

PUBLICLY FUNDED
HIGH RISK VACCINES
ORDER FORM

Email: vaccineorders@mlhu.on.ca

Fax: (519) 663-9581

Vaccine Order Desk: (519) 663-5317, ext. 2236

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 countries 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 (2nd & 3rd 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) (2nd & 3rd 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)

MENINGOCOCCAL B (Bexsero) See Publicly Funded Immunization Schedules for Ontario for timing	Dose # (circle only current dose required) <div style="display: flex; justify-content: space-around;"> 1 2 3 4 </div>	Individuals 2 months to 17 y.o.: <input type="checkbox"/> asplenia (functional or anatomic) <input type="checkbox"/> complement, properdin, factor D or primary antibody deficiencies (including receiving eculizumab) <input type="checkbox"/> pre/post cochlear implant <input type="checkbox"/> HIV
MENINGOCOCCAL-C-ACYW (Menactra, Menveo or Nimenrix) See Publicly Funded Immunization Schedules for Ontario for timing Menveo is the recommended publicly funded product for infants 9 to less than 24 months old. <i>Use in those ≥56 y.o. is off label but still recommended since Men-P-ACYW is unavailable.</i>	Dose # (circle only current dose required) <div style="display: flex; justify-content: space-around;"> 1 2 3 4 </div> Booster	Individuals ≥9 months: <input type="checkbox"/> asplenia (functional or anatomic) <input type="checkbox"/> complement, properdin, factor D or primary antibody deficiencies (including receiving eculizumab) <input type="checkbox"/> pre/post cochlear implant <input type="checkbox"/> HIV
PNEUMOCOCCAL-C 13 (Pneumovax 13) 6 weeks to 6 months 4 th dose in addition to routine schedule (<i>at 6 months old</i>) ≥50 y.o. 1 or 3 doses See Publicly Funded Immunization Schedules for Ontario for timing	Dose # (circle only current dose required) Infant: 4th dose ≥50 y.o.: 1 2 3	Infants 6 weeks to 6 months – Must meet one of the eligibility criteria listed for Pneumococcal-P 23. List relevant criteria on the lines below: <hr/> <hr/> Individuals ≥50 y.o.: <input type="checkbox"/> asplenia (functional or anatomic) (<i>1 dose</i>) <input type="checkbox"/> congenital immunodeficiencies involving any part of the immune system (<i>1 dose</i>) <input type="checkbox"/> HIV (<i>1 dose</i>) <input type="checkbox"/> HSCT recipient (<i>3 doses</i>) <input type="checkbox"/> immunocompromising therapy (<i>1 dose</i>) <input type="checkbox"/> malignant neoplasms (e.g. leukemia, lymphoma) (<i>1 dose</i>) <input type="checkbox"/> Sickle-cell disease and other haemoglobinopathies (<i>1 dose</i>) <input type="checkbox"/> solid organ or islet cell transplant (candidate or recipient) (<i>1 dose</i>)
PNEUMOCOCCAL-P 23 (Pneumovax 23) 2 to 64 y.o. *1 dose *2 nd dose ≥5 years after initial dose, regardless of age, if meets booster dose eligibility	Dose # (circle only current dose required) <div style="display: flex; justify-content: space-around;"> 1 Booster </div>	Individuals 2 to 64 y.o.: <input type="checkbox"/> asplenia or splenic dysfunction <input type="checkbox"/> chronic cardiac, liver (e.g. Hep B & C, hepatic cirrhosis), renal (e.g. nephrotic syndrome), or respiratory disease (excluding asthma unless treated with high-dose corticosteroid therapy) <input type="checkbox"/> chronic cerebral spinal fluid leak <input type="checkbox"/> pre/post cochlear implant <input type="checkbox"/> congenital immunodeficiencies involving any part of the immune system <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> HIV <input type="checkbox"/> immunocompromising therapy <input type="checkbox"/> malignant neoplasms (e.g. leukemia, lymphoma) <input type="checkbox"/> Sickle-cell disease and other haemoglobinopathies <input type="checkbox"/> solid organ or islet cell transplant (candidate or recipient) <input type="checkbox"/> chronic neurologic conditions impairing oral secretion clearance <input type="checkbox"/> HSCT (candidate or recipient) <input type="checkbox"/> residents of LTC, retirement homes and chronic care facilities Booster dose ≥2 y.o.: <input type="checkbox"/> asplenia or splenic dysfunction <input type="checkbox"/> Hepatic cirrhosis <input type="checkbox"/> HIV or immunocompromised related to disease or therapy <input type="checkbox"/> Chronic renal failure or nephrotic syndrome