)</li> <li><input type="checkbox"/> immunocompromising therapy (1 dose)</li> <li><input type="checkbox"/> malignant neoplasms (e.g. leukemia, lymphoma) (1 dose)</li> <li><input type="checkbox"/> Sickle-cell disease and other haemoglobinopathies (1 dose)</li> <li><input type="checkbox"/> solid organ or islet cell transplant (candidate or recipient) (1 dose)</li> </ul>
<p><b>PNEUMOCOCCAL-P 23</b> (Pneumovax 23)</p> <p><b>2 to 64 y.o.</b> *1 dose</p> <p>*2<sup>nd</sup> dose <math>\geq 5</math> years after initial dose, regardless of age, if meets booster dose eligibility</p>	<p><b>Dose #</b> (circle only current dose required)</p> <p>1      <b>Booster</b></p>	<p><b>Individuals 2 to 64 y.o.:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> asplenia or splenic dysfunction</li> <li><input type="checkbox"/> chronic cardiac, liver (e.g. Hep B &amp; C, hepatic cirrhosis), renal (e.g. nephrotic syndrome), or respiratory disease (excluding asthma unless treated with high-dose corticosteroid therapy)</li> <li><input type="checkbox"/> chronic cerebral spinal fluid leak</li> <li><input type="checkbox"/> pre/post cochlear implant</li> <li><input type="checkbox"/> congenital immunodeficiencies involving any part of the immune system</li> <li><input type="checkbox"/> Diabetes mellitus</li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> immunocompromising therapy</li> <li><input type="checkbox"/> malignant neoplasms (e.g. leukemia, lymphoma)</li> <li><input type="checkbox"/> Sickle-cell disease and other haemoglobinopathies</li> <li><input type="checkbox"/> solid organ or islet cell transplant (candidate or recipient)</li> <li><input type="checkbox"/> chronic neurologic conditions impairing oral secretion clearance</li> <li><input type="checkbox"/> HSCT (candidate or recipient)</li> <li><input type="checkbox"/> residents of LTC, retirement homes and chronic care facilities</li> </ul> <p><b>Booster dose <math>\geq 2</math> y.o.:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> asplenia or splenic dysfunction</li> <li><input type="checkbox"/> Hepatic cirrhosis</li> <li><input type="checkbox"/> HIV or immunocompromised related to disease or therapy</li> <li><input type="checkbox"/> Chronic renal failure or nephrotic syndrome</li> </ul>