

# Vaccine Order Form

phsd.ca      tel: 705.522.9200, ext. 490      toll-free: 1.866.522.9200

Date: _____	# of HCPs: _____	<b>Email orders:</b> <a href="mailto:vaccineorder@phsd.ca">vaccineorder@phsd.ca</a>
Contact and office name: _____		<b>Fax Orders:</b> 705.677.9616 (Sudbury) 705.377.5580 (Mindemoya) 705.864.0820 (Chapleau) 705.869.5583 (Espanola)
Office address: _____		
Telephone: _____ Email: _____		

ROUTINE vaccines	Description	Packaging	Doses on hand	Doses required
Adacel <sup>®</sup> /Boostrix <sup>®</sup>	Tetanus, Diphtheria and Pertussis vaccine	5 or 10 doses/box		
Adacel-Polio <sup>®</sup> /Boostrix-Polio <sup>®</sup>	Tetanus, Diphtheria, Pertussis and Polio vaccine	10 doses/box		
Menjugate <sup>®</sup> /NeisVac-C <sup>®</sup>	Meningococcal Conjugate C liquid vaccine	10 doses/box		
MMRII <sup>®</sup> /Priorix <sup>®</sup>	Measles, Mumps and Rubella vaccine	10 doses/box		
Proquad <sup>®</sup> /Priorix-Tetra <sup>®</sup>	Measles, Mumps, Rubella and Varicella vaccine	10 doses/box		
Pentacel <sup>®</sup>	Pertussis, Diphtheria, Tetanus, Polio and Haemophilus influenzae type B vaccine	5 doses/box		
Polio <sup>®</sup>	Polio vaccine	1 dose/box		
Vaxneuvance <sup>®</sup>	Pneumococcal 15-valent Conjugate Vaccine	1 or 10 doses/box		
Prevnar 20 <sup>®</sup>	Pneumococcal 20-valent Conjugate Vaccine	10 doses/box		
Rotarix <sup>®</sup>	Rotavirus vaccine (Rot-1)	10 doses/box		
Td Adsorbed <sup>®</sup>	Tetanus and Diphtheria vaccine	5 or 10 doses/box		
Tubersol <sup>®</sup>	Tuberculin Skin testing solution	10 doses/vial		
Varilrix <sup>®</sup> /Varivax III <sup>®</sup>	Varicella vaccine	10 doses/box		
Shingrix <sup>®</sup>	Varicella-Zoster shingles vaccine	1 or 10 doses/box		
SCHOOL vaccines	Description and eligibility	Packaging	Doses on hand	Doses required
Gardasil-9 <sup>®</sup>	Human Papillomavirus. Grade 7-12 students	1 or 10 doses/box		
Menactra <sup>®</sup> /Nimenrix <sup>®</sup>	Meningococcal C-ACYW-135. Grade 7-12 students (or individuals born in or after 1997 if they have never received a dose)	1 or 10 doses/box		
Recombivax HB <sup>®</sup> /Engerix-B <sup>®</sup>	Hepatitis B Adult. Students between 11 and 15 years of age	1 or 10 doses/box		
Recombivax HB <sup>®</sup> /Engerix-B <sup>®</sup>	Hepatitis B Pediatric. Grade 10-12 students >16 years of age and have not received 2 <sup>nd</sup> dose prior to 16 <sup>th</sup> birthday	1 dose/box		

- ☐ Include two weeks of cold chain compliant vaccine fridge temperature logs with every order.
- ☐ Orders submitted Monday through Thursday are packed on the Friday of the same week.
- ☐ All orders are ready for pick up the first business day of the following week.
- ☐ An insulated, pre-conditioned cooler with cooler blankets, ice packs, and a temperature monitoring device are required to transport vaccines.
- ☐ Pick-up hours: 8:30 a.m.- noon or 1-4:30 p.m., excluding statutory holidays.

**Respiratory/Seasonal Vaccines are to be ordered on a separate [form](#)**

HIGH-RISK Vaccines	Name & DOB (YYYY/M/D)	Doses required	Eligibility criteria
Human Papillomavirus Gardasil-9®			Age 9 years to 26 years: <input type="checkbox"/> Men who have sex with men.
Hepatitis A Pediatric or Adult Avaxim®/Havrix®/Vaqta®			Age ≥ 1 year: (please check all that apply) <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 Pediatric or Adult Recombivax HB®/Engerix-B®			Age ≥ 0 years: (please check all that apply) <input type="checkbox"/> Children <7 years old whose families have immigrated from countries of high prevalence for HBV, and who may be exposed to HBV carriers through their extended families <input type="checkbox"/> Household and sexual contacts of chronic carriers and acute cases. <input type="checkbox"/> History of a sexually transmitted disease <input type="checkbox"/> Infants born to HBV-positive carrier mothers: - premature infants weighing <2,000 grams at birth - premature infants weighing ≥2,000 grams at birth and full/post term infants <input type="checkbox"/> Intravenous drug use. <input type="checkbox"/> Liver disease (chronic), including Hepatitis C <input type="checkbox"/> Men who have sex with men <input type="checkbox"/> Multiple sex partners <input type="checkbox"/> Needle stick injuries in a non-health care setting <input type="checkbox"/> Awaiting liver transplants (2 <sup>nd</sup> and 3 <sup>rd</sup> doses only)
Hepatitis B Recombivax Renal Dialysis®			<input type="checkbox"/> On renal dialysis or those with diseases requiring frequent receipt of blood products (for example, haemophilia) (2 <sup>nd</sup> & 3 <sup>rd</sup> doses only)
Haemophilus influenzae type b Act-HIB®/Hiberix®			Age ≥ 5 years: (please check all that apply) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Bone marrow or solid organ transplant recipients <input type="checkbox"/> Cochlear implant recipients (pre or post implant) <input type="checkbox"/> Hematopoietic stem cell transplant (HSCT) recipients <input type="checkbox"/> Immunocompromised individuals related to disease or therapy <input type="checkbox"/> Lung transplant recipients <input type="checkbox"/> Primary antibody deficiencies
Meningococcal-B Bexsero®			Age 2 months to 17 years: (please check all that apply) <input type="checkbox"/> Acquired complement deficiencies (for example, receiving eculizumab) <input type="checkbox"/> Asplenia (functional or anatomic) <input type="checkbox"/> Cochlear implant recipients (pre or post implant) <input type="checkbox"/> Complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> HIV
Meningococcal C-ACYW-135 Menactra®/Nimenrix®			Age 9 months to 55 years: (please check all that apply) <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
Pneumococcal 20-Valent Conjugate Prevnar-20®			Refer to PHSD advisory alert for dosage schedule for high-risk eligibly: <input type="checkbox"/> Age 6 weeks to 4 years <input type="checkbox"/> Age 5 to 64 years <input type="checkbox"/> Age >65 years



**An insulated, pre-conditioned cooler with cooler blankets, ice packs, and a temperature monitoring device are required to transport vaccines. Always maintain vaccines in temperatures between 2-8°C.**