

When completed, fax this form to your local Algoma Public Health office: <b>Sault Ste. Marie - 294 Willow Ave Sault Ste. Marie, ON P6B 0A9</b> Fax: 705-705-541-5959		PHU Use Only – Order No.:
All information must be filled out for each vaccine ordered to avoid delay in processing. Four weeks of temperature logs must be included. Refer to the current Publicly Funded Immunization Schedule – December 2016 for detailed high risk eligibility criteria.		
Healthcare Provider / Agency Name:		Requisition Date (yyyy/mm/dd)
Name of Contact Person:	Telephone Number:	
City/Town:	Fax Number:	Delivery Method: Courier <input type="checkbox"/> Customer Pick-up <input type="checkbox"/>
HIGH RISK Vaccines/Product ID/Age	Eligibility (Please mark all that apply)	Doses Required
Haemophilus influenza type b (Act-HIB® / Hiberix®)  [6571-3255-0] – 5 dose/box  [6571-3254-0] – 1 dose/box  Age of client(s): _____	<b>Eligibility – ≥ 5 years with:</b> <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipient ( <b>3 doses</b> ) <input type="checkbox"/> Functional or anatomic asplenia (1 dose) <input type="checkbox"/> Immunocompromised related to disease or therapy ( <b>1 dose</b> ) <input type="checkbox"/> Bone marrow or solid organ transplant recipient ( <b>1 dose</b> ) <input type="checkbox"/> Lung transplant recipient ( <b>1 dose</b> ) <input type="checkbox"/> Cochlear implant recipient (pre/post implant) ( <b>1 dose</b> ) <input type="checkbox"/> Primary antibody deficiency ( <b>1 dose</b> )	
Hepatitis A Vaccine, (Havrix®/Avaxim®/Vaqta®)  [Paediatric – 6571-3256-0]  [Adult – 6571-3257-0]  Age of client(s): _____	<b>Eligibility (2 doses) – ≥ 1 year with:</b> <input type="checkbox"/> Chronic liver disease (including Hepatitis B and C) <input type="checkbox"/> Persons engaging in intravenous drug use <input type="checkbox"/> Men who have sex with men	
Hepatitis B Vaccine (Recombivax HB® / Engerix® -B)  [Paediatric – 6571-3251-0]  [Adult – 6571-3243-0]  [Renal Dialysis – 6571-3324-1]  Age of client(s): _____	<b>Eligibility – ≥ 0 years with:</b> <input type="checkbox"/> Infant born to HBV-positive carrier mothers: • premature infant weighing <2,000 grams at birth ( <b>4 doses</b> ) • premature infant weighing ≥2,000 grams at birth and full/post term infants ( <b>3 doses</b> ) <input type="checkbox"/> Household or sexual contact of chronic carrier or acute case ( <b>3 doses</b> ) <input type="checkbox"/> Individuals engaging in intravenous drug use ( <b>3 doses</b> ) <input type="checkbox"/> Men who have sex with men, individual with multiple sex partners, or history of a sexually transmitted disease ( <b>3 doses</b> ) <input type="checkbox"/> Needle stick injury in a non-health care setting ( <b>3 doses</b> ) <input type="checkbox"/> Child <7 years old whose family has immigrated from country of high prevalence for hepatitis B and who may be exposed to hepatitis B carriers through their extended family ( <b>3 doses</b> ) <input type="checkbox"/> Chronic liver disease including hepatitis C ( <b>3 doses</b> ) <input type="checkbox"/> Renal dialysis or disease requiring frequent receipt of blood products (e.g., haemophilia) ( <b>2nd and 3rd doses only</b> ) <input type="checkbox"/> Awaiting liver transplant ( <b>2nd and 3rd doses only</b> )	
Human Papillomavirus Vaccine Groups HPV 6, 11, 16, 18, 31, 33, 45, 52, 58 (Gardasil® 9)  [6571- 3390-0] – 1dose/box  [6571- 3390-1] – 10 dose/box  Age of client(s): _____	<b>Eligibility (2-3 doses depending on age)</b> <b>Males between 9 to 26 years with:</b>  <input type="checkbox"/> Males 9 to 26 years of age who identify as MSM and have not received HPV vaccine previously.	
Meningococcal B Vaccine Group B (Bexsero®)  [6571-3314-0]  Age of client(s): _____	<b>Eligibility (2-4 doses depending on age) – Age 2 months to 17 years with:</b> <input type="checkbox"/> Functional or anatomic asplenia <input type="checkbox"/> Complement, properdin, factor D, or primary antibody deficiency <input type="checkbox"/> Cochlear implant recipient -pre/post implant <input type="checkbox"/> Acquired complement deficiency <input type="checkbox"/> HIV	

<p>Meningococcal Polysaccharide Vaccine, Groups A,C,Y and W-135 Combine <b>(Menomune® discontinued, Menactra or Nimenrix will be used [6571-3327-2])</b></p> <p><b>Age of client(s):</b> _____</p>	<p><b>Eligibility (1 dose) – ≥ 56 years with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Functional or anatomic asplenia</li> <li><input type="checkbox"/> Complement, properdin, factor D, or primary antibody deficiency</li> <li><input type="checkbox"/> Cochlear implant recipients -pre/post implant</li> <li><input type="checkbox"/> Acquired complement deficiency</li> <li><input type="checkbox"/> HIV</li> </ul>	
<p>Meningococcal Conjugate Vaccine Groups A,C,Y, W135 (<b>Menactra®</b>)</p> <p><b>[6571-3360-0]</b></p> <p><b>[6571-3370-0] – Nimenrix</b></p> <p><b>Age of client(s):</b> _____</p>	<p><b>Eligibility (2-4 doses depending on age) – Age 9 months to 55 years with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Functional or anatomic asplenia</li> <li><input type="checkbox"/> Complement, properdin, factor D, or primary antibody deficiency</li> <li><input type="checkbox"/> Cochlear implant recipient - pre/post implant</li> <li><input type="checkbox"/> Acquired complement deficiency</li> <li><input type="checkbox"/> HIV</li> </ul>	
<p>Pneumococcal Conjugate Vaccine – 13 valent (<b>Prenar® 13</b>)</p> <p><b>[6571-2202-5]</b></p> <p>* HSCT recipients are eligible for 3 doses. All other eligible conditions receive only 1 dose. See Table 17 of the Publicly Funded Immunization Schedules (Dec. 2016) for vaccine intervals.</p> <p>Please note: Prenar®13 utilized for routine childhood immunizations may be used for this patient. If Prenar®13 is not normally stocked, please fill out this form accordingly. The High Risk Immunization Reporting Form must be completed and faxed to Algoma Public Health following vaccine administration.</p> <p><b>Age of client(s):</b> _____</p>	<p><b>Eligibility ≥ 50 years with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hematopoietic stem cell transplant (HSCT)* <b>(3 doses)</b></li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> Asplenia (functional or anatomic)</li> <li><input type="checkbox"/> Sickle cell disease or other hemoglobinopathies</li> <li><input type="checkbox"/> Congenital 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</li> <li><input type="checkbox"/> Immunocompromising therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic and certain anti-rheumatic drugs</li> <li><input type="checkbox"/> Malignant neoplasms including leukemia and lymphoma</li> <li><input type="checkbox"/> Solid organ or islet cell transplant (candidate or recipient)</li> </ul>	
<p>Pneumococcal-P-23 Valent (<b>Pneumovax®23</b>)</p> <p><b>[6571-4010-2]</b></p> <p>Please note: Pneumovax®23 utilized for routine immunizations may be used for this patient. If Pneumovax®23 is not normally stocked, please fill out this form accordingly. The High Risk Immunization Reporting Form must be completed and faxed to Algoma Public Health following vaccine administration.</p> <p><b>Age of client(s):</b> _____</p>	<p><b>Eligibility (1 dose) – 2-64 years with:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Asplenia (functional or anatomic)</li> <li><input type="checkbox"/> Cardiac disease (chronic)</li> <li><input type="checkbox"/> Cerebral spinal fluid leak (chronic)</li> <li><input type="checkbox"/> Cochlear implant recipient (pre/post implant)</li> <li><input type="checkbox"/> Congenital 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</li> <li><input type="checkbox"/> Diabetes mellitus</li> <li><input type="checkbox"/> HIV</li> <li><input type="checkbox"/> Immunocompromising therapy including use of long-term corticosteroids, chemotherapy, radiation therapy, post-organ transplant therapy, biologic, certain anti-rheumatic drugs, and other immunosuppressive therapy</li> <li><input type="checkbox"/> Liver disease (chronic), including HBV/HCV and hepatic cirrhosis</li> <li><input type="checkbox"/> Malignant neoplasms, including leukemia and lymphoma</li> <li><input type="checkbox"/> Renal disease (chronic), including nephrotic syndrome</li> <li><input type="checkbox"/> Respiratory disease (chronic), excluding asthma, except those treated with high-dose corticosteroid therapy</li> <li><input type="checkbox"/> Sickle-cell disease and other sickle cell haemoglobinopathies</li> <li><input type="checkbox"/> Solid organ or islet cell transplant (candidate or recipient)</li> <li><input type="checkbox"/> Neurologic conditions (chronic) that may impair clearance of oral secretions</li> <li><input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) candidate or recipient</li> <li><input type="checkbox"/> Residents of nursing homes, homes for the aged and chronic care wards</li> </ul>	