

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<br>(Check all that apply)  |   |  |
| <b>HEPATITIS A</b> (Avaxim / Havrix)<br>2 doses<br><i>(0, 6-36 months – interval dependent on vaccine brand)</i>  | Dose # (circle dose required)<br><b>Adult Dose:</b> 1     2<br><b>Pediatric Dose:</b> 1     2<br><i>*child must be ≥ 1 y.o.</i> | <b>Individuals ≥1 y.o.:</b><br><input type="checkbox"/> chronic liver disease, including Hep B & C<br><input type="checkbox"/> IV drug use<br><input type="checkbox"/> men who have sex with men (MSM)   |
| <b>HEPATITIS B</b> (Engerix-B)<br><b>0 to 10 y.o.</b><br><ul style="list-style-type: none"> <li>3 dose series, *0.5mL/dose (0, 1, 6 months);</li> <li>4 dose series, *0.5mL/dose if premature infant &lt;2000grams (birth, 1, 2, 6 months)</li> </ul> <b>11 to 15 y.o.</b> 2 dose series, **1mL/dose (0, 6 months)<br><b>16 to 19 y.o.</b> 3 dose series, *0.5mL/dose (0, 1, 6 months)<br><b>≥ 20 y.o.</b> 3 dose series, **1mL/dose (0, 1, 6 months)<br><i>*Pediatric dose = 0.5mL<br/>           **Adult dose = 1mL</i> | Dose # (circle dose required)<br><b>Adult Dose:</b><br>1     2     3<br><b>Pediatric Dose:</b><br>1     2     3     4           | <b>Individuals ≥0 y.o.:</b><br><input type="checkbox"/> infants born to Hep B carrier mothers<br><input type="checkbox"/> 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<br><input type="checkbox"/> household & sexual contacts of chronic carriers and acute cases<br><input type="checkbox"/> hx of an STI; multiple sex partners or men who have sex with men (MSM)<br><input type="checkbox"/> IV drug use<br><input type="checkbox"/> chronic liver disease, including Hep B & C<br><input type="checkbox"/> awaiting liver transplant (2 <sup>nd</sup> & 3 <sup>rd</sup> doses only are publicly funded)<br><input type="checkbox"/> needle-stick injury in a non-health care setting<br><input type="checkbox"/> 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) |
| <b>HPV-9</b> (Gardasil 9)<br><b>Age at first dose – 9 to 14 y.o.</b><br>2 doses (0, 6 months)<br><b>Age at first dose – 15 to 26 y.o.</b><br>3 doses (0, 2, 6 months)   | Dose # (circle dose required)<br>1     2     3  | <b>Individuals 9 to 26 y.o.:</b><br><input type="checkbox"/> men who have sex with men (gay, bisexual, or transgender)   |
| <b>HAEMOPHILIUS INFLUENZAE TYPE B</b> (Act-HIB)<br><b>≥*5 y.o.</b> 1 or 3 doses<br><i>*DTaP-IPV-Hib may be used for those 5 to 6 y.o. who need both Tdap-IPV and Hib<br/>           See <a href="#">Publicly Funded Immunization Schedules for Ontario</a> for timing</i>   | Dose # (circle dose required)<br>1     2     3  | <b>Individuals ≥1 y.o.:</b><br><input type="checkbox"/> asplenia (functional or anatomic) (1 dose)<br><input type="checkbox"/> bone marrow or solid organ transplant recipients (1 dose)<br><input type="checkbox"/> pre/post cochlear implant (1 dose)<br><input type="checkbox"/> HSCT (3 doses)<br><input type="checkbox"/> primary antibody deficiencies (1 dose)<br><input type="checkbox"/> immunocompromised related to disease or therapy (1 dose)   |

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|---|--|---|
| <p><b>MENINGOCOCCAL B</b> (Bexsero)</p> <p>See <a href="#">Publicly Funded Immunization Schedules for Ontario</a> for timing</p>  | <p>Dose # (circle 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>Dose # (circle 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>Dose # (circle 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>Dose # (circle 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> |