Algoma PUBLIC HEALTH
Santé publique Algoma

Health Care Provider RSV Immunization Requisition Form

Please fax the order form to the office you are ordering from. Complete all fields to avoid delays.

Sault Ste. Marie – □ 294 Willow Avenue	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.	Tel: 705-942-4646 Fax: 705-541-5959
Blind River – □ 9B Lawton Street	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	Tel: 705-356-2551 Fax: 705-356-2494
Elliot Lake – □ 302-31 Nova Scotia Walk	Orders may be submitted at any time and will be ready for pick-up after two business days.	Tel: 705-848-2314 Fax: 705-848-1911
Wawa – □ 18 Ganley Street	Orders may be submitted at any time and will be ready for pick-up after two business days.	Tel: 705-856-7208 Fax: 705-856-1752

- Include the most recent 4 weeks of your vaccine fridge temperature logs.
- Please consider your refrigerator capacity when planning orders. Maintain no more than a one-month supply in your vaccine fridge at a time.
- Depending on the size of your vaccine fridge, inventory may need to be reduced to a 1-2 week supply to avoid overcrowding.

Health Care Provider/Agency Name:	Name of Contact Person:
Requisition Date: (yyyy/mm/dd)	Telephone Number:
City/Town:	Fax Number:

Routine RSV Products, for:	Doses Required
<u>Pregnant Individuals (between 32-36 weeks):</u> □ **6571-2324-0** – 1 dose/box **(Abrysvo™)** □ **6571-2324-1** – 10 dose/box **(Abrysvo™)**	_____ _____
All adults over 75 that have not received a dose previously: □ **6571-2300-0** – 1 dose/box **(Arexvy®)** □ **6571-2324-1** – 10 dose/box **(Abrysvo™)** □ **6571-2324-0** – 1 dose/box **(Abrysvo™)**	_____ _____ _____
<u>Infants under the age of 8 months:</u> **6571-2200-0** – 0.5 ml Prefilled Syringe, 1/Box **(Beyfortus®)** □ Infants <5kg: 50 mg in 0.5 mL (50 mg/mL) **6571-2400-0** – 1 ml Prefilled Syringe, 1/Box **(Beyfortus®)** □ Infants ≥ 5kg: 100 mg in 1 mL (100mg/mL) **6571-2400-1** – 1ml Prefilled Syringe, 5/Box **(Beyfortus®)** □ Infants ≥ 5kg: 100 mg in 1 mL (100mg/mL)	_____ _____ _____

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High Risk RSV Products, for:	Doses Required
<u>Adults between 60-74 years who meet one of the high risk criteria:</u> -Residents of long-term care homes, Elder Care Lodges, or retirement homes -Individuals in hospital receiving alternate level of care (ALC) including similar settings -Individuals with glomerulonephritis who are immunocompromised -Individuals receiving hemodialysis or peritoneal dialysis -Recipients of solid organ or hematopoietic stem cell transplants -Individuals experiencing homelessness -Individuals who identify as First Nations, Inuit, or Métis □ **6571-2300-0** – 1 dose/box **(Arexvy®)** □ **6571-2324-1** – 10 dose/box **(Abrysvo™)** □ **6571-2324-0** – 1 dose/box **(Abrysvo™)**	_____ _____ _____
<u>Children between 8-24 months who meet the high risk criteria:</u> -Chronic lung disease, including bronchopulmonary dysplasia *Note: children who were <12 months of age and eligible in the previous RSV season remain eligible* -Hemodynamically significant congenital heart disease (CHD) -Severe immunodeficiency -Down syndrome/Trisomy 21 -Cystic fibrosis with recurrent pulmonary exacerbations requiring hospitalization, deteriorating pulmonary function and/or severe growth delay -Neuromuscular disease impairing clearance of respiratory secretions -Severe congenital airway anomalies impairing the clearing of respiratory secretions **6571-2200-0** – 0.5 ml Prefilled Syringe, 1/Box **(Beyfortus®)** □ Infants <5kg: 50 mg in 0.5 mL (50 mg/mL) **6571-2400-0** – 1 ml Prefilled Syringe, 1/Box **(Beyfortus®)** □ Infants ≥ 5kg: 100 mg in 1 mL (100mg/mL) **6571-2400-1** – 1ml Prefilled Syringe, 5/Box **(Beyfortus®)** □ Infants ≥ 5kg: 100 mg in 1 mL (100mg/mL)	_____ _____ _____

Vaccine orders may be adjusted according to stock on hand at APH. You must have a contingency plan in place should a power outage or fridge failure incident occur.