Algoma PUBLIC HEALTH
Santé publique Algoma

Health Care Provider
HIGH RISK Vaccine Requisition Form

Public Health Unit Use Only – Order Number:

Instructions:

- **All information must be filled out for each vaccine ordered to avoid a delay in processing.**
- **Four weeks of vaccine fridge temperature logs must be included with every vaccine order.**
- **When completed, fax this form to your local Algoma Public Health (APH) office:**

Sault Ste. Marie 294 Willow Ave.	Submit order by Wednesday at 4:00 PM. Pick-up on Friday between 9:00 AM–12:00 PM or 1:00 PM–4:00 PM.	Phone: 705-759-5409 Fax: 705-541-5959
Blind River 9B Lawton St.	Submit order by Tuesday at 4:00 PM. Pick-up on Friday between 9:00 AM–12:00 PM or 1:00 PM–4:00 PM.	Phone: 705-356-2551 Fax: 705-356-2494
Elliot Lake 302-31Nova Scotia Walk	Orders may be submitted at any time and will be ready for pick-up after two business days.	Phone: 705-848-2314 Fax: 705-848-1911
Wawa 18 Ganley St.	Orders may be submitted at any time and will be ready for pick-up after two business days.	Phone: 705-856-7208 Fax: 705-856-1752

- **Eligibility criteria for high risk vaccines can be found in "Table 3: High Risk Vaccine Programs" in the current edition of the Publicly Funded Immunization Schedules for Ontario.**

Healthcare Provider / Agency Name:	**Date:**
Name of Contact Person:	**Phone Number:**
Fax Number:	**City/Town:**

HIGH RISK Vaccines/Age/Product ID	HIGH RISK Eligibility Criteria (Please mark all that apply)	Doses Required
DTaP-IPV-Hib – Diphtheria, Tetanus, Acellular Pertussis, Inactivated Poliomyelitis, and Haemophilus Influenzae type b Vaccine **(5-6 years)** **(Pentacel® / Infanrix-IPV/Hib®)** **[6571-3348-0]** – 5 dose/box **Age of client(s):** _____ **Hib** - Haemophilus Influenzae Type b Vaccine **(≥ 5 years)** **(Act-HIB®)** **[6571-3255-0] –** 5 dose/box **Age of client(s):** _____	□ Asplenia (functional or anatomic (**1 dose**) □ Bone marrow or solid organ transplant recipients **(1 dose)** □ Cochlear implant recipients (pre/post implant) **(1 dose)** □ Hematopoietic stem cell transplant (HSCT) recipient **(3 doses)** □ Immunocompromised individuals related to disease or therapy **(1 dose)** □ Lung transplant recipient **(1 dose)** □ Primary antibody deficiency **(1 dose)** **Note:** High risk children 5 to 6 years of age who require Tdap-IPV and Hib should receive combined DTaP-IPV-Hib instead of Tdap-IPV and Hib separately.	_____ _____
IPV – Inactivated Poliomyelitis Vaccine **(≥18 years)** **(Imovax Polio®)** **[6571-3220-2] –** 1 dose/box **Tdap-IPV** – Tetanus, Diphtheria, Acellular Pertussis and Inactivated Poliomyelitis **(≥18 years)** **(Adacel-Polio® / Boostrix-Polio®)** **[6571-2013-1] –** 10 dose/box **Age of client(s):** _____	□ Travellers who have completed their immunization series against polio and are travelling to areas where poliovirus is known or suspected to be circulating Refer to the Committee to Advise on Tropical Medicine and Travel (CATMAT) for recommendations Note: Travellers are eligible to receive a single adult lifetime booster dose of IPV-containing vaccine. The most appropriate vaccine (i.e., IPV or Tdap-IPV) should be selected.	_____ _____

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HA - Hepatitis A Vaccine **(Avaxim®/ Havrix®/Vaqta®)** **[6571-3256-0]** – 1 dose/box – Paediatric **(≥ 1 years)** **Avaxim®/ Havrix®//Vaqta®)** **[6571-3257-0]** – 1 dose/box – Adult **(≥ 1 years)** **Age of client(s):** _____	□ Persons engaging in intravenous drug use (**2 doses**) □ Chronic liver disease (including Hepatitis B and C) (**2 doses**) □ Men who have sex with men (**2 doses**)	_____ _____
HB - Hepatitis B Vaccine **(Engerix® -B/ Recombivax HB®)** **[6571-3251-0]** – 1 dose/box – Paediatric **(≥0 years)** **(Engerix® -B/ Recombivax HB®)** **[6571-3243-0]** – 1 dose/box – Adult **(≥0 years)** **(Engerix® -B/ Recombivax HB®)** **[6571-3324-1]** – 1 dose/box – Renal Dialysis **(≥0 years)** **Age of client(s):** _____	□ Child <7 years old whose families has immigrated from countries of high prevalence for HBV and who may be exposed to HBV carriers through their extended family (**3 doses**) □ Household and sexual contacts of chronic carriers and acute cases (**3 doses**) □ History of a sexually transmitted disease (**3 doses**) □ Infants born to HBV-positive carrier mothers: - premature infants weighing <2,000 grams at birth (**4 doses**) - premature infant weighing ≥2,000 grams at birth and full/post term infants (**3 doses**) □ Intravenous drug use (**3 doses**) □ Liver disease (chronic), including hepatitis C (**3 doses**) □ Awaiting liver transplants (**2nd and 3rd doses only**) □ Men who have sex with men (**3 doses**) □ Multiple sex partners (**3 doses**) □ Needle stick injury in a non-health care setting (**3 doses**) □ On renal dialysis or those with diseases requiring frequent receipt of blood products (e.g., haemophilia) (**2nd and 3rd doses only**)	_____ _____ _____
HPV-9 - Human Papillomavirus 9-Valent Vaccine **(Males 9 to 26 years)** **(Gardasil®9)** **[6571- 3390-0]** – 1 dose/box **[6571- 3390-1]** – 10 dose/box **Age of client(s):** _____	□ Men who have sex with men	
4CMenB - Meningococcal B Vaccine **(2 months to 17 years)** **(Bexsero®)** **[6571-3314-0]** – 1 dose/box **Age of client(s):** _____	□ Acquired complement deficiencies (e.g., receiving eculizumab) □ Asplenia (functional or anatomic) □ Cochlear implant recipients (pre/post implant) □ Complement, properdin, factor D, or primary antibody deficiencies □ HIV	
Men-C-ACYW135 - Meningococcal Conjugate Quadrivalent Vaccine **(9 months* and older)** **(Menactra®)** **[6571-3360-0]** – 1 dose/box **(Nimenrix®)** **[6571-3370-0]** – 1 dose/box **(MenQuadfi®)** [6571-3340-0] – 10 dose/box **only authorized for individuals over 12 months* **Age of client(s):** _____	□ Functional or anatomic asplenia □ Complement, properdin, factor D, or primary antibody deficiency □ Cochlear implant recipient - pre/post implant □ Acquired complement deficiency □ HIV	

HIGH RISK Vaccines/Age/Product ID	High Risk Eligibility Criteria (Please mark all that apply)	Doses Required
Pneu-C-20 - Pneumococcal 20-Valent Conjugate Vaccine **(6 weeks to 64 years at high-risk for IPD)** **(Prevnar™20)** **[6571-4020-1]** – 10 dose/box **Age of client(s):** _____	□ Asplenia (functional or anatomic), splenic dysfunction □ Congenital (primary) immunodeficiencies involving any part of the immune system, including B-lymphocyte (humoral) immunity, T-lymphocyte (cell) mediated immunity, complement system (properdin, or factor D deficiencies), or phagocytic functions □ HIV infection □ Immunocompromising therapy, including use of long-term systemic corticosteroid, chemotherapy, radiation therapy, post-organ transplant therapy, certain anti-rheumatic drugs and other immunosuppressive therapy □ Malignant neoplasms, including leukemia and lymphoma □ Sickle-cell disease and other sickle cell hemoglobinopathies □ Solid organ or islet cell transplant (recipient) □ Hepatic cirrhosis due to any cause □ Chronic renal disease, including nephrotic syndrome □ Chronic cardiac disease □ Chronic liver disease, including hepatitis B and C □ Chronic respiratory disease, excluding asthma, except those treated with high-dose corticosteroid therapy □ Chronic neurologic conditions that may impair clearance of oral secretions □ Diabetes mellitus □ Cochlear implant recipients (pre/post implant) □ Chronic cerebral spinal fluid leak □ Residents of nursing homes, homes for the aged and chronic care facilities or wards □ Hematopoietic stem cell transplant (HSCT) (recipient) Note: Age at first dose: 6 weeks to 4 years of age (**up to 4 doses**) 5 to 64 years of age with certain medical and non-medical conditions (**1 lifetime dose**) 5 to 64 years of age Post HSCT (**4 doses**)	

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Var – Varicella Vaccine **(Born in or prior to 1999)** **(Varilrix/Varivax III)** **[6571-3305-0]** – 10 dose/box **Age of client(s):** _____	□ Susceptible children and adolescents given chronic salicylic acid therapy □ Susceptible individuals with cystic fibrosis □ Susceptible household contacts of immunocompromised individuals □ Susceptible individuals receiving low dose steroid therapy or inhaled/topical steroids □ Susceptible immunocompromised individuals, see the Canadian Immunization Guide	

By submitting this order, I verify on behalf of the practice that:

- The vaccine fridge has maintained temperatures between +2°C to +8°C.
- Temperatures (minimum, maximum, and current) are documented and cleared twice daily.
- All temperature excursions outside of +2°C to +8°C have been reported to APH, and any recommendations from APH regarding use of the affected vaccines and proper storage have been implemented by the practice.
- A contingency plan is in place should a power outage, fridge failure and/or cold chain incident occur.